

Dallas ENT Group

Instruction for: Ears Draining & Wax

Dr's Timothy H. Trone, Thomas Y. Hung & Andy T.A. Chung

1/2% Ear Irrigation: Mix 8 oz hydrogen peroxide in 8 oz distilled water. Use bulb syringe to irrigate ear twice a day for ear drainage (or) once a week for an ear wax regimen. Patient is to sit upright in shower/bath tub and use one whole bulb per ear that is draining. With medium volume, push gently....as your pushing the irrigation it should be running back out of the ear. Afterwards, you should put the ear drops in. Please call our office when patient starts to drain from ear, with all details.

Please, keep this sheet as a reference long after the patient's surgery. You will need it, because the patient may develop one to two ear infections during the time that the myringotomy tubes are in place.

When an infection develops, you will be aware of this because the ear will drain to the outside portion of the ear. This drainage will usually be a creamy or milky consistency, but may be blood-tinged or bloody. Seeing blood on the ear should not cause alarm, but is just an indication of infection and irritation of the inside of the ear. When you notice infection or drainage of the ear, you should call our office. Please call between 8:00a.m. and 2:00pm, during the week. Ask to speak to the doctor's nurse, and she will obtain information that she needs before talking with me. She will then return your call with specific instructions based on your situation. You will usually be given a prescription for antibiotic ear drops and possibly oral antibiotics. For simple drainage studies have shown that antibiotic ear drops are as effective as oral antibiotics. However, if the patient develops fever and/or yellow-green nasal drainage an oral antibiotic will be prescribed. You will also be told when the patient needs to be seen in our office. This will usually be within the next two weeks. Remember to continue to keep water out of the ears during this period of time.

The ear will drain occasionally while the tubes are in place. Infrequent drainage is not abnormal.

~The vent tubes remain in place 12 to 18 months and generally extrude (come out) on their own. Tubes that remain in place over three years need to be removed either here in the office or in the operating room. If this is done, there is a small chance that the eardrum will have to be grafted.

~ 25% of patient's with vent tubes will need to undergo replacement of the vent tube if they develop recurrent infection and fluid after the eardrum is healed once the tube is out.

~25 to 30% of patient's develop drainage from the ear as explained in one of the preceding paragraphs.

~5% of patient's develop a small hole in the eardrum after the tube extrudes. This hole usually heals, but occasionally a fairly simple surgical procedure will need to be done to close this perforation (hole).

******Water Protection******

An effort should be made to keep gross water contamination of the ears while the tubes are in place. This includes avoidance of bath water, swimming pool, river and lake water. The patient can swim with silicone type ear plugs and a neoprene "ear band" in chlorinated water. The ear band maintains the fit of the plugs. Information on purchasing of the "EAR BANDIT" can be obtained at a pharmacy over the counter or through Walgreen's pharmacy in building A, at Medical City Dallas.

Please do not hesitate to call our office if you have any question! (972) 566-8300