

DIET:

1. Patient may eat their usual diet after leaving surgery and as they tolerate it.
2. Nausea or upset stomach is **NOT USUAL** after tube placement since length of anesthesia is short.
3. If patient experiences nausea or vomiting, avoid giving solid foods. Try tea, Gatorade, 7-Up, Jell-O, etc. until nausea passes.

MEDICATIONS:

1. Continue routine medications.
 2. If no pain medication is ordered, use what you normally use to lessen discomfort and decrease children's irritability.
- Patient given Rx: _____

If taking prescribed pain medication, you should not drink alcoholic beverages or drive a car.

GENERAL ANESTHETIC:

After a general anesthetic, the patient may experience some weakness, dizziness, and sleepiness. A responsible adult must stay with the patient for 24 hours because of the effects of the anesthesia.

ACTIVITY:

1. Most patients can start their normal activities as soon as they feel able, unless the surgeon instructs otherwise.
2. Children may be a little irritable for a few hours post surgery.
3. Patient may return to school or work and normal activities the next day.

FOLLOW-UP:

Office appointment _____

Keep appointment as made during patient's pre-op visit.

Other: _____

SPECIAL INSTRUCTIONS:

1. There may be drainage or drops of blood from the ear which is normal for a few days. You may keep some cotton in the ears depending on how much drainage is present. If cotton is used, change it 2 or 3 times per day.
2. Use ear drops as directed on prescription. Your prescription may read eye drops. That is perfectly fine – eye drops can be used in the ear. However, eardrops **cannot** be used in the eye.
3. If bleeding from ears occurs, use eardrops two times per day for five days. Children tolerate drops better if they are warmed to body temperature before using.
4. As long as the tubes are in place, **DO NOT** allow water to get in the ears. At bath time, or when washing hair, we suggest putting Vaseline on cotton and placing it in the ears. This will act as a seal. Be sure to take the cotton out afterwards.
5. Patient can swim if earplugs are worn. Two weeks after surgery you can request the office to make ear molds to keep water out of the ears if desired. A silicone-type ear mold is also available which is molded at each use.
6. Most common problem with tubes in the ears is drainage that is thick and whitish in color and may be bloody. This is usually caused by water in the ear. Cleanse the outer ear canal with a Q-tip and use the eardrops two times per day for seven days. This should eliminate the problem.
7. If you feel at any time that water has gotten into the patient's ears, use four drops of the eardrops at one time only. This usually prevents any infection.
8. Tubes normally come out of the eardrum on their own. This occurs because the eardrum is actively growing. This process takes 12 to 24 months. 2% of the time the tube fails to come out spontaneously and must be removed from the eardrum. This can usually be accomplished in the office but may require surgery. 1-2% of ears, however, fail to heal after tubes come out. This might require additional surgery.

MISCELLANEOUS:

Contact physician if patient experiences:

1. Drainage and bleeding that lasts longer than 1 week and doesn't improve with medication drops.
2. Persistent oral temperature of 101° F or greater.
3. Severe pain is not relieved by your pain medication.

Drs. Jetmore, Bawa, & Hirons

Telephone (765) 966-1600

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For serious problems, report to your nearest Emergency Department.

Instructions explained by: _____ Date: _____

I understand the above: _____ Relationship: _____

PATIENT INSTRUCTIONS

TYMPANOSTOMY WITH VENTILATION TUBE

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