

Grommet Insertion (Myringotomy with Tube Insertion)

What is Myringotomy with Tube Insertion (Ear tubes)?

Myringotomy is the name for an incision made in the eardrum. A small tube is then usually placed into the incision to keep it from closing. Grommets are made of various materials, and are of different sizes and shapes. A grommet/tube maintains the opening in the eardrum for both ventilation and drainage purposes. A myringotomy with or without tube insertion typically requires general anaesthesia in children.

What are the advantages of grommets?

Grommets have been shown to decrease the frequency, severity, and duration of ear infections. Also, in children with chronic fluid behind the eardrum and hearing loss, tubes can keep the ear free of fluid and improve the hearing.

If a child with ear tubes does get an ear infection, this usually presents with ear drainage. Infections should be treated with ear drops, as the tube allows the drops to penetrate into the middle ear, where the infection is located. Oral antibiotics may still be needed if another area is also infected, such as the sinuses or lungs, or if the ear drainage does not resolve with drops alone.

What are the disadvantages of grommets?

In rare cases, the tube does not fall out and may have to be removed. Also, in rare cases, the eardrum does not heal completely and may require another surgery to repair it. Children with tubes may get scarring on the eardrum called "myringosclerosis." This usually does not affect the hearing.

How long do the grommets last?

Standard grommets typically remain functional for 6 to 9 months. There can be times when a grommet is rejected by the body and lasts only a few weeks and also times when the grommet does not fall out and needs to be removed after 2 years. The grommet usually falls out on its own, and the ear drum heals within a few days. In some cases, by the time the grommet falls out, the patient has grown out of the underlying problem and will no longer get frequent ear infections. It is not uncommon for patients to require more than 1 set of grommets. "Long term" grommets are used in particular circumstances and may remain in place for years and may require a second operation for removal.

Can my child get their ears wet with grommets?

For the first 3 weeks there should be no swimming at all. Ear plugs should be used for any showering or baths. After 3 weeks then swimming can be recommenced with ear plugs and a wet suit headband or swim cap. Ear plugs should still be worn for baths but there is no need to use them for showers at this time. If there is an active infection or you are having problems with recurrent infections despite grommet insertion then plugs should always be worn. However, if the child is too young and plugs can't be used, it is not disastrous. In older children who may be diving deeper under water, ear plugs should be used to keep water out and prevent ear infection or drainage. Also, caution is advised with swimming in freshwater ponds or streams which may have more abundant bacteria.

Can my child fly with grommets?

Yes. Grommets allow pressure to equalize across the eardrum, and your child should not experience pain from pressure changes while flying.

Pre-operative Instructions and Restrictions:

In the days preceding surgery, your child may take paracetamol (Panadol), prescribed antibiotics, or an over the counter cold medicine as long as it does not contain aspirin or ibuprofen. Please notify your doctor if there is a family history of bleeding tendencies or if your child tends to bruise easily.

The following should not be ingested within 14 days of your child's surgical date:

- Aspirin
- Ginkgo Biloba
- St. John's Wort

The following should not be ingested within 7 days prior to your child's surgical date:

- Anti-inflammatory medications (Naproxyn, Aleve, Celebrex, etc.)
- Ibuprofen products (Advil, etc.)

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