

PE TUBE PLACEMENT (TYMPANOSTOMY)

WHY DO I NEED SURGERY?

The purpose of this procedure is to preserve or improve your hearing. Infections and fluid can damage your hearing. Without the placement of this ventilation tube, your hearing loss may get worse and possibly even experience total deafness.

WHAT HAPPENS DURING SURGERY?

For adults, ventilation tube placement will most likely be done under local anesthesia. However, for children, the patient may require general anesthesia.

An incision will be made in the eardrum. Any fluid will be suctioned out. Placement of a small plastic tube to allow ventilation of the middle ear will be done.

This surgery takes about 30-35 minutes. Most patients will go home the same day after surgery. You should arrange for someone to drive you home after this procedure.

WHAT SHOULD I EXPECT AFTER SURGERY?

Generally, the risk of problems after placement of PE tubes is minimal.

It is extremely important your ears are kept dry for at least seven to ten days after the procedure. Taking baths rather than showers are strongly recommended during the postoperative period.

After the surgery, antibiotics will be prescribed for a period of seven to ten days as well as eardrops. Coughing or a sensation of fluid drainage into the sinuses is common after the placement of eardrops. This is considered normal.

WHAT ARE THE RISKS AND COMPLICATIONS OF THIS PROCEDURE?

The risks and complications of this procedure are usually minimal.

Typically, after placement of a PE tube, it will fall out sometime about six to eight months later. After the tube is expelled, most likely the eardrum will repair itself. However, in some situations, a perforation results, which may require further intervention.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery. Please feel free to bring a family member or friend to your preoperative visit. Please sign and return this form to our office when you come for your preoperative appointment.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

I understand the above information and consent to the surgery.

Patient Signature

Patient Name-Printed

Date