



BILATERAL MYRINGOTOMY WITH TUBES OR REMOVAL OF TUBES

Your child is scheduled to have PE (pressure equalizing) tubes put in his or her ears. This handout was written to answer some of the questions most often asked by parents and children regarding this procedure and home care. If you have any questions after reading this handout, please talk to the outpatient nursing staff, the anesthesiologist or your child's doctor.

WHY DO WE HAVE TO BE AT THE HOSPITAL ONE AND A HALF HOURS BEFORE SURGERY?

You and your child need to arrive one and a half hours before surgery so that we can perform all the necessary tests and procedures. These tests and procedures include:

1. Admittance to the day surgery unit: - When you get to the hospital, you and your child will go to the day surgery area on the second floor. After checking in with the receptionist, you and your child will be taken to a room in the pre-op area.

Please remember that no siblings (brothers or sisters) are allowed to stay in the day surgery area. If you must bring siblings, an adult will need to stay with them in the surgical services waiting room. Only two visitors may be at the bedside, due to the small size of the rooms.

2. Admitting procedures – The admitting clerk will ask for information about you and your child, including insurance information. She will also make your child a name bracelet. This bracelet must be worn by your child during the entire surgery stay. Please be sure to check the bracelet for the correct spelling of your child's name, correct birth date and doctor's name.
3. Blood work – A complete blood count (CBC) may be drawn on your child. This will be done by sticking your child's finger or arm. You can stay with your child while this is done. If blood work has been drawn on your child in the last seven days, please let us know. This might prevent your child from being stuck for lab work again. Urine tests are done on all girls who have started their period or who are 10 years or older.
4. Being seen by a nurse – A nurse will admit your child to the unit. She will take your child's temperature, count his or her breathing and heart rate, and take his or her blood pressure. She will weigh your child and have you dress him or her in hospital pajamas. Your child can leave on underwear and socks for now, but may need to remove them later.

The nurse will also ask you to assist her in filling out the needed paperwork. This includes signing the operative consent form and filling out the medical history form. Remember, the person who has custody of the child must sign the operative consent form.

5. Being seen by the anesthesiologist – The anesthesiologist is the doctor who will put your child to sleep for surgery. This doctor will answer any questions you have about the medication that will be used to put your child to sleep and how long your child will be under anesthesia. Please feel free to ask the anesthesiologist any questions.
6. Preoperative medicine – The anesthesiologist will look at your child and ask for information about your child's health and physical condition. The doctor will then decide what kind of medication your child will need before surgery. Your child may receive medication to drink. This medicine is usually given 30 minutes to one hour before surgery.

The medicine may make your child drowsy. His or her face may be flushed and he or she may complain of a dry throat. These are all normal for this kind of medicine.

HOW LONG CAN I STAY WITH MY CHILD BEFORE SURGERY?

You will be able to stay with your child until he or she goes into surgery. For safety reasons we ask that only two adults stay at each child's bedside. One parent must stay in the child's room or waiting room at all times while your child is in surgery.

HOW LONG WILL THE SURGERY TAKE?

This surgery takes about 10-15 minutes. Since the surgery is so short, we ask that you do not leave the child's room or waiting room. As soon as your child's doctor has finished the surgery, he or she will need to talk to you. Make sure that you ask the doctor about instructions for home care such as diet; when to schedule the next doctor's appointments; if antibiotics should be continued and when your child can return to school.

AFTER SURGERY, WHEN CAN I SEE MY CHILD?

When the surgery is over, your child will be in the first-stage recovery room for about 15 minutes or until he or she begins to awake. When your child is awake, he or she will be moved back to the room where you can be together until discharge. Your child may be crying when you first see him or her. This is because your child has just awakened and misses you or is uncomfortable from surgery.

WHEN CAN WE GO HOME?

The nurse will be checking your child often after surgery. She will be doing this to make sure your child is recovering well and to help decide when your child can be discharged from the hospital. Most children will stay in the outpatient area for

at least 20-minutes or longer if the doctor believes there is a need. Usually, your child can be discharged after he or she:

1. Is fully awake
2. Has stable vital signs. This means their temperature, heart rate, breathing rate and blood pressure are in their normal range.
3. Is not having acute pain. We can give your child pain medication if he or she is uncomfortable from the surgery.
4. Is not bleeding from the surgical site.

ARE THERE ANY SPECIAL INSTRUCTIONS THAT WE WILL NEED TO FOLLOW AFTER GOING HOME?

The nurse will give you specific instructions for home care. After you have read these instructions, the nurse will answer any questions you may have. There are two points that we must emphasize with you:

1. Slight ear drainage is normal after surgery.
2. Do not get water in your child's ears. Water in your child's ear could cause an ear infection. This is important the whole time your child's tubes are in his or her ears. The nurses and your child's doctor can offer you tips on keeping water out of the ears. Be sure to ask the doctor if your child can go swimming or diving.

Your child can be carried or taken down to the front door in a wheelchair. It is preferred that one adult bring the car to the front entrance for your child's convenience.

The day after surgery, you and your child will receive a follow-up phone call from one of the nurses. Please let us know how everything went after surgery. Feel free to make any comments. We are concerned about your child and how things are going.

If you have any questions after reading this handout, the outpatient nursing staff, the anesthesiologist or your child's doctor can answer them.

This handout is for general information only. It should not be considered complete. For specific information about bilateral myringotomy with tubes or removal of PE tubes, please ask your doctor.

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Written: 1990
Revised: 1993, 1999, 2002
Reviewed: 2004