NHS
Royal Cornwall Hospitals
NHS Trust

Myringotomy and ventilation tube insertion (adult)

affix patient label

What is a myringotomy and ventilation tube insertion?

A myringotomy is a small cut in the tympanic membrane (ear drum). A small tube (a grommet or T-tube) is placed in this cut to allow for ventilation of the middle ear. Grommets tend to remain in place for 6–18 months. T-tubes are designed to be long-term.

Why do I need it?

Grommets and T-tubes are one of the treatments available for a variety of conditions. Otitis media with effusion (also known as glue ear) is a build-up of fluid behind the ear drum that leads to hearing loss. Grommets and T-tubes allow ventilation of the ear to improve hearing. Grommets can also be used to reduce the symptoms of recurrent acute otitis media (middle ear infections). Grommets are sometimes tried in other conditions like eustachian tube dysfunction but the evidence for this is poor, and it is important to appreciate that it might not work or may even worsen symptoms. They may also be used to treat Meniere's disease, or may be inserted to allow medication to be administered to the middle ear.

Are there any alternatives?

- For glue-ear alternatives include:
  - watch and wait with repeat hearing tests in 3-4 months
  - hearing aids.
- For self-limiting recurrent infections non-surgical management may be appropriate.
- For conditions such as eustachian tube dysfunction, vague ear symptoms (including fullness, pain, tinnitus and loudness discomfort) it could be more appropriate to manage without surgery and accept that these symptoms generally do not improve and may even be worsened with surgery.

How do I prepare for it?

The vast majority of these procedures are performed under local anaesthetic, which means you will be awake. The ear drum is made numb to allow the procedure to take place. If this is the case, you can eat and drink as normal prior to surgery, and you do not need a preoperative assessment.

Rarely, you may require a general anaesthetic, in which case the following information applies:

- Depending on your age and past history of medical problems, you may be invited to have a preoperative assessment, either in clinic or over the phone, to make sure that any other medical issues are addressed to prepare you for surgery.
- Following your preoperative assessments, you will receive a date for surgery. Please confirm this appointment – if you no longer want the operation please let us know in good time so that we can offer that slot in theatre to someone else.
- Unless there are anaesthetic concerns or you have significant sleep apnoea, it is likely that this will be a day case procedure. Following a general anaesthetic, you will need someone who can look after you at home for 24 hours.

- Do not eat anything for at least **6 hours** before the operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg. tea or coffee with milk) and sweets all count as food. You can drink water or a drink without fats in it (eg. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

Make sure you have some simple pain relief at home (such as paracetamol and ibuprofen).

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Occasionally surgery is no longer indicated as the glue-ear may have resolved. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also check that the consent form has been completed and signed.

Despite our best efforts to perform your operation on the day as planned, we have no control over bed availability in the hospital. Occasionally, we may not be able to perform the operation on the date and time planned, and this may not be apparent until a patient has already arrived at the hospital – please be prepared for all eventualities.

What does it involve?

Nearly all patients are managed as a day-case. Typically this procedure is performed under local anaesthetic, which means that you will be awake during the procedure. Less commonly, you may be given a general anaesthetic during the operation which will keep you asleep. If this is the case, the anaesthetist will come and see you before the operation to discuss this with you. You will be able to ask them any questions you may have about the anaesthetic.

1. The ear(s) will be cleared of any wax and debris to allow a small cut to be made in the ear drum.
2. Any 'glue' is removed from the middle ear.
3. The grommet or T-tube is then positioned in the cut.
4. If there has been any bleeding from the ear canal wall or the ear drum itself we may put some ear drops into your ear at the time of surgery.

What happens afterwards?

- You will not usually need to be seen by the surgeon after the operation.
- Keep the ear(s) dry for two weeks.
- If you had this procedure under general anaesthetic, you will need someone to collect you from hospital and be with you over the first night. You will need to avoid driving and operating machinery for 48 hours.

Will I have any pain or discomfort?

This is not considered to be a painful operation and you will usually only need paracetamol for pain relief.
If hearing has significantly been affected by 'glue' then things can seem very loud following the operation.

What should I look out for?

Following grommet insertion:

- you may notice slight bleeding from the ear, which usually settles without intervention over a few days.
- It is uncommon to get infections, although you may notice some discharge. If this is ongoing you may benefit from some antibiotic/steroid ear drops.

Will I need any follow up?

In most cases we will arrange a review in clinic in three months with a repeat hearing test.

Are there any risks or complications?

As with all procedures, there are risks from having this operation:

General Risks

The general risk to a healthy patient of problems arising from an anaesthetic is very small, but serious general medical conditions do occur, despite best efforts to prevent them, such as thromboembolic events (eg. blood clots of legs, lungs, brain) and other heart, lung and neurological conditions. The risk of death for a healthy person having non-emergency surgery is not known exactly but is thought to be 1 in 100,000. Risks are higher for those with existing medical problems. We will always take every possible step to keep you safe during your operation.

Specific Risks

- **Pain** – it is a good idea to have some simple pain relief ready for you when you get home after your operation.
- **Infection** – there is a low risk of infection following myringotomy and grommet / T-tube insertion. If this occurs it is best managed with antibiotic ear drops.
- **Persistent perforation of ear drum** – in most cases the ear drum heals normally following grommet / T-tube extrusion. In some cases the hole may persist in the ear drum (1% for grommets, up to 5% for T-tubes). If this does not cause symptoms, it may require no further management. In some cases further surgery may be required to repair the hole.
- **Failure of procedure** – to resolve your symptoms
- **Ventilation tubes falling out** – this can occur earlier than expected.

Contact us

If you have any administrative queries please contact your consultant's secretary via the hospital switchboard (01872 250000).

Following your operation, if you have any issues please contact Kynance Ward: 01872 252829.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

Patient copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Myringotomy and ventilation tube insertion (adult)

Bilateral / Right / Left *(delete as appropriate)*

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To reduce symptoms of acute otitis media / improve hearing / treat other ear symptoms.*

Significant, unavoidable or frequently occurring risks:

- *Pain*
- *Infection*
- *Persistent perforation (1% grommets, 5% T-tubes)*
- *Failure to resolve symptoms.*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Myringotomy and ventilation tube insertion (adult) (CHA4327) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

Myringotomy and ventilation tube insertion (adult) consent form

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Myringotomy and ventilation tube insertion (adult) (CHA4327) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

File copy

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