

MIDDLE EAR VENTILATION TUBES (GROMMETS): POST-OPERATIVE CARE PLAN

PAIN: In general, placement of grommets is not particularly painful. Often no pain relief is required, and occasionally a single dose of paracetamol or ibuprofen may be used if discomfort is experienced. If grommets are used to relieve middle ear fluid, there is often immediate improvement in symptoms, including discomfort.

DISCHARGE FROM THE EARS: There may be a small amount of clear, pink, blood stained or bloody fluid in the ear canals which is normal after this surgery. If ear drops have been used during surgery, there may be cotton wool in the ear canals. The cotton wool can be removed in the ward. A small amount of sticky, mucus discharge may continue for 24 hours. If there is persistent, copious or offensive smelling discharge from the ears, please contact your surgeon, as treatment may be required. Please do not use cotton-tip ear buds in the ear canals.

ANTIBIOTIC EAR DROPS: In many cases no treatment is required. Occasionally drops may be prescribed for a few days and should be used as directed. Usually either Ciloxan 0.3% or Ciproxin HC (which is a milky suspension and needs to be shaken before use).

WATER PRECAUTIONS: Water precautions during regular showers or bathing are generally not necessary. Clean tap water poured over the child's head is fine. The exception is if your child likes to soak their head under bath water, as soapy water has reduced surface tension and can penetrate the grommet, and the water is not clean. Water precautions are also recommended when swimming or shallow diving in unclean water such as public pools, rivers and lakes. We would generally recommend ear plugs and a neoprene wrap to hold them in place.

The reality is that submergence below about 3 feet of water is necessary to have sufficient pressure for water to penetrate the grommet. For this reason, diving is generally not recommended as water intrusion can cause discomfort or infection. If not submerging to any significant degree, and putting ear plugs on becomes a battle, rather than part of the routine, it is reasonable to allow your child to go swimming without any specific precautions. If your child complains of ear pain or develops an infection, this strategy would need to be reassessed.

DISCHARGE FROM HOSPITAL: Grommet surgery requires day admission and patients can be discharged once recovered from anaesthetic, usually after 2 hours.

RETURN TO NORMAL ACTIVITIES: Most children can return to school, kindergarten, child care, or usual activities the following day.

HEARING: Hearing loss due to middle ear fluid is resolved almost immediately after surgery. Sometimes children may complain that normal sounds seem loud because they can now hear normally. This hypersensitivity tends to correct itself with time (often over a couple of weeks).

AIR TRAVEL: This is usually not a problem and patients can travel as early as the following day, as long as the ears are not discharging. Grommets prevent pressure-related ear pain during air travel (there is no need to equalize as the grommet prevents pressure differentials in the middle ear).

FOLLOW-UP: A follow up appointment is generally arranged at 2 weeks after surgery. Depending on the age of the child and circumstances, a hearing test may be organised at one of the follow up visits. Regular follow up is then usually every 4 to 6 months until the grommets "fall-out". You may not notice that the grommets are out unless the initial symptoms recur.

NEED FOR FURTHER GROMMETS: About 1 in 5 children may require another set of grommets if the original problems, such as middle ear fluid accumulation or recurrent ear infections, recur after the grommets fall out. The younger the child requiring first placement of tubes, the greater the probability of requiring a further set. The need for a repeat set of grommets will be assessed during the course of your follow up appointments. If a second set is required, an adenoidectomy (if not already performed for other indications) is sometimes recommended at the same time to achieve the best outcome. This can have an additional benefit on functioning of the eustachian tubes.

CONTACT US IF THERE IS:

- persistent bleeding from the ears
- significant pain, unresponsive to simple analgesics or persisting beyond 48 hours
- copious, persistent or malodorous ear discharge