

**HOME CARE INSTRUCTIONS FOLLOWING
MYRINGOTOMY WITH TUBE INSERTION**

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Date: _____

ACTIVITY

Resume daily activities when awake and alert. The patient may be more tired than usual.

SURGICAL SITE CARE

1. Thin, watery, bloody discharge drainage from the ear can be expected for several days. Call if drainage develops or persists after the first week.
2. Most tubes are temporary and will fall out on their own within a few months.
3. Follow these instructions until the physician tells you otherwise.
 - a. Avoid water exposure to ears for the first 24 hours.
 - b. Follow physician instructions regarding ear drops.

COMFORT

The patient can expect little or no pain with this procedure. Tylenol is usually effective in keeping the patient comfortable. Use dosage recommended for age and weight.

MEDICATION

1. New Medications:

2. Last dose of pain medication: _____

DIET

Some of the sedative/anesthetic medication received today may make the patient nauseated. Begin with clear liquids and then progress to a regular diet as the stomach tolerates. If the patient becomes nauseated, carbonated beverages are helpful. If vomiting persists, call the doctor.

SAFETY

1. The patient can expect to feel dizzy, weak and drowsy for as long as:
 - 24 hours after receiving a general anesthetic
 - While taking prescription pain medication
2. Please follow these instructions for that time:
 - a. Children should not ride bicycles or ride on toys.
 - b. Have standby assistance on stairways.
 - c. The patient's reflexes and coordination are not up to normal.
3. Because of the effects of anesthesia/sedation, we recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.





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WHEN TO CALL

If any of the following occur:

1. EAR DRAINAGE THAT CONTINUES AFTER FIVE DAYS
2. FEVER (101° OR ABOVE)
3. IF THE EAR BEGINS TO DRAIN AT ANY OTHER TIME
4. PERSISTENT NAUSEA AND VOMITING
5. ANY CONCERN ABOUT THE RECOVERY

WHO TO CALL

DR.

PHONE:

AFTER HOURS PHONE # :

Aspirus Day Surgery Plus:

Phone: 847-2907

Open 6:00 a.m. - 7:00 p.m. (Monday - Friday)

RETURN APPOINTMENT

(Within 1-4 weeks of surgery)

DR:

DATE/TIME:

A nurse will attempt to call you in the next few days to discuss your child's recovery and any questions or concern you may have. If you have a question or concern before you hear from us, please don't hesitate to call. In case of an emergency please go to your nearest emergency facility.

I have discussed the above information with a nurse and my questions have been answered to my satisfaction.

Patient or Responsible Party Signature

Date/Time

RN Signature

Date/Time