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## **VENTILATING TUBE REMOVAL WITH TYMPANIC MEMBRANE SPLINT PLACEMENT Risks and Complications • Postoperative Instructions**

Occasionally, tympanic membrane (eardrum) ventilating tubes need to be removed. This can be due to the length of time the tube has been in place or the development of inflammation or irritation, itching, or persistent drainage.

**Description.** Ventilating tube removal is typically performed under a general anesthetic and is a brief procedure. After removal of the tube, a small portion of scar tissue is removed from around the site where the tube had been to allow for better healing of the eardrum. A splint, or patch, made of paper is then placed over the affected area to provide a support surface for the eardrum healing.

**Risks and Complications.** Rarely, there may be persistence of a hole around the area of the patch. This occurs in approximately 25% of cases and may require additional surgery to repair the perforation. Occasionally, infection may occur though this is also rare if postoperative care instructions are followed. Additional hearing loss due to ventilating tube removal and splint is rare. It is fairly common to have a sense of fullness or pressure in the ear following tube removal. This typically decreases in the weeks following placement of the patch.

**Postoperative Care.** *It is very important that you not blow your nose for 3 to 4 weeks following the procedure* so you do not displace the patch. You may wash your hair and *swim but must not allow any water into the ears for 6 weeks*. Docs ProPlugs are available at the office, or a cotton ball with petroleum jelly (Vaseline) pressed into it may be used to keep water out during bathing. Some drainage may be expected for the first 48 hours after surgery. If you experience drainage longer than that or foul odor from the ear, contact our office. We would like to see you in the office in approximately 6 weeks. If the appointment date and time already selected for you is not convenient, please call the office in the next day or two to reschedule.

I have read the above statements regarding my surgery. I understand the risks, potential complications, alternatives, and expectations of surgery and I have discussed these issues with my surgeon.

Patient Name (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_  
Patient (Parent or Guardian if patient is a minor)