

accompanied by parents. If you had a general anesthetic, you may feel temporarily drowsy or nauseated.

DISCHARGE INSTRUCTIONS

Keep water out of your ear to avoid infection. Check with your doctor about showering or swimming.

Call your doctor if :

- You have drainage of pus or blood that lasts more than a few minutes.
- You have pain unrelieved by prescribed medication.
- You have a fever over 101°F/38.3°C

AFTER TYMPANOTOMY

An improvement in hearing is usually noticed right away and the incidence of middle ear infections should decline. In about 6 to 12 months, the tympanotomy tube will automatically expel into the outer ear canal to be removed by the doctor during a follow-up visit.

CAUTION

After tympanotomy, it is important to keep water out of the ear, especially when the tube is in place. Water in the middle ear increases the chance of infection. Don't place your head under water, or expose your ear directly to shower spray (wear a shower cap). To help prevent recurrences of serous otitis media, your doctor may recommend that you take decongestants

and antihistamines at the first sign of nasal or sinus congestion.

UNDERSTANDING THE PROBLEM

Treatment of serous otitis media is designed to restore ventilation to the middle ear. Medications and allergy management may open the Eustachian tube and reduce fluid secretion. When needed, a tympanotomy, with or without tube insertion, can be used to allow air to flow into the middle ear cavity.

FOLLOW-UP CARE

Your doctor will arrange a follow-up visit to make sure your ear is healing well. For a complete and speedy recovery, be sure to follow your doctor's instructions.

Dr. D.S. DEENADAYAL, MS, DLO
Specialist in Ear, Nose and Throat Diseases &
Head and Neck Surgery

FOR APPOINTMENTS CALL : 771 2700
Between 10 a.m. and 7 p.m. on Weekdays

TIMINGS

Monday	10 a.m. to 1 p.m.	4 p.m. to 7 p.m.
Tuesday	Surgery	4 p.m. to 7 p.m.
Wednesday	10 a.m. to 1 p.m.	4 p.m. to 7 p.m.
Thursday	Surgery	4 p.m. to 7 p.m.
Friday	Surgery	Surgery
Saturday	10 a.m. to 1 p.m.	

A ARTI CLINIC
CENTRE FOR MICRO SURGERY
ENDOSCOPIC SURGERY, COSMETIC
SURGERY AND HEAD AND NECK SURGERY

Middle Ear Fluid
♦
Serious Otitis Media
Tympanotomy / Grommet



9-1-193, St. Mary's Road,
(Opp. Prashant Theatre)
Secunderabad - 500 003, A.P.
040-7712700 Fax : 040-7704460

MIDDLE EAR FLUID

SEROUS OTITIS MEDIA

TYMPANOTOMY / GROMMET

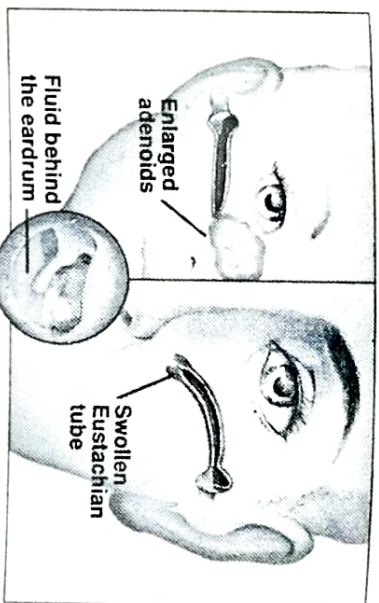
Serous otitis media is the medical term for "fluid in the middle ear." Its symptoms - primarily hearing loss with pressure or pain - are frequently experienced by children and adults alike, and typically follow an upper respiratory infection.

In most cases, the symptoms of serous otitis media disappear, but in some children and adults, especially those with enlarged adenoids or allergies, symptoms may persist.

Generally, the problem is found to be a blockage of the Eustachian tube. This narrow canal connects the middle ear to the back of the nose and permits air to enter the middle ear cavity, allowing the hearing mechanism to function properly. When the symptoms of serous otitis media, such as hearing loss persist, particularly at a time when a child is learning to speak, medical evaluation and treatment are recommended.

EUSTACHIAN TUBE FUNCTION

An upper respiratory infection or allergy can interfere with Eustachian tube function. Tubes may swell shut, preventing drainage. In addition, adenoids at the back of the throat can become enlarged, blocking the Eustachian tube opening.

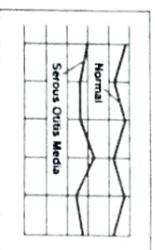


Child Anatomy

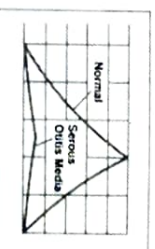
A child's Eustachian tube is shorter and more horizontal; its opening is often blocked by adenoids.

Adult Anatomy

An adult's Eustachian tube is longer and more angled. Adenoids are usually small or absent.



Audiogram. Hearing loss due to fluid in the middle ear.



Tympanogram. Less eardrum motion due to fluid.

Hearing Tests

TREATMENT

CHILD

In children, treatment improves Eustachian tube function, allowing air to enter the middle ear to restore hearing. Antihistamines, decongestants, antibiotics, nasal sprays, and allergy management may reduce swelling and fluid secretion. Surgical tympanotomy, with or without tube insertion, and adenoidectomy may also be recommended.

ADULT

Antihistamines, decongestants, and steroids may be used to reduce swelling of the Eustachian tube. Tympanotomy and allergy management are sometimes recommended.

SURGICAL TREATMENT TYMPANOTOMY

If hearing loss or fluid in the middle ear persist, an operation, called a tympanotomy, with or without tube insertion, may be recommended in order to remove middle ear fluid. This procedure requires a general anesthetic for young children. Also in children, surgery to remove enlarged adenoids - adenoidectomy - may be done at the same time as tympanotomy.

YOUR TYMPANOTOMY

After your anesthetic takes effect, the doctor, using an operating microscope, makes a tiny incision in your eardrum through the outer ear canal. Fluid, if present, will be removed. A tiny ventilating tube may be inserted (tympanostomy). This tube (Grommets tube) takes care of ventilation of the middle ear more than allowing drainage of fluid. The tube usually stays for 2 - 6 months. Then it gets rejected automatically by the body.

GOING HOME

You'll be able to go home the same day as your surgery. Children must be