NHS
Royal Berkshire
NHS Foundation Trust

Advice following myringotomy +/- tympanostomy tube (grommet) insertion

Information for patients

This leaflet is for patients who have had a myringotomy with or without insertion of a tympanostomy tube (often known as a grommet). If you do not understand anything or have any other concerns, please speak to a member of staff.

What is a myringotomy?

It is a small cut which is made in the eardrum. Tiny tubes called tympanostomy tubes or grommets are then inserted into these cuts. The main function of a grommet is to act as a ventilation tube – the grommet lets air pass from the ear tube through the eardrum and into the middle ear allowing pressures either side of the ear drum to be the same. Any fluid in the middle ear will have already been drained by your surgeon prior to the tube being inserted or will now just dry up. You should be able to return to normal activity after 24-48 hours.

Risks and complications

Your surgeon will have already discussed both the benefits and risks of the procedure with you, prior to you signing the consent form. The main risks include a permanent hole in the eardrum, hardening or thickening of the eardrum (known as tympanosclerosis), weakening of the eardrum (known as retraction), infection, chronic leakage from the ear or the need to repeat the operation.

To help your recovery, please follow this advice:

- Avoid getting water into your ear for at least two weeks. When taking a bath or shower or when washing your hair, you can protect your ears by placing a piece of cotton wool covered with Vaseline in the opening of the ear canal.

- Providing there is no discharge from your ear, and your doctor says it is okay you may go swimming. However, you must check with your doctor first.
- Occasionally, you may get a sensation of popping, clicking or fullness in the ear. This is normal and not harmful and will disappear quickly.
- Any discomfort or soreness should subside over the next few days. The nurses will explain how and when any pain relief medication should be taken.

The tube(s) usually fall out after about 9-18 months, although they are so small, you may not notice. This will not hurt. Occasionally, the tubes may fall out sooner or stay in longer. Again, you may not be aware of this so we normally recommend you to ask your GP to have a look in your ears annually (unless you are being followed by the ENT team).

Things to look out for:

You may have a very slight ear discharge in the first 24 hours following tube insertion. If you continue to have discharge after this time, or if it is accompanied by bleeding from your ear or severe pain, you need to contact ENT Outpatient Department (in office hours), or Greenlands Ward (out of hours) for advice, as drops are sometimes necessary. Occasionally, you may need antibiotics. The ward may put you in touch with the on-call doctor. Telephone numbers are at the end of this leaflet.

Follow-up

A follow-up appointment will be given to you, or may be sent to you, to attend ENT Outpatient Department. It is important that you keep this appointment to have your ear checked. If you cannot keep this appointment, please telephone 01865 903 274 to arrange another one.

We wish you a speedy recovery and hope this leaflet has been useful

Contact us

- Greenlands Ward 0118 322 7172
- ENT Outpatient Department 01865 903 274
- ENT appointments (CAT 1) 0118 322 7139 or email: rbbh-tr.cat1@nhs.net

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: October 2028.