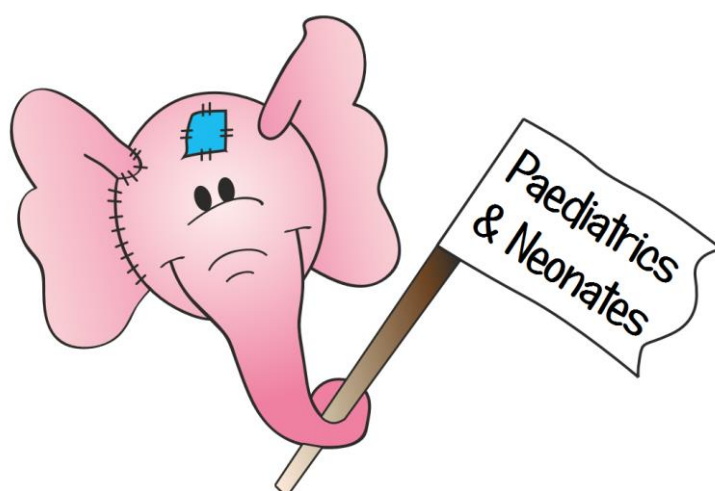


Myringotomy operation with or without grommets

Children's Ward

Parent/Carer Information Leaflet



Introduction

Your child is coming into hospital for a myringotomy operation. It gives information on what the operation is for and what it involves.

If you have any questions or concerns, please contact a member of the Children's Ward.

What is a myringotomy operation?

It is an operation to make a tiny cut in the eardrum. Any glue is sucked from the middle ear and if required a grommet is placed in the eardrum. This is to:

- relieve pressure in the ear, caused by a build-up of fluid
- drain pus out of the ear

The procedure is carried out using a short general anaesthetic so your child will be asleep.

The operation is sometimes suggested for children who:

- have hearing problems
- keep getting ear infections
- have a build-up of mucus in their middle ear, called glue ear

Why do children get these problems?

The ear is divided into three parts: the outer, the middle and the inner ear. The middle ear is a space behind the eardrum which should be filled with air. During the act of swallowing, the air in the middle ear is replaced through the eustachian tube, which connects with the nose.

Glue ear is a build-up of fluid in the middle ear air space. This happens when the eustachian tube does not work very well. There are a variety of reasons for this including:

- things that irritate the tube, such as allergies
- swollen adenoids – adenoids are small lumps of tissue at the back of the nose
- infection

Glue ear can lead to varying degrees of poor hearing, as the passage of sound to the inner ear is affected by the presence of glue. Poor hearing may cause your child's speech and language development to be affected and may cause problems at school. The presence of glue in the ear can also cause pain in some children.

If your child has persistent problems, placing the grommets in your child's ears can help. A grommet is a hollow, plastic tube that is left in the ear after the operation.

How do grommets work?

Grommets work by making the air pressure the same, in and outside of the middle ear. They also help to drain fluid out of the ear. Your child's hearing should be improved while the grommet is in place.

Usually, grommets gradually come out of the ear after about six to eight months, and the ear drum heals. Sometimes they need to be replaced, by another operation using general anaesthetic.

When a child grows, their ear problems decrease. However despite this, they may still need to have the grommets replaced. It is possible that they may need to have long stay grommets inserted.

What are the benefits of the operation?

It should improve your child's hearing and reduce the build-up of mucus in the middle ear. The procedure should also stop your child from getting earache.

What are the risks?

All operations have some risks and it is important that we make you aware of these.

There is a very small risk of bleeding, infection and damage to the eardrum. You will need to discuss these issues with your child's consultant.

There are some rare risks of general anaesthetics which you can discuss with your child's anaesthetist in more detail before the operation. After the anaesthetic, some people feel sick or are sick. Your child may have a headache, sore throat or feel dizzy or lightheaded but these effects should only be temporary.

Children with grommets can develop a runny ear. This can usually be dealt with by your GP, who will prescribe drops or antibiotics. Sometimes this can be a long lasting problem or keep coming back. In this case, your child may need to come back to the Ear, Nose and Throat (ENT) clinic.

Is there an alternative treatment?

If your child's problem is due to infection, antibiotics can be given. You will need to discuss the effectiveness of this with your child's doctor.

What happens during the procedure?

Your child will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and assess your child's:

- blood pressure
- heart rate
- breathing rate

If you have any questions or worries, please ask the nurse who is looking after your child. They are always happy to answer your questions.

The nurse will put a wrist band on each of your child's wrists and put a numbing cream on the back of their hands. This is used so that when the anaesthetist puts a cannula into their hand to give the anaesthetic, they will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your child to have the operation, the surgeon will ask you to sign a consent form, if you have not already signed one at a previous appointment.

The anaesthetist will come and see your child to check that they are well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

When it is time for your child's operation, one parent can go with them to the anaesthetic room and stay until they are asleep. The operation will last about 20 to 30 minutes.

What happens after the operation?

When your child wakes up, we will bring he/she back to you on the ward, when the recovery team are happy with them.

During the recovery period on the ward, the nursing team will assess your child and offer them something to eat and drink, when it is safe to do so.

Your child may still have a cannula in when they come back to the ward. We recommend that this is kept in until your child goes home. This can be used to give your child medicine, if they need it. For example, some people feel sick or are sick after having a general anaesthetic. If your child feels sick, please tell the nurse and we can give them some anti-sickness medicine.

When can my child go home?

We hope that your child will be in hospital just for the day but as with any operation, your child may have to stay overnight depending on the consultant's advice. One parent or carer is welcome to stay overnight with their child.

Before they can go home, your child will need to have:

- Eaten an adequate amount of food and drink
- Had no bleeding
- Passed urine
- Stopped being sick
- A normal temperature
- The doctor's approval to go home

We recommend that your child does not travel home on public transport due to the risk of infection. Therefore, please can you make other arrangements for the journey home.

Will my child be in pain?

We will give your child pain relief while they are having their operation and they can have regular pain relief when they are back on the ward.

Some children will get some earache during the first 24 to 48 hours. If your child is in pain when you get home, we recommend getting pain control such as paracetamol, if suitable for your child (always read the label; do not exceed the recommended dose). Brand names of this include Calpol, Disprol and Medinol.

If the pain persists, or your child develops a temperature, sickness or feels generally unwell, please contact your GP.

How do I care for my child's ears when they have grommets?

- During the first 48 hours, your child may have some discharge from their ear which may be blood-stained. You can gently wipe this away with cotton wool. Do not attempt to clean inside the ear as this could damage the ear canal. If the discharge persists after this, please seek advice from your GP.
- It is very important to keep your child's ears dry to prevent infection. Therefore when washing your child's hair or bathing, it is recommended that you protect the ear by using cotton wool coated in Vaseline as an ear plug.
- Your child will be able to travel on an aeroplane without any problems.

When can I send my child back to school?

If your child is feeling well enough, he or she can return to school 24 hours after the operation. However, some parents prefer to keep their child off the next day.

Can my child go swimming?

Your child can go swimming unless your consultant advises otherwise. Your child should not dive under water. You will need to plug their ears in one of these ways:

- Putting some Vaseline on some cotton wool and gently putting this into the outside of their ear
- Buying some special ear plugs from a pharmacy or sports shop
- Buying some 'Ear Putty' mouldable ear plugs from Barworth Medical:

01793 729229

<http://www.barworthmedical.co.uk/index.html>

Follow up

A follow up appointment will be made for your child to attend their usual ENT clinic and possibly the audiology team. This is usually two to three months after the operation. The appointment will be sent to you in the post.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

<http://www.nhs.uk/Conditions/Glue-ear/Pages/Treatment.aspx>

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/paediatrics-and-neonatology/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔