Information for patients, families and carers

Discharge Information: post insertion of Grommets / Ventilation Tubes

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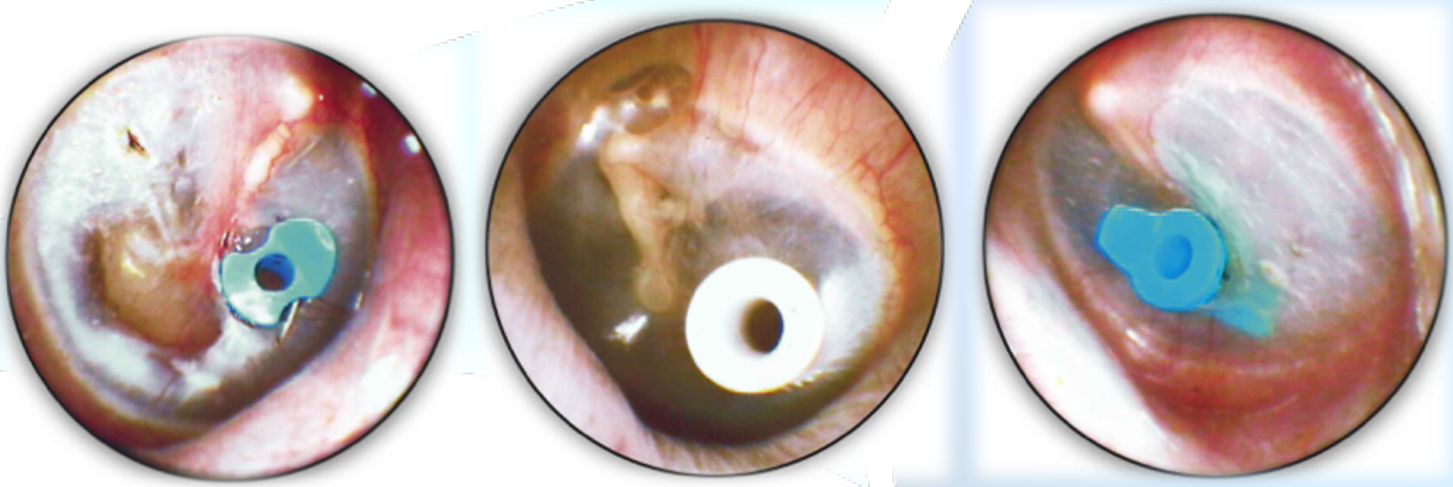
Discharge Information: post insertion of Grommets / Ventilation Tubes

Dear Patient/Carer:

Please read this document carefully as it contains important information that complements the instructions given by your MEG Specialist during your recent surgical admission.



Different types of Middle Ear Ventilation Tubes, sitting in ear drums (tympanic membrane)

Medications:

Pain Management:

- Most patients do not experience pain.
- Mild discomfort can be controlled with simple pain medication, such as common over-the-counter analgaesics (***e.g. Paracetamol*** or ***Ibuprofen***).

Antibiotics:

- We don't routinely prescribe antibiotics after this type of ear surgery.
- Your ***MEG specialist*** will instruct you on the use of Antibiotic eardrops if required – these are generally continued for a few days after surgery to minimise chance of infection and early grommet occlusion.

Ear Care:

Water Precautions:

- **N.B. Whilst the evidence of strict water precautions leading to fewer infections after grommet insertion is limited, and a number of guidelines around the world recommend *against* water precautions, we recommend you discuss the risks and benefits with your MEG surgeon.**
- At the very least we recommend strict water precautions in the early post-operative period, i.e. the first **6 weeks** after your/your child's surgery.
- After **6 weeks,** ongoing simple precautions will be adequate in most cases.

Strict Water Precautions	Simple Water Precautions
○ You must keep your completely ear(s) dry when washing/swimming ○ If you do get water in the ear canal, you can use a hair-dryer, on low heat, and at arms length to gently evaporate any water that has entered the ear canal. ○ You must start the use of water-proof ear plugs (silicon plugs, blu-tac®) at the time of your routine shower or bath. - Ensure the Ear-plugs are for water exclusion (not the noise protection variety). - After each use, please clean the plugs with water and soap and allow them to dry for the next use. - Blu-tac® should be discarded after single use. ○ In the case of small children: ▪ it is useful to start the use of the plugs as a game, a few days before the surgery takes place, so they become used to the sensation of having the ear plugs during the bath/shower time. ▪ It is often helpful to reinforce ear plugs for swimming with a cap or head-band.	○ If you do get water in the ear canal, you can use a hair-dryer, on low heat, and at arms length to gently evaporate any water that has entered the ear canal. ○ Swimming in flowing/fresh water, or chlorinated pools without ear plugs is allowed/reasonable. ○ But, minimise dunking/diving in stagnant or soapy water – ***e.g. Damns, rivers, baths, spas.***

Return to normal activity

- You/or your child will require 1 – 2 days off work/school to allow a full recovery.
- You/or your child should avoid swimming pool activities/lessons until the postoperative appointment with your ***MEG Specialist.***
- Please do not dive under water even with plugged ear canals.

Attend your nearest Emergency Department or Local GP Clinic if:

- You/Your child experience ear infection (discharge), fever, or severe pain that doesn't respond to the prescribed analgaesics (pain relief medication).
- Your ***MEG Specialist*** would be keen to provide advice to your doctor if required.

On your Post-operative Appointment

- Your ***MEG Specialist*** will perform an otoscopy to inspect the grommet(s).
- A hearing test will be arranged for you through, or you will need to arrange a ***hearing test*** locally prior to this review and ensure you bring a copy of the results on the day of your appointment.
- You may be discharged for ongoing GP follow-up after this.

Grommets After care

Bleeding:

- Bleeding occurs occasionally, especially when the grommets have been in position for some time. It is alarming but almost never serious.
- It is usually associated with infection and the formation of a small polyp of reactive granulation tissue at the site of the grommet.
- It needs treatment with Antibiotic ear drops (SEE BELOW) and often removal of the grommet.

Discharge/Infection:

- Discharge from the ears occurs in probably 15-20% of patients with grommets, due to getting water in the ears or from an upper respiratory infection.
- It is not disastrous but should be treated.
- Often patients are treated for some time with oral antibiotics, unsuccessfully because the main organism is resistant to these, or the concentration in the middle ear tissue isn't high enough.
- Most ear discharges respond to **antibiotic ear drops** of which ***Ciloxan®*** or ***Ciproxin HC®*** are the safest and most effective (needs doctor's prescription).

Extrusion:

- Your/Your child's grommet(s) should extrude in 6-9 months after insertion.
- Please follow the water precautions (Strict or Simple) advised by your MEG Specialist until then.
- Visit your local GP for ear examination & review every 4 months or earlier if you experience an ear infection or hearing loss.

We will confirm the date and time of your post-operative appointment soon.
Do not hesitate to contact us if you require further information regarding these instructions.

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