

## Introduction

1. To make a hole in the eardrum (myringotomy).
2. Placement of a ventilation tube through the eardrum.

## Indications

1. Secretory otitis media.
2. Eustachian tube dysfunction.
3. Acute otitis media.

## Intended Benefits and Expected Outcome

1. To normalize the middle ear pressure.
2. To drain the middle ear.
3. Hearing improvement.
4. There is chance of incomplete relief of symptoms and recurrence after extrusion of the grommet.

## The Operation / Procedure

The operation is done under local or general anaesthesia. Under the microscope, a small incision is made over the eardrum and the middle ear fluid is aspirated. A ventilation tube may be inserted to allow ventilation of the middle ear.

## Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis intravenous line may be required.

## Postoperative Instruction

- A. General**
1. Mild throat discomfort or pain because of intubation.
  2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
  3. Nausea or vomiting are common; inform nurses if symptoms severe
  4. Inform nurses if more analgesics are required.

**B. Wound care** Small amount of blood stained ear discharge is normal. Please keep your ear dry.

**C. Diet** Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

## Common Risks and Complications (not all possible complications are listed)

### A. Anesthesia related complications

1. Cardiovascular : myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anaesthetic may result in serious complication although rare.

### B. Procedure related complications

#### Common Risks and Complications ( $\geq 1\%$ risk)

|            |           |          |                              |
|------------|-----------|----------|------------------------------|
| Recurrence | Infection | Bleeding | Residual eardrum perforation |
|------------|-----------|----------|------------------------------|

#### Uncommon Risks with Serious Consequences ( $< 1\%$ risk)

|  |                            |   |
|--|----------------------------|---|
| Hearing loss                                     | Vertigo                    | Facial nerve damage   |
| Dislodgement of ventilation tube into middle ear | Implantation Cholesteatoma | Death due to serious surgical and anaesthetic complications |

## Alternative Treatment

1. Medical treatment
2. Hearing aid

## Conditions that Would Not be Benefited by the Procedure

1. Tinnitus
2. Dizziness

## Consequences of No Treatment

1. Persistent hearing loss.
2. Progression of infection with complications.

**Things to take note after discharge** See the doctor as scheduled.

## Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

## Reference

Hospital Authority : “Myringotomy +/- Ventilation Tube Insertion” (2023)

Smart Patient: [http://www.ekg.org.hk/pilic/public/ENT\\_PILIC/ENT\\_Myringotomy+-VentilationTubeInsertion\\_0124\\_engchi.pdf](http://www.ekg.org.hk/pilic/public/ENT_PILIC/ENT_Myringotomy+-VentilationTubeInsertion_0124_engchi.pdf) (06-07-2023)