



Low Country ENT

EAR, NOSE & THROAT • HEAD & NECK SURGERY
HEARING AIDS • BALANCE TESTING

Russell Kitch, MD • Jenn Grady, MD • Jeffery Neal, MD • Julie Malka, AuD
North Charleston • West Ashley

Low Country ENT is happy you have chosen us to assist you and your family in obtaining your healthcare needs. The following packet is to help you further understand your future surgical procedure as well as the pre-operative and post-operative course. Please do not hesitate to contact us with any further questions or concerns.

You or your child has been scheduled for Myringotomy with Insertion of Ear Ventilation “Tubes” and Adenoidectomy.

I will be contacting you with the day, time and location of the scheduled procedure.

Please do not hesitate to contact me at (843) 863-1188 if you have any additional questions or concerns. We look forward to continue working with you to meet your healthcare goals.

Sincerely,

*DeAnna Pittman
Surgery Coordinator*



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Before you leave today, please verify **IF** you are required to undergo a Physical Exam from your Primary Care Physician and/or Cardiologist.

If you do need to get a physical, we will need a copy of the exam and pre-operative clearance faxed to our office. Fax no.: (843) 863-8286.

You are required to get pre-physical clearance and EKG from your primary care doctor if you are over 50 years old or have any of the conditions listed below:

- High blood pressure (above 140/90), which is not controlled on your current medications
- Asthma (wheezing or shortness of breath)
- A history of cardiac illness (heart attack, heart disease, chest pain)
- Sleep apnea
- Diabetes
- Pregnancy
- Taking blood thinners (Coumadin, Plavix)
- Any other serious medical condition that requires ongoing medical care

If a physical has been performed in the last year, this is acceptable unless there have been any health issues related to your heart. We also ask that you have some basic blood work performed.

If you have any other health issues, please ask us and we will address them with you on an individual basis.

You should plan on taking your medications the day of the surgery with a small sip of water. If you use lung inhalers, use them at the same time of day you do normally and bring them with you to the surgery center.



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Description of Procedure and Pre-operative Instructions: Myringotomy & Insertion of Ear Ventilation Tubes and Adenoidectomy

Description of the Procedure:

During the procedure, a small incision is made into the eardrum. Any fluid behind the eardrum is removed and a small tube is placed in the eardrum. The tubes are unable to be visualized or felt from the outside. They usually fall out by themselves between 6-12 months after placement. The adenoids are located in the back of the nose. They are removed through the mouth with a cautery instrument, no incisions are made.

Pre-operative Instructions:

1. Nothing to eat or drink after midnight the night prior to surgery. This includes water, breath mints or even chewing gum. Having food in your stomach can create a risk during surgery.
 - The anesthesiologist will call you the night prior to surgery to answer any further questions.
2. NO Aspirin or aspirin products, including ibuprofen, 1 week prior to surgery. If you take other medications, please consult your Primary Care Physician to determine if and when you should stop taking those medications prior to surgery.
3. No make-up or jewelry should be worn the day of surgery. Wear loose fitting clothing the day of surgery. Please leave all valuables at home.
4. Bring your health insurance card and insurance forms with you.
5. You will need someone to drive you home after the procedure.



Risks & Complications of Surgery: Myringotomy & Insertion of Ear Ventilation Tubes and Adenoidectomy

- 1. Bleeding.** This is very rare complication of ear tube insertion.
- 2. Infection.** Ear infection may develop following ventilation tube insertion. It is easily controlled with antibiotics in most cases.
- 3. Loss of Hearing.** It is very rare to develop permanent hearing loss following tube insertion.
- 4. Retention of Tube.** Rarely the tube does not fall out on its own and another procedure may need to be performed, either in the office or the operating room, to remove it.
- 5. Eardrum Perforation.** Ventilation tube insertion is performed to produce a temporary eardrum perforation (hole). On rare occasions, when the tube is dislodged or removed, the eardrum fails to heal. Should this happen, the perforation can be repaired surgically at a later time.
- 6. Velopharyngeal Insufficiency.** Rarely, after adenoid removal there may be reflux of liquids/solids from the mouth thru the nose. This may require another procedure.
- 7. Risk of Not Undergoing Surgery.** After careful evaluation by your physician, it has been determined that surgery is your best course of action. Please note that declining this procedure may be harmful to your health.



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Post-Operative Instructions: Myringotomy & Insertion of Ear Ventilation Tubes and Adenoidectomy

1. You will most likely be prescribed ear drops after surgery
 - Apply ear drops: 3 drops to each ear, 3 times per day for 3 days.
2. Avoid getting water into the ears.
 - Ear plugs are not necessary for routine bathing and swimming, provided the water is treated (city water or chlorinated water).
3. Some blood stained discharge from the ear and/or nose is expected following surgery.
 - Change the cotton dressing as needed.
4. Nasal drainage and congestion is normal following surgery.
 - Call the office if there is excessive bleeding.
5. Fever is usually due to a lack of enough liquids. Encourage drinking.
 - Call the office if the temperature is greater than 101.5° or if temperature persists.
6. Tylenol will help control any pain. **ABSOLUTELY NO ASPIRIN PRODUCTS.** You may be prescribed pain medication and/or antibiotics.
7. Start oral intake slowly with clear liquids. This is to ensure that you are not nauseated after anesthesia. Once tolerating clear liquids slowly advance to a regular diet.
8. A follow-up visit will be scheduled 3-4 weeks after surgery with hearing test.
9. You will be seen 2-4 times per year to check the tubes.