

Dr Mark Courtney MB ChB, FRACS (orl-hns)
Paediatric and Adult
Surgery of the Ear, Nose and Throat, Head and Neck
ABN: 12258861995
John Flynn Hospital – Suite 6a, Fred McKay House, 42 Inland Drive, Tugun, QLD 4224



Provider number: 2733814F (John Flynn)
Provider number: 273381TF (Robina)
Provider number: 2733816B (Ballina)

Rooms: 07 56302600

Fax: 07 56010052

Web: www.drmarkcourtney.com

PATIENT INFORMATION SHEET

TYMPANOSTOMY TUBE INSERTION (grommets)

Post operatively your child may begin to eat and drink as tolerated.

For a week or two your child may get some mild intermittent discharge, sometimes blood-tinged from the ear. The outer ear may be gently cleaned with a dry tissue.

I will sometimes prescribe Ciproxin ear drops to use post operatively.

Usually there is none or mild pain with tubes. Paracetamol can be used.

Children can normally return to school the day after surgery

I recommend keeping the ears dry for two weeks. After this seeing how your child goes with water exposure is my recommendation. If any ear infections do occur then subsequently take a more careful approach with the use of blu-tac or ear plugs and cap when swimming or bathing.

Follow-up at Dr Courtney's rooms should be done eight weeks after the operation, please ring and book this.

In the case of an emergency post operatively do the following that best fits the degree of urgency:-

1) Present to either John Flynn Hospital or Gold Coast Hospital or The Tweed Hospital emergency department where there is either myself or another ENT surgeon on call 24 hours a day 7 days a week.

or

2) Call my rooms, if during working hours 07 56302600.

or

3) Present to the closest emergency department where the problem can be stabilised, but there may not always be an ENT surgeon on call, and they may need to transfer to another hospital, once the doctor at the department has spoken to me.

or

4) Call an ambulance.

PATIENT INFORMATION SHEET

The question of Grommets and Swimming

- Following grommet insertion I normally like patients to avoid putting their head under water for four weeks.
- After this initial period there are two approaches that can be taken:-

When swimming or putting ones head under the water you may use earplugs, swimming cap and/or a 'little grommets' headband found on the website www.littlegrommets.com.au or purchased through the Neurosensory Unit. One option for earplugs is the use of blue tac.

Or alternatively a patient can swim and put ones head under the water without using any earplugs or protection, excluding dirty or stagnant water or soapy water as the latter has a lower viscosity and may more easily pass through the lumen of the grommet.

The ear protective methods may or may not stop water entering the ear canal and creating an infection around the grommet. Minimal evidence exists to suggest they are protective. If an ear infection does happen the use of antibiotic eardrops (Ciloxin 0.3%) will normally clear it. In the presence of a grommet an ear infection is normally noted by a white/coloured discharge.

I am personally comfortable with either approach that one takes when the grommets are insitu. I believe that there are only a minority of children that do get ear infections with/after water exposure and the majority can swim frequently without any ear protection and not have problems.