

Bilateral Myringotomy Tube Placement

**Broward Health Medical Center
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Good morning. I'm Dr. Steven Singer. I'm a Pediatric Otolaryngologist. Today we're here at the Weston Regional Health Park, which is part of the Broward Health System; and we'll be demonstrating bilateral myringotomy with tube placement. Bilateral myringotomy with tube placement is one of the most common surgical procedures performed in children in this country, and there are a variety of reasons that this might become necessary.

Our patient this morning is a very prototypical patient. She is within the most common age for receiving tubes, which is between 6 months and 18 months of age. The tube that drains the fluid out of the ear naturally is not well developed yet, and so this is a very common age to see chronic fluid in there for repeated infections in the ear. So the mother was very concerned, brought her to the pediatrician who then referred her on to our office.

We obtained a hearing test to make sure there indeed was a significant hearing loss; and this hearing loss is always a reversible loss. And then the decision was made, after trying some medical therapies that were unsuccessful, to go ahead and proceed with surgery.

The surgery is a very brief surgery. There is no intubation required typically; so the child is breathing on their own the whole time, which makes the recovery process much easier. And they're given a premedication to make them much more calm, and also it helps with the recovery process. And then they're brought into the operating room, given some anesthesia to breathe and they drift off to sleep. Then we proceed. We put the tubes in after we take the fluid out of the ears. And then they're awakened, and they go back to the recovery room where the parent is with them when they're awakening in the recovery room.

So the whole process, the parent is only without the child for a very few minutes. And we always tell them before they can finish their cup of coffee, we'll be done and be in the recovery room with their child.

This is an actual PE tube. This is why we put it under a microscope; they're extremely small. They have a hole down the center, which allows for ventilation of the middle ear, which is the goal of the procedure today.

First, the child is receiving anesthesia by mask – so she's sleeping and won't feel anything that we're doing. The first step is to clean out the ear of any wax or debris that might be in the ear. Once the eardrum is visualized and clear, a knife is used to make a microscopic hole in the eardrum. And any fluid that's trapped in the middle ear is suctioned free. Sometimes the fluid is infected; sometimes it's just clear fluid, having been treated. At this point, a ventilation tube is placed through the previously-made hole. This tube acts as a vent for eardrops to go in or any future infection to come out. The tube typically stays in between 6 and 18 months and falls out by itself. Eardrops are placed, particularly if infection has been suctioned out of the middle ear. And then we do the other side.

She has a lot of fluid in her ear. And similarly, a tube is placed on this side. And it's made of an inert fluoroplastic, so that the eardrum doesn't react. And that is a set of PE tubes.