



Dr Iain Butler
Ear, Nose & Throat Specialist

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GROMMETS

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Grommets (or 'Ventilation Tubes') are placed for several reasons. In children they are most often placed for chronic middle ear fluid or recurrent ear infections, as well as persistent retraction of the eardrum. The tubes bypass the blocked Eustachian tubes and allow air to move in and out of the middle ear space to help keep it healthy, prevent fluid from accumulating, allow infection to drain out and provide direct access to the middle ear for using antibiotic drops.

The drainage of fluid and normalization of the physiology of the eardrum and middle ear will improve sound transmission and therefore hearing. Optimal hearing is crucial for the development of listening and language skills in young children. The insertion of grommets is not a substitute for a hearing assessment and your child will require follow up assessments of his/her hearing and language development.

Grommet insertion is often performed under general anesthesia. Using an operating microscope, a small incision is made in the eardrum, fluid is suctioned out and a small plastic or metal tube, roughly the size of a grain of rice, is inserted. The type of grommet is determined by the intended duration that the tube will stay in the eardrum.

Short-term grommets (Shepard type) may only remain in the eardrum for a few days to 6 months. Medium-term grommets (Button type) will remain in the eardrum for 6 months to 18 months. Long-term grommets (T tubes) may remain in the eardrum for years. Except for T tubes, all other grommets normally extrude from (come out of) the eardrum on their own. In most cases this extrusion will go unnoticed. However, in some cases the extrusion may result in a bloody or mucoid discharge from the ear. Please contact the office for a prescription for eardrops if this discharge persists for more than a week.

Dr Butler uses titanium button-type grommets as these provide an optimum duration of function together with a decreased incidence of foreign-body reaction and infection when compared to plastic grommets. Occasionally, a plastic, Shepard-type grommet will be used for specific reasons.



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BEFORE SURGERY:

The patient must not eat or drink anything for 6 hours prior to surgery. Special feeding arrangements may need to be made for children under two years of age—please discuss this with Dr Butler beforehand. If your child develops a wet cough in the week prior to surgery, please contact the office as we may need to postpone the surgery for several weeks. This is due to the increased anesthetic risk in a child with inflamed lungs.

AFTER SURGERY:

Patients may be irritable for several hours after surgery. Some may remain sleepy for most of the day. Nausea and vomiting are rarely seen and usually improve by evening without intervention.

RISKS:

Approximately 15% of children will experience at least one infection in an ear with a grommet. This may be related to the underlying condition that resulted in the need for the grommet or may be due to the grommet itself. This will present as a discharge from the ear. These infections are usually not painful as there is no build-up of fluid behind the eardrum. They are treated with ear drops and usually resolve within a few days. Should the discharge persist for more than a week, please call the office.

Recurrent infections in an ear with a grommet may result in a hole in the eardrum that persists after the grommet falls out. This will require surgery to close the hole once the ear has become healthy and stable. This surgery may be delayed for years in order to optimize the ear.

DROPS:

You will be sent home with drops or a prescription for ear drops. These drops contain an antibiotic but also serve to flush the tubes out and prevent debris from accumulating and clogging the tube. **ONLY USE DROPS PRESCRIBED BY DR BUTLER.**

Some of the eardrops prescribed were registered with the Medicines Control Council (MCC) as eye drops initially and are therefore labeled as such. They have a dual role for eye and ear infections. The three most common antibiotic drops prescribed by Dr Butler are Cilodex, Exocin and Octin.

The prescription is “3-2-1” – 3 drops, 2 times a day, for 1 week.



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After placing the drops use the “tragal pump” maneuver to push the liquid through the tubes. This is done by pressing the tragus (small triangular flap in front of the ear canal) down, blocking the ear canal. Do this three or four times while your child is sucking or drinking. The swallowing action activates the muscles of the Eustachian tubes and allows the drops to be drawn through the grommet into the middle ear. Older children may report a strange taste after 5-10 minutes as the drops make their way down the Eustachian tube and into the throat. If you try it on yourself, you will feel the pressure it creates inside the ear.

EAR PAIN:

Children may sometimes complain of earache after surgery. This is usually due to manipulation of the eardrum. It should resolve within a day or so and usually requires nothing more than paracetamol (Panado, Calpol). Cold ear drops may cause pain. Store the opened ear drops in the fridge but remember to bring the drops up to body temperature (place bottle in your pocket for 5 minutes) before use.

DRAINAGE:

It is common for fluid or even blood to drain from the ear for several days after the placement of grommets. Wick any fluid with a rolled-up tissue (not a cotton bud) before using the prescribed ear drops. Contact the office if fluid continues to drain for more than a week after grommet placement.

FEVER:

It is common for patients to have an elevated temperature for a day or two post operatively. Temperatures of more than 38 degrees Celsius should be reported to the office immediately. All fevers may be treated with an appropriate dose of paracetamol (Panado, Calpol).

WATER ACTIVITY:

Please try to keep the patient's ears dry as much as possible. Ideally, no water should enter the ears until Dr Butler gives permission. Normal face washing is permitted but caution with hair washing is advised. Do not allow your child to lie down in the bath. Soapy water has a lower surface tension and will easily pass through a grommet. Water might carry bacteria through the tube and cause an infected, draining ear.

Ear plugs should be used when bathing or showering. Commercially available rubber or silicone ear plugs can be used but should be cleaned daily to prevent causing infections themselves. Alternatively, a wad of cotton wool rolled in Vaseline is just as effective and is discarded after each use.



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Swimming is discouraged for at least three weeks after surgery (Post-operative follow up with Dr Butler usually takes place three weeks post-operatively). Thereafter, swimming is allowed, provided:

- Swimming is only on the surface (nothing deeper than 1 meter)
- Some form of ear plug is used, together with a silicone swimming cap.
- The ears are dried thoroughly after swimming (with a towel and a hair dryer on low settings)

Should swimming result in more than two ear infections, it is strongly advised to avoid swimming for the duration that the grommets are in place.

EAR INFECTIONS:

Should discolored or bad smelling drainage, blood or pus be noted, re-start the antibiotic drops you were given after surgery. If the drainage doesn't stop within a week or you don't have a bottle of ear drops, please call the office.

FLYING:

Flying is permitted without restriction.

Kind regards.

Dr IRT Butler

PARENT/PATIENT/GUARDIAN

DATE