Tympanostomy tubes (ear tubes)

Many children suffer from middle ear infections or fluid in their middle ears. When this happens, hearing is muffled and garbled, and your child may also have earaches. To improve your child’s hearing and relieve pain, they may need tympanostomy (tim-pan-AW-stow-me) tubes.

What happens during tympanostomy tube surgery?

During surgery, a surgeon puts tympanostomy tubes (sometimes called pressure equalization tubes) in your child’s eardrums. These tubes help remove fluid or debris from the middle ear space. They can last 6–18 months, depending on the type of tubes the surgeon uses.

When can my child eat after surgery?

After your child wakes up from surgery, they can drink clear liquids, including water, electrolyte solutions such as Pedialyte® or Gatorade®, apple juice, ice pops, and gelatin. Most babies can take a bottle or resume breast-feeding. Your child may resume a normal diet after leaving the hospital. Start with soft, easily digested foods, and avoid high-fat or greasy foods like hamburgers and pizza for 24 hours after surgery.

What should I do about nausea and vomiting?

Sedation from the surgery, car movement, and pain medicine can all cause nausea and vomiting. A small amount of blood mixed with the vomit is common right after surgery. To help control nausea and vomiting:

• Have your child lie down.

• Wait to give your child any food or drink until they feel better.

• Wait 30 minutes after your child vomits and give them small sips of clear liquids or ice chips every 5–10 minutes.

• If your child is younger than 2 years old, try water, apple juice, or Pedialyte®.

• If your child is older than 2 years old, try an ice pop, Gatorade®, gelatin, or clear soda such as 7-UP®.

• Help your child drink every 15–30 minutes, but don’t force it. If the nausea returns, wait another 30 minutes and try again.

• Once your child has stopped feeling sick, slowly begin giving them solid foods.

How will I know if my child is drinking enough?

After surgery, your child may have low body fluids, called dehydration. Signs of dehydration include:

• Dark yellow urine

• A dry mouth (no spit)

• Chapped lips

• Soft spot on a baby’s head sinking inwards

Image shows an ear tube placed in the ear drum
If you notice any of these signs, give your child more to drink. They should urinate (pee) normally within 24 hours after surgery. A baby should have 6–8 wet diapers in a 24-hour period. An older child should urinate every 6–8 hours. Have your child drink a small amount of liquid every 15–30 minutes while they are awake to prevent dehydration.

**How can I treat my child’s pain and discomfort?**

Your child should have little pain after the tubes are put in their ears. However, your child may be fussy or irritable. They may also be distracted when sucking on a bottle. If your child is fussy, give them Tylenol® as directed on the bottle. If your child’s pain does not go away with Tylenol, call the ear, nose, and throat nurse or doctor.

Keep your child away from loud noises for the first few days after surgery. Your child may be frightened by “normal” sound because the fluid in the ear muffled the sounds. Over time, your child will become used to normal sounds, loudness, and pitch.

**What medicine does my child need?**

If your child’s healthcare provider prescribed antibiotics after surgery, give them to your child as directed. Antibiotic eardrops help clear drainage from the ears and to keep them open. To give your child eardrops:

- Have your child lie down with their head turned to the side. Pull their earlobe down and back.
- Put the drops in the ear canal and gently push on the stiff skin in front of the ear canal to “pump” the drops into the ear. Repeat in the other ear.
- Have your child remain lying down for about 1 minute. Put a cotton ball in both ear canals if needed to prevent the drops from running out of the ear.

**What should I do if my child has ear drainage?**

Children with ear tubes can still get ear infections. If there is drainage coming from your child’s ear, they may have an infection. Use the eardrops for 7 days if you see any drainage. If the drainage lasts for more than 7 days, talk to your primary care doctor or your ear, nose and throat doctor.

**When can my child bathe, shower, or swim?**

It is okay for your child to be exposed to clean water, including bath and shower water without soap and chlorinated pool water. Some children may get ear infections from water entering the ear canal and going through the tube. This happens more often in older children.
If your child swims competitively or will be swimming in a lake, they should use earplugs. You can get these at the ear, nose and throat doctor’s office or a pharmacy.

**How active can my child be?**

Sedation may affect your child’s coordination for the first few hours after surgery. Have your child avoid playing sports, riding bikes, or swimming for the first 24 hours after surgery. Teens should not drive a car for 24 hours after surgery. Your child can return to daycare, preschool, or school the day after surgery.

**What is normal behavior after surgery?**

It is normal to see behavior changes after surgery, including bed-wetting or acting out, changes in sleep and eating patterns, and nightmares. If behavior changes last longer than 3–4 weeks, call your child’s healthcare provider. Be patient with your child. This will help them return to normal behavior.

**When should I call my child’s healthcare provider?**

Call your child’s healthcare provider if you can’t control your child’s pain or they have a temperature higher than 102ºF. If your child was treated at Primary Children’s Hospital or Primary Children’s Riverton, call the ear, nose and throat office at 801.662.1740 during office hours (8:30 AM–4 PM).

If the office is closed, call the operator at 801.662.1000, and ask for the pediatric ear, nose and throat resident on call. If your child’s healthcare provider is not at Primary Children’s Hospital, follow the instructions from their office.

**When should my child return for a follow-up appointment?**

Call your child’s healthcare provider’s office as soon as possible and schedule a follow-up visit 4–6 weeks after surgery.

**Notes**

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