

VENTILATION TUBE INSERTION

1. Definition:

Myringotomy and insertion of ventilation tube

2. Indications:

Glue ear and/or hearing loss, for 3-6 months

Small children with recurrent otitis media

Repeated infections of otitis media (OM) within short intervals (with or without adenoidectomy)

3. Pre-operative assessment:

Tympanometry mandatory

Audiometry if possible pre-operative

Time of year important for the decision

Inspection of nasopharynx (adenoidectomy?)

Special decisions: .

- .Cleft palate with problems
- .To aerate middle ear
- Individualization of tubes \i.e. Mb Down)
- .When long-term ventilation tubes are recommended (titanium otherwise polyethylene)
- .Delivering medication to Meniere's disease
- .One-sided glue ear HL >30 dB can be indication of tubes but longer expectation is needed

4. Method/Operative technique:

Tubes are inserted under local anaesthesia in adults, or short general anaesthesia for children (mask), intubations being required in case of concomitant adenoidectomy.

5. Information/Consent:

It is recommended that all patients must have information before the operation, verbal or written, of insertion of tubes according to the national jurisdiction. The operating doctor must obtain the consent. The consent can be signed by the patient/parent and question asked if the procedure and complications have been understood.

Contra-indications: T-tubes, Bio-inert material recommendations if allergic (like silicon, titanium, gold).

6. Outcome measures:

Clinical control with audiogram after tube operation 1-3 months later. The child may be checked, if still having problems, until the problems have disappeared. If the eardrum is clinically OK and the audiogram is OK tympanometry is not mandatory.