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FOR PARENTS CONSIDERING TUBES FOR THEIR KIDS

What is the difference between fluid in the ear and an ear infection?

Otitis media (middle ear infection) means that the space behind the eardrum (the middle ear) is full of infected fluid (pus) and the eardrum usually appears red and swollen. Middle ear fluid (also known as effusion) and otitis media can occur in the same child at different times. When ear infections are effectively treated with antibiotics the pus changes into a different form of fluid. This fluid may not cause pain but may cause a mild sensation of ear fullness or discomfort. This fluid is harmful because its continued presence predisposes toward an ear infection. Additionally, the fluid temporarily reduces and distorts hearing. If ear infections or fluid in the ear remain untreated or undiagnosed for a long period of time they may result not only in a hearing disability, but in speech and learning delays/problems for the child.

Why do some children need surgery for ear infections or fluid?

Surgery is indicated in patients with recurrent otitis media and/or persistent middle ear effusion. It is usually a last resort after it has become clear that medical (non-surgical) treatment is not helping or that the risks of medical treatment (such as reactions to antibiotics) are too high.

The surgery done for these conditions is known as “pressure equalizing tube placement,” or “BMT” which stands for bilateral (performed on both ears) myringotomy (the creation of a tiny hole in the eardrum) and tubes (the placement into that hole of a small plastic, rubber or metal tube to keep it open). This may occasionally need to be done with removal of the adenoids or tonsils.

What are the benefits of inserting pressure equalizing tubes?

In children who have persistent ear fluid, the benefit is immediate. Once the fluid is suctioned from the ear, hearing is improved. Sometimes, especially if the fluid is thick, drainage from all the small spaces throughout the middle ear may continue for a day or two. The drainage that the tube provides keeps the fluid from coming back as long as the tube is functioning (not clogged with wax or other debris). The tube also would form a small conduit for providing ventilation (exchange of oxygen) into the ear.

For children with recurrent ear infections, the tube makes it less likely that the ear will become infected in the future, reducing the need for antibiotics. However, it is still possible to get an ear infection, especially during a cold. In this case, the ventilation tube serves to drain the infected fluid out of the ear. Therefore, the child experiences less pain and fever than if the infections were not drained (as before surgery).

Tubes serve essentially three purposes: 1) They reduce the number and frequency of ear infections, 2) They reduce the severity of the symptoms associated with ear infections, and 3) They make ear infections easier to treat.

What are the most common associated risks with inserting pressure equalizing tubes?

The most common complication of tube placement is drainage of fluid from the ear. Although the tube is placed to allow for drainage as well as ventilation, sometimes the drainage continues for several days and requires specific treatment. This happens at some point during the life of the tube in about ten to fifteen percent of patients. Usually, this is easily treated by the physician. The ear may be suctioned to keep the tube from getting clogged and to help in clearing infections. Medicated eardrops are usually prescribed to help fight the infection, and sometimes oral antibiotics may also be needed.