

MIDWEST EAR, NOSE & THROAT SPECIALISTS, P.C.

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VENTILATING TUBES

Patient Information Sheet

The indication for insertion of ventilating tubes in the ears is the presence of persistent fluid and/or recurrent infection in the middle ear that has not responded to antibiotics or decongestants. Ventilating tubes are never used as a primary treatment for this condition. It is only after other means have failed, that we advocate the use of ventilating tubes.

It is our experience that the use of ventilating tubes is very effective in clearing middle ear fluid and restoring hearing in those cases that have not responded to other means. Ventilating tubes are not a cure-all for all cases of otitis media; they need to be used with the proper indication. With the use of tubes in our practice, we have seen a dramatic reduction in the incidence of chronic ear disease that has required reconstruction of the hearing bones or mastoidectomy.

The drawbacks to ventilating tubes are that children require a general anesthetic for operative procedure and these tubes may plug with wax or come out prior to the time that the patient develops his own eustachian tube function. Perforation (hole) of the eardrum may result from the tubes in approximately 2 to 4 percent of cases but these can be repaired much more easily than can repairing the ear bones or removing scar tissue from the ear or mastoid.

In our practice, this procedure has very positive means of preventing and eliminating ear disease and maintaining hearing. The presence of hearing is extremely important in the development of speech during the formative years.

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FOLLOW UP:

Patients with ear tubes need to have the ears checked every three to five months with one of our physicians, even if they are not having trouble, as this is the only way to make sure the tubes remain in place and open. Most tubes last from six to twelve months; they are not meant to last forever. If the tubes remain in place longer than two years, they are less likely to come out on their own and will need to be removed. If the tubes are left in too long, perforation (holes) in the eardrum will often not close on their own, thus requiring surgery to “patch” or close them. Tubes often can easily be removed in the office. If the patient chooses to swim, fitted ear plugs should be worn along with an Ear-Bandit.

With proper care, tubes can improve hearing, making learning and living easier for your child.

I have reviewed and understand the above information.

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| Patient’s Name and Date (PRINT) | Patient or Legal Guardian (SIGN) |

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| | |
| Witness | Relationship to Patient |