

VENT TUBE (GROMMETS)

Risks, Complications and Post-operative Instructions

Ventilation tubes are placed in the eardrum to let air into the ear or to drain fluid from behind the drum. The first role is to bypass a malfunctioning Eustachian tube, the second in cases of infection, to relieve pressure. As with any surgery, this cannot be done without an element of risk, and sometimes without benefit.

In adults the insertion can usually be done after brief drum anaesthesia, in a few minutes and with little discomfort. Expertise and appropriate facilities are required. Children, especially females, are best served by general anaesthesia, particularly as adenoidectomy may be required for optimal longer term outcomes.

More information

- [Vent Tubes](#)

RISKS AND COMPLICATIONS

Infection

Infection is often present at the time of insertion, particularly when the tube acts as a drain to release pressure. At other times, especially in children, a further infection from the airway may reach the ear. In other instances, infection may be carried through the tube from outside, if the ear is wet, with soiled water penetrating the tube. Brief discharge after tube insertion is normal. If persistent discharge occurs after tube insertion, whether immediate or later, antibiotics and ear drops usually eliminate the problem. Cleaning the ear is needed for the drops to be effective.

Sometimes discharge may be persistent, requiring specialist care to thoroughly clean the ear and check for other disease (mastoiditis or tissue reactions around the tube).

Bleeding

Minor, brief, bloodstained discharge after insertion is common, particularly if infection is present at surgery. Delayed bleeding may result from a shift of the grommet in the eardrum or from tissue reaction. This is not serious but warrants specialist care if the problem persists despite antibiotic and drop treatment as above. Blackish scales of dried blood are common around vent tubes.

"Silverton Place"

101 Wickham Terrace
Brisbane Qld 4000

P: 07 38397677 F: 07 38325723

Other Locations

Beenleigh

Sunnybank

Mt Ommaney

Caboolture

Tube Extrusion

All vent tubes are meant to extrude with time. Different designs have varying duration. Most are meant to last around 12 months, but some “mini-grommets” are intended for shorter times, others for longer stays. In general, the smaller tubes cause less drum damage, but more chronic situations require larger, longer duration tubes. Tubes should be removed within 24 months; after this there is a greater risk of drum perforation.

Premature extrusion may occur, especially after infection.

Permanent Perforation

With routine tube procedures there is an approximate 1-2% risk of a permanent perforation after tube extrusion. This risk rises with repeated tube insertions for chronic conditions, especially if larger, longer duration tubes are employed.

Hearing

Generally, tube insertion is a very safe procedure with little risk. Hearing is not diminished by the tube as such, and elimination of concurrent disease generally produces improved hearing.

SUBSEQUENT CARE

Vent tubes require little long term care other than to prevent the entry of water into the deeper external ear canal. Preventive measures are not necessary for routine ablutions, but for water sports earplugs, preferably custom-fitted, plus a snug cap are advisable.

Follow-up on a several month basis, monitors the tubes. These are usually removed as a simple office procedure.

Please let us know at Queensland Otolaryngology if you have any concerns or questions, whether before or after:

Contact Numbers

Business Hours: (07) 3839 7677

After hours: (07) 3261 9570

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