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## RISKS AND COMPLICATIONS OF SURGERY MYRINGOTOMY & TUBE PLACEMENT

Healthy middle ears are ventilated by a tube (eustachian tube), which connects the middle ear space with the nose and throat. When this tube fails to function properly, recurrent ear infections, persistent fluid, chronic negative middle ear pressure, or hearing loss can develop. Ventilation tube placement is commonly recommended for the following conditions:

1. Recurrent or persistent middle ear infection.
2. Persistent middle ear fluid
3. The prevention of the adverse effects of chronic negative middle ear pressure secondary to eustachian tube dysfunction.
4. Hearing loss secondary to persistent fluid or eustachian tube dysfunction.
- 5.

Myringotomy and ventilation tube placement involves viewing the ear through the operating microscope and making a small incision (myringotomy) and then placing a small plastic or metal tube (ventilation tube) through this opening in the eardrum to allow proper ventilation and drainage of the ear. Tubes serve to reestablish normal middle ear ventilation and allow drainage of any accumulated fluid or infection. These tubes serve as a temporary bypass of the eustachian tube until the eustachian tube can mature and normalize so that it can once again serve its function properly.

Ventilation tube placement can reduce the incidence of ear infections, eliminate fluid accumulation, prevent or reverse the adverse effects of chronic negative middle ear pressure, and prevent or correct hearing loss secondary to persistent fluid or eustachian tube dysfunction. These tubes are designed to fall out on their own anywhere between 6-18 months after placement. After that point, hopefully the eustachian tube will have matured or normalized so that it can serve its function properly.

**The following are possible complications and risks associated with this procedure.** In addition to those risks and complications listed, there may be some unforeseen complications with any operative procedure.

1. **Otorrhea:** Some drainage from the ears after placement of ventilation tubes is commonly seen. Infrequently, the drainage is persistent.
2. **Eardrum Perforation:** The ventilation tubes are designed to fall out on their own and in most cases, the eardrum heals after extrusion of the ventilation tubes. In rare cases, a perforation (hole) in the eardrum remains. This hole may heal spontaneously. If healing does not occur, surgical repair (myringoplasty) may be required.
3. **Hearing:** Ventilation tube placement is designed to prevent or reverse hearing loss secondary to recurrent infections, persistent fluid, or eustachian tube dysfunction. It is,

however, possible that placement of the ventilation tube itself may, in very rare incidences, result in hearing loss.

4. **Infection:** Ventilation tube placement should greatly reduce the frequency and severity of ear infections. Despite this, occasional infections may occur and will require treatment. Appropriate water precautions preventing contaminated water from entering the middle ear space will reduce the chance of infection greatly.
5. **Bleeding:** A small amount of bleeding is commonly seen with tube placement. In rare cases, bleeding may be heavy or persistent.
6. There are risks associated with any anesthesia. You may discuss anesthetic risks with your anesthesiologist.

I have read, understand, and considered thoughtfully the risks and complications of this surgery and accept them. I have been given written postoperative instructions to take with me. I understand these instructions and will follow them to the best of my ability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**After Hours Number – 1-800-925-1318**