

Ear Tubes in Children

Ear infections (otitis media) are very common in children, and nearly all children experience at least one infection by the time they enter kindergarten. Children are at higher risk for ear infections than adults because of differences in the anatomy of their ears and exposure to many kinds of viruses and bacteria.

Does my child need ear tubes?

While many ear infections resolve on their own, others require treatment with antibiotics. In some children, repeated or prolonged infections may lead to hearing loss, speech delay, poor sleep or behavioral problems. Children who have **repeated ear infections** (3-4 infections in 6 months or 5-6 infections in one year), or who have **persistent fluid in the middle ear** (behind the ear drum) lasting more than 3-6 months may benefit from ear tubes.

Ear tubes can:

- Reduce the **number of ear infections** your child has
- Improve **hearing** caused by fluid in the middle ear
- Improve **speech delay** related to hearing loss
- Improve **poor sleep** and **behavioral issues** related to ear infections

How are ear tubes placed?

Ear tubes are inserted while your child is asleep under anesthesia, which is administered by breathing in the medication. The procedure is performed on an outpatient basis, meaning that your child will go home the same day if no complications occur. Using a microscope, a small incision (hole) is made into the eardrum through the ear canal, with no external scars. Any fluid that is present in the middle ear is then removed, and a tiny tube is placed into the eardrum. Eardrops are placed into the ear, and are also used at home for several days after surgery. The entire procedure generally lasts 15-20 minutes. Most children are back to their normal activities the next day.

What are the risks of surgery?

Placement of ear tubes is one of the most common surgical procedures performed in children and is very safe. Your child may still experience **ear infections** and/or **ear drainage** after ear tube surgery. Usually the infections are less frequent and less severe, and are also easier to diagnose and treat. Tubes usually fall out on their own after 9-12 months, but occasionally the tubes fall out **too early** or remain **too long**. After the tubes fall out, there is a small chance that the **hole in the eardrum** may not close. If this occurs, the hole can usually be patched with another minor surgery. There is also a risk of **scarring** of the eardrum or **inflammation** in the middle ear after tube placement, with a small chance of causing **hearing problems**.

Talk to your doctor about whether your child may benefit from ear tubes. For more information, you can also visit the website for the American Academy of Otolaryngology – Head and Neck surgery at <http://www.entnet.org/HealthInformation/Ear-Tubes.cfm>

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