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MACARTHUR ENT

Grommet Surgery – Recovery Guide

Post-operative information for parents and carers

Grommet insertion is a short day-stay procedure. Most patients go home within a couple of hours and recover quickly.

What are grommets?

Grommets (ventilation or tympanostomy tubes) are tiny tubes placed through the eardrum. They ventilate the middle ear, help clear persistent fluid, can improve fluid-related hearing loss and allow ear drops to reach an infected middle ear. Most fall out by themselves after about 6–18 months, depending on the tube type.

What to expect right after surgery

- Mild ear discomfort, a feeling of fullness, or slight dizziness or unsteadiness for a day or so is common and usually settles quickly.
- Hearing often improves noticeably once fluid has been removed from the middle ear. Sounds may seem unusually loud at first.
- A small amount of clear or blood-tinged fluid from the ear for the first day or two is normal and is not usually a cause for concern.
- Your child may be drowsy or unsettled after the anaesthetic. Offer fluids and light food as tolerated.

Pain, food and activity

Paracetamol and/or ibuprofen are usually enough for mild discomfort. Use the dose and timing recommended by your surgeon, anaesthetist or pharmacist. Children can generally return to their normal diet and activity quickly and often return to school or nursery the next day, unless advised otherwise.

Ear drops after surgery

Your ENT surgeon may prescribe Ciloxan (ciprofloxacin 0.3%) ear drops — commonly 3 drops into each operated ear, three times daily for 3 days. Follow the label and the individual instructions you have been given; do not use leftover or over-the-counter ear drops unless advised.

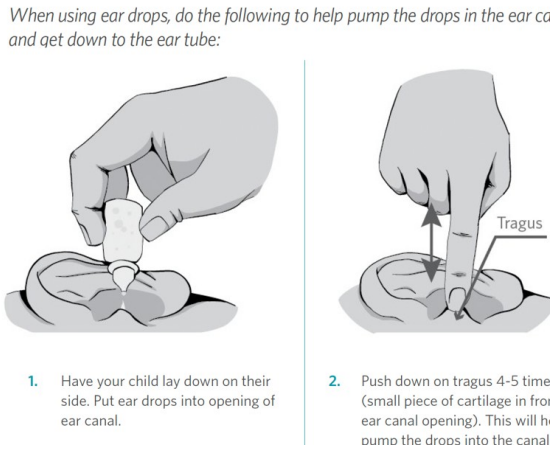
This guide provides general information and does not replace individual advice from your surgeon or anaesthetist.

Using Ear Drops

Correct technique helps the drops travel through the grommet and into the middle ear.

How to put the drops in

- Wash your hands and gently wipe away drainage from the outer ear only. Do not place cotton buds or other objects into the ear canal.
- Have you or your child lie with the treated ear facing upwards. Place the prescribed number of drops into the ear canal.
- Press the tragus — the small flap in front of the ear canal — 4–5 times to help pump the drops through the grommet.
- Keep the ear facing upwards for about one minute, then repeat on the other side if prescribed.



Place the drops into the canal, then press the tragus 4–5 times.

Ear discharge (otorrhoea)

Ear discharge is the most common problem after grommet insertion. It may occur soon after surgery or weeks to months later, often with a cold, nasal congestion or water exposure. It is not usually an emergency, but please contact the clinic so treatment can be started and the ear checked if needed.

If discharge occurs

- Antibiotic ear drops are usually the only treatment required; oral antibiotics are not usually needed.
- Your ENT surgeon may prescribe ciprofloxacin 0.3% drops, often 3 drops three times daily for 7–10 days. Use only as directed.
- Keep the ear out of the water while it is discharging. Gently wipe crusting from the outer ear with warm water; do not probe the canal.
- Contact us if the discharge is persistent, foul-smelling, associated with fever or increasing pain, or is not improving after a few days of prescribed drops.

Water Care with Grommets

Routine earplugs, headbands and avoidance of swimming or bathing are NOT necessary for most patients with grommets.

When water precautions may help

Temporary precautions may be recommended if there is active ear discharge, repeated discharge or infection, or discomfort when water enters the ear. Deep submersion, diving and soapy bath water are more likely to cause symptoms than surface swimming. Ask the surgical team whether any specific precautions apply to your child.

Options if precautions are advised



Coat a cotton ball with petroleum jelly.



Place it gently at the entrance to the ear — not down the canal.



Well-fitting waterproof plugs may be used for swimming.

Practical tips

- For hair washing or bathing, a petroleum-jelly-coated cotton ball can sit at the entrance to the ear. Remove it afterwards.
- For swimming, use well-fitting waterproof plugs if advised; a swim cap or headband can help hold them in place.
- Avoid diving or prolonged underwater swimming if it causes pain or repeated discharge.
- Do not put Blu-tack, cotton buds or small loose objects into the ear canal.

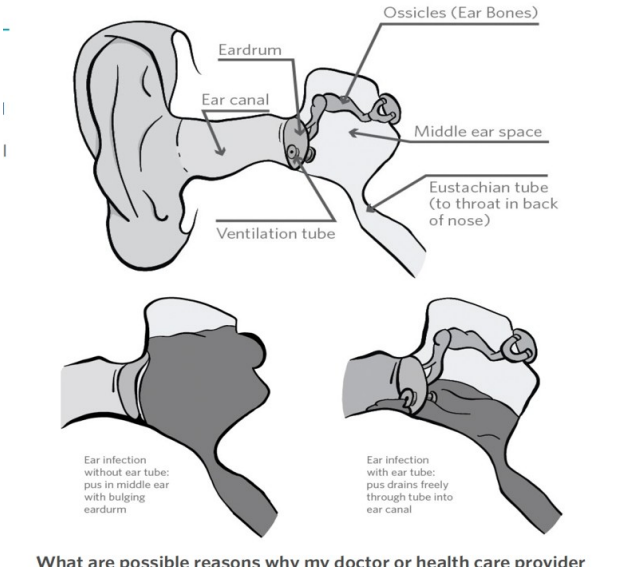
Remember

If the ear is comfortable and dry, normal bathing and surface swimming are usually acceptable. If discharge develops, stop swimming, contact the clinic and follow the treatment advice provided.

Follow-up and When to Seek Help

Follow-up

- Arrange an ear check within 1–3 months after surgery to confirm that the grommet is open and working and to review hearing where appropriate.
- A hearing test is required after grommet insertion to ensure the hearing loss prior to the grommet insertion has been rectified.
- Continue periodic checks every 6-12 months while the tube is in place, even if you or your child seems well. Tube blockage, early extrusion or a persistent eardrum opening may only be found on examination.
- Most grommets fall out on their own after 6–18 months. Your ENT surgeon will advise whether further checks are needed after extrusion.



A grommet ventilates the middle ear and allows fluid or infection to drain.

Possible longer-term issues

A small number of patients develop a blocked tube or need another set of grommets. After a tube falls out, a small proportion of ears develop a persistent hole in the eardrum or mild scarring (myringosclerosis). These are usually identified at routine follow-up and can be discussed with the surgical team.

Contact the clinic

Please contact Macarthur ENT if you are concerned. Seek urgent medical attention for a patient who is very unwell, has severe symptoms or develops a sudden significant hearing loss.

- Persistent or foul-smelling discharge, especially with fever or increasing pain.
- Severe or worsening ear pain, marked dizziness, or sudden or significant hearing loss.
- Discharge or symptoms that do not improve after a few days of prescribed ear drops.
- Concern that the tube has fallen out early, is blocked, or that a new ear problem has developed.

If you are unsure, please call — we would rather hear from you early and advise you appropriately.