



Ear Center: Preoperative Surgery Instructions for Ear Tubes

Phone: 336-273-9932

PREPARING YOUR CHILD FOR SURGERY- BILATERAL MYRINGOTOMIES WITH EAR TUBES (BMTs)

1. Types of Tubes Used

A. Paparella Type I (see above, center photo)

Our standard tube is the Paparella Type I Tube®. The tube is a low profile (collar-button style) tube made of medical grade silastic. The tube generally remains in place for 6-12 months and ejects from the tympanic membrane (eardrum) spontaneously.

B. Triune® Tube (see above, right photo)

The Triune® Tube is a three flanged tube made of silicone. It has soft angled flanges that contour to the inner surface of the tympanic membrane (eardrum). The three flanges hold the tube perpendicular to the tympanic membrane. Triune tubes tend to remain in the tympanic membrane for a mean of 30 months. The Triune tube is used when long-term ventilation of the middle ear is desired.

2. AGE 1 MONTH TO 12 MONTHS

Your major role in helping your infant through a surgical procedure is to provide comfort for him. Remember that an anxious parent often equals an anxious child. Even small babies will react to their parent's anxiety. If you remain calm and natural with your child, it is likely that the surgical experience will go smoothly and uneventfully.

Because your child cannot have anything to eat or drink before having an operation, use a pacifier to help soothe him. It may help to not to awaken your

infant until just prior to leaving for the surgical facility. Your child may wear his pajamas. Remember to take a change of clothes for the trip home.

Let your infant go to the operating room with a favorite toy, pacifier, or other "security" item.

After surgery, continue to provide your infant with comfort and support. Most infants tolerate the procedure well. Occasionally, they may experience some fussiness or irritability for a few hours. If your child takes an afternoon nap, they may sleep longer than usual. They should be fully awake, and alert by late afternoon.

3. AGE 12 MONTHS TO 3 YEARS

We suggest that you do not try to prepare your toddler for surgery until the day before or the morning of the procedure. Toddlers have not yet developed a good sense of time, and talking about the surgery too far ahead of time will have very little meaning for them.

Please read "Koko Bear's Big Earache" with your child and discuss with him the things that will happen to him on the day of surgery. Concentrate on what your child will hear, see, feel, and smell, such as a pinch of the finger for the blood work or a funny smelling mask on his face.

It may help to use a doll to serve as a "patient" and demonstrate to your child what will be happening to him. Allow your child to play with a toy doctor's kit and masks or gowns. Try to let him touch and manipulate some of the things that will be used by the anesthesia team during his operation such as an anesthesia mask or blood pressure cuff.

Be explicit about the body part that will be operated upon, his ears, and show it to your child.

Let your child take a favorite toy, blanket, or pacifier to the operating room with him.

Describe the anesthesia as a "special nap" that is different from his usual sleep at home. Avoid using the term "being put to sleep" as your child may confuse this with animals that have been put to sleep by your veterinarian. Children know that a nap is brief and that they will see their parents after a nap.

Be realistic with your child and avoid fairytales. Young children are very preoccupied with blame and guilt. It is important to reassure your child that he is not being punished for anything he has done.

After the operation, allow your child to continue to play with the "operated" doll so that he may act out and talk about his experiences during the operation.

Your child may regress somewhat after having an operation. There may be some disruption in potty training or recently acquired skills. He may be clingy and fearful for a day or two, and there may be some night waking. These are normal behaviors and will generally disappear within a few days. Be supportive, comforting, and gently urge your child to resume his normal routines.

4. AGE 3 YEARS TO APPROXIMATELY 6 YEARS

We suggest that you begin preparing your preschooler for surgery about 2-3 days prior to the operation.

Please read the book "Koko Bear's Big Earache" with your child and discuss with him the things that he will experience during the surgery. Concentrate on what he will see, hear, feel, and smell, such as a quick pinch of the finger, or a funny smelling mask (plastic smell) over his face.

It may help to use a doll to serve as a "patient" and demonstrate to your child what will be happening to him. Allow him to play with a toy doctor's kit and masks or gowns. Try to let him touch and manipulate some of the things that the anesthesia team will be using during the operation such as an anesthesia mask and blood pressure cuff.

Be explicit about the body part that will be operated upon, his ears. Preschoolers are very concerned about body parts being injured and repaired. Reassure your child that there will be no cuts or holes that he will be able to see after the operation and that he will not be able to see or feel the ear tubes in his ears. Use drawings or pictures to show your child what will be done.

Let your child take a favorite toy or blanket to the operating room with him.

Describe the anesthesia as a "special nap" that is different from his usual sleep at home. Avoid using the term "being put to sleep" as your child may confuse this with animals that have been put to sleep by your veterinarian. Children know that a "nap" is brief and that they will see their parents after a "nap".

Remember that preschoolers are highly imaginative and may fantasize about what may be wrong with their ears and why. Reassure your child that he did nothing to cause his illness and that the surgery is not punishment of any kind.

A tour of the surgical facility a day or two before the procedure may help to decrease your child's anxiety and prompt questions. You may contact the surgical facility to arrange a tour. The phone number of the SCA Surgical Center of Greensboro is (336) 272-0012. The number for the Cone Day Surgery Center is (336) 832-7100.

After the operation, allow your child to continue to play with the "operated" doll so that he can play out some of his experiences.

Your child may regress somewhat after the surgery. There may be some "forgetting" of recently acquired skills. He may be clingy and fearful for a few days, and there may be some night waking. These are normal behaviors that will generally disappear in a few days. Be supportive, comforting, and gently urge him to resume his usual activities and routines.

5. Parent Information: What happens the day of surgery? - Bilateral Myringotomies with Ear Tubes

You should arrive at the surgical facility and check in 1-2 hrs before the operation is scheduled.

Your child's temperature will be taken. An anesthesiologist will talk with you and listen to your child's heart & lungs.

Just before the operation is scheduled to begin, a certified registered nurse anesthetist (CRNA) will escort your child to the operating room. Your child may take a favorite toy or blanket to the operating room for comfort.

In the operating room, your child will be put "to sleep by breathing Nitrous Oxide and Sevoflurane through a mask. Their heart rate, blood pressure, temperature, and blood oxygen levels will be continuously monitored. Usually an intravenous (IV) line is not necessary.

After the operation, your child will go to the post anesthesia care unit (PACU) for approximately 15 minutes for monitoring prior to rejoining to you. The total time that your child will be away from you is usually about 30 minutes.

Once your child is fully awake, alert, and able to drink some liquids, you may return home.

Last revised November 22, 2009