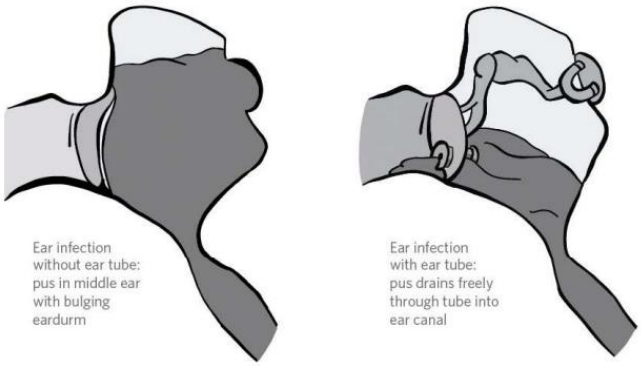
PATIENT (PARENT) GUIDE: EAR TUBES WITH REMOVAL OF ADENOIDS

EAR TUBES

Why are ear tubes recommended?

Ear tubes are used when kids have frequent ear infections or fluid buildup.
Tubes help to:

- Lower the number of ear infections
- Letting doctors treat infections with ear drops instead of medicine by mouth
- Stop fluid from building up behind the eardrum
- Improve hearing that is affected by fluid in the ear



When should my child be seen again after getting ear tubes?

After Surgery:

- Your child should be seen within 3 months to make sure the ear tubes are working

Follow-up:

- Your child should be seen every 6 months by the pediatrician or in the ENT office to make sure everything is okay, even if there are no problems

Final Visit:

- Visits continue until the tubes fall out, the eardrum is healed, and there are no more problems with fluid or infections

How long do ear tubes last?

- Tubes are not expected to stay in forever - we want tubes to eventually fall out on their own
- Most ear tubes stay in for about 12 to 24 months.
- Sometimes the ear pushes out the tube earlier, sometimes later.
- Whenever a tube falls out, another set of tubes might be needed if the original problems return
- About 4 out of 5 kids (80%) do not need new tubes after the first set falls out.

What are possible problems with ear tubes?

Scarring:

- A white mark or small dent on the eardrum may happen but usually does not cause problems

Perforation:

- 1 out of 20 kids (5%) may have a small hole in the eardrum after the tube falls out. The hole may close on its own or may need surgery

Tubes not coming out:

- Most tubes come out on their own within 12 to 24 months.
- If a tube is still in place for 36 months, it may need to be removed

Tubes falling in:

- It is possible for a tube to fall into the middle ear (behind the ear drum) instead of into the ear canal. This is extremely rare and usually does not cause issues

Does my child need earplugs for water?

Most kids don't need earplugs for swimming or bathing, but they may be helpful if:

- Water causes pain or discomfort
- There is fluid or drainage from the ear
- Your child swims in unclean water like lakes or non-chlorinated pools

Never use Play-Doh or Silly Putty as earplugs – they can become stuck in the ear and may need surgery to remove.

Can my child still get ear infections with tubes?

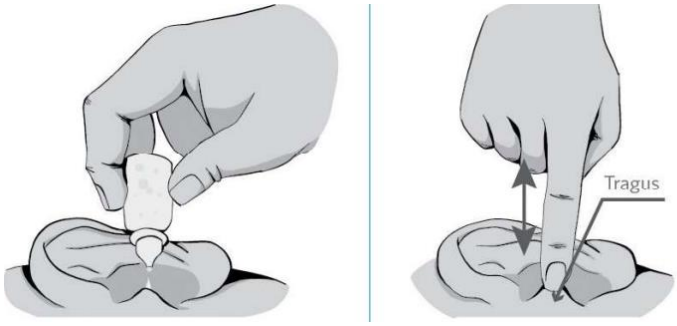
Yes, ear infections can still happen. You might see drainage from the ear. It may be yellow, green, or even bloody. Most kids don't have pain or fever with drainage.

If you see ear drainage, do the following:

- Use antibiotic ear drops as prescribed (no over-the-counter drops)
- Clean the ear opening gently with a cotton swab and warm water or hydrogen peroxide
- Do not let your child swim during infections
- Only use ear drops for the amount of time your doctor says – using them too much can cause yeast infections
- Antibiotics by mouth aren't needed for most ear drainage unless recommended by your doctor

Steps to use ear drops correctly:

1. Have your child lie on their side
2. Put drops into the ear
3. Push down on the tragus (the small flap near the ear opening) a few times to help the drops get fully into the ear canal



Why might my doctor say there is an infection if there is no drainage?

- If the tube is open and drainage is just starting, ear drops will help clear it up
- If the tube is blocked and the infection cannot drain, antibiotics by mouth may be needed
- Sometimes the tube is open and looks red or irritated, but it doesn't need any treatment

When to call the ear doctor (ENT specialist):

Call your child's ENT if:

- Your child has trouble hearing
- Infections or pain keep coming back
- Ear drainage lasts more than 7 to 10 days
- Drainage happens more often than expected
- Drainage completely fills the ear and drops won't go in

ADENOIDS

What are adenoids?

Adenoids are tissues behind the nose. If they are removed at the same time, your child may have some of these side effects:

What to expect after surgery:

Sore Throat:

- A sore throat is very common, especially on the second day
- You can give Tylenol or Motrin every 4 to 6 hours - these can be given one at a time or by switching between them every 3 hours

Ear pain:

- Your child may say their ears hurt, but this pain actually comes from the throat
- The body can sometimes confuse throat pain and think it's coming from the ears

Neck Stiffness:

- Some kids have a stiff or sore neck

- This should go away within 5 days - if it doesn't, call your doctor

Mild Bleeding:

- A few drops of blood from the nose or in spit is normal
- Bright red bleeding is not normal - call your doctor if you see this

Swelling:

- The tongue, roof of the mouth, or the uvula (the little hanging part in the back of the mouth) may swell
- Sleeping on the side or with the head raised can help

Voice Changes:

- Your child's voice may sound different for a little while
- It might sound less nasal, higher pitched, or squeaky
- This is normal and usually goes away

Snoring:

- Snoring may continue for a few weeks while the throat heals

Bad Breath:

- This is common after surgery - it should get better within a week

Low Fever:

- A small fever (99–101°F) is normal for the first few days

Nasal Leaks:

- Air or water might come out of your child's nose when they talk or drink
- This usually gets better in a few days

Follow-Up:

- 1–2 weeks after surgery your child will have a post-operative follow-up appointment to make sure they are healing well