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INSTRUCTIONS FOLLOWING VENT TUBE PLACEMENT

Please keep this information sheet as a reference following your child's surgery.

Vent tubes remain in place for 12 to 18 months and generally extrude (come out) on their own. 25% of patients with vent tubes will need to undergo replacement of the vent tubes if the patient develops recurrent infection and fluid after the eardrum is healed.

Vent tubes that remain in place over three years will need to be removed either in the office or in the operating room. 5% of patients develop a small hole in the eardrum after the tube is removed or extrudes. If this perforation does not heal, a fairly simple surgical procedure will be done to close the perforation. Grafting consists of taking a small amount of fat from the earlobe and closing the perforation.

25% - 30% of patients develop drainage from the ear while the tube is in place. The drainage will usually be of creamy or milky consistency but on occasion it could be blood-tinged or frankly bloody. The drainage from the ear can be cleared with antibiotic eardrops. For simple drainage, studies have shown that antibiotic eardrops are as effective as eardrops and oral antibiotics. Prior to placement of the antibiotic eardrops, the ear canal will need to be irrigated with ¼% acetic acid. The acetic acid can be made by mixing 1 ounce of white vinegar in 8 ounces of distilled water. The acetic acid solution should be gently irrigated with a small bulb syringe. The acetic acid then removes the drainage from the ear canals so that the antibiotic eardrops can penetrate the vent tube.

If the child develops a fever and/or yellow-green nasal drainage an oral antibiotic will be prescribed. Following an episode of drainage, the child will need to be followed in the office in 10-14 days. The concern will be the patency of the lumen of the tube.

WATER PROTECTION:

An effort should be made to limit gross water contamination of the ears while the tubes are in place. This included avoidance of bath water, backyard pool (non-chlorinated water), river and lake water. The patient can swim with Silicone type earplugs and a Neoprene "ear band" in chlorinated water. The ear band maintains the fit of the plugs.

Please do not hesitate to call our office if you have any questions.

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