

Second Opinion

What are ear tubes and does my child need them?

BY DR. CORAL TIEU



“WINTER IS COMING,” IS A PHRASE DREADED BY ANYONE TAKING CARE OF A CHILD STRUGGLING WITH EAR INFECTIONS. While many children with ear infections do not require any treatment and some need only oral antibiotics, repeat offenders often end up needing surgery.

Tube placement is one of the most common surgeries performed worldwide, but it’s also one of the most confusing. I’d like to take some time before winter to demystify this procedure and answer questions parents and caregivers frequently want to know.

WHAT ARE TUBES?

Tubes are tiny silicone structures placed in the eardrum. Tubes create a controlled hole which allows trapped fluid to drain out of the ear and antibiotic medication to be delivered into the ear. With tubes you will no longer have to give your child antibiotic medication by mouth when they have an ear infection. Ear infections are also not as painful for the child when they have tubes, since the fluid is able to drain out of the ear.

WHY ARE TUBES BETTER THAN WAITING IT OUT?

If your physician recommends tubes, it is because your child is at risk of developing a negative outcome from repeated ear infections. Complications

of ear infections include life-threatening infections such as meningitis or mastoiditis, eardrum rupture and cholesteatoma. Side effects from repeated oral antibiotics are diarrhea, diaper rash, antibiotic resistance and allergy. Prolonged fluid behind the eardrum has been shown to cause hearing loss and speech delay.

DO ONLY CHILDREN NEED TUBES?

No. Many adults also struggle with ear infections or fluid trapped behind the eardrum. But these issues affect children far more often than adults because of normal anatomical differences. The eustachian tube is responsible for draining the fluid continually created by the middle ear. Children’s eustachian tubes are more horizontal than adults’, making them less effective in clearing this fluid. This is why frequent ear infections typically resolve in time as the child grows.

WILL OTHER PEOPLE BE ABLE TO TELL MY CHILD HAS TUBES?

No. A special instrument called an otoscope is required to see the tubes. People may notice your child is hearing better than before having tubes placed and your child’s balance may be improved, but people will not be able to see the tubes in your child’s ears.

HOW ARE TUBES INSERTED?

Tubes are placed in the operating room. Young children are typically scheduled in the morning since they need to have an empty stomach for safety reasons. They may be given a relaxing medication and then they will breathe gas from a mask, which makes them sleepy. Using an operating microscope, a small cut is made in the eardrum and the tube is placed into the cut. The tube has flanges on both sides, which hold it in place. The procedure itself takes about ten minutes. The child will be observed after waking from anesthesia. Once they are eating and drinking, they are discharged home. Children are usually back to their normal activity and behavior by the afternoon of surgery.

HOW LONG DO TUBES STAY IN?

Average is six months to a year. The eardrum eventually pushes the tube out and the hole heals up. In a small percentage of children (2%) this hole does not seal, and these children may require another operation to close this hole.

WHAT ABOUT SWIMMING?

Current guidelines recommend earplugs if swimming in rivers or lakes. Your child does not have to use earplugs for bathing or swimming pools. Day to day life is normal with tubes.

Not all children are candidates for tubes. But for the right child, this procedure can make a world of difference. Families, teachers and friends often remark at how much more attentive and happy children are once their hearing is improved and their ears no longer hurt. This is a huge part of why I love what I do every day — I get to help these children improve so dramatically very quickly.

Coral Tieu, MD, practices at Prosser Memorial Hospital, where she specializes in Ear, Nose and Throat Surgery. She was raised in the Philippines and Florida. Dr. Tieu graduated from college at age 19 from the University of South Florida before joining the Air Force as a laboratory technician. She met her husband in the Air Force and

they both attended Chicago Medical School together, with their 5-year-old son in tow, after separating from the military. They completed their 5-year surgical residencies at Southern Illinois University, him in urology and her in otolaryngology-head & neck surgery. They had two more babies during residency and their children are now 3, 5 and 17. When she's not raising children or treating patients, Dr. Tieu enjoys yoga, caffeinated beverages and all things farmhouse. Her pyredoodle therapy dog Emmy can be spotted shadowing Dr. Tieu in clinic, awaiting her chance to soothe a nervous little patient.

