DIGNE DE CONFIANCE,
à chaque instant

2022

Centre intégré de santé et de services sociaux de Laval

Preparation guide for a surgery

Myringotomy and tubes insertion

This guide will help you understand and get ready for your surgery.

Read it over with your family and bring this guide with you the day of your surgery.

Québec

A publication of
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ANATOMY

The ear

- The ear is an organ made up of 3 parts: external, middle and internal ear.
- The outer ear includes the pinna, the ear canal and the eardrum.
- The eardrum is a transparent membrane. It is used to make the sound pass from the outside to the internal ear by passing by the auditory canal and by using 3 small bones (ossicles):
  - The hammer.
  - The anvil.
  - The stirrup.
- The middle ear is a space filled with air. It contains the 3 ossicles.
- The inner ear contains the cochlea and the semicircular canals.

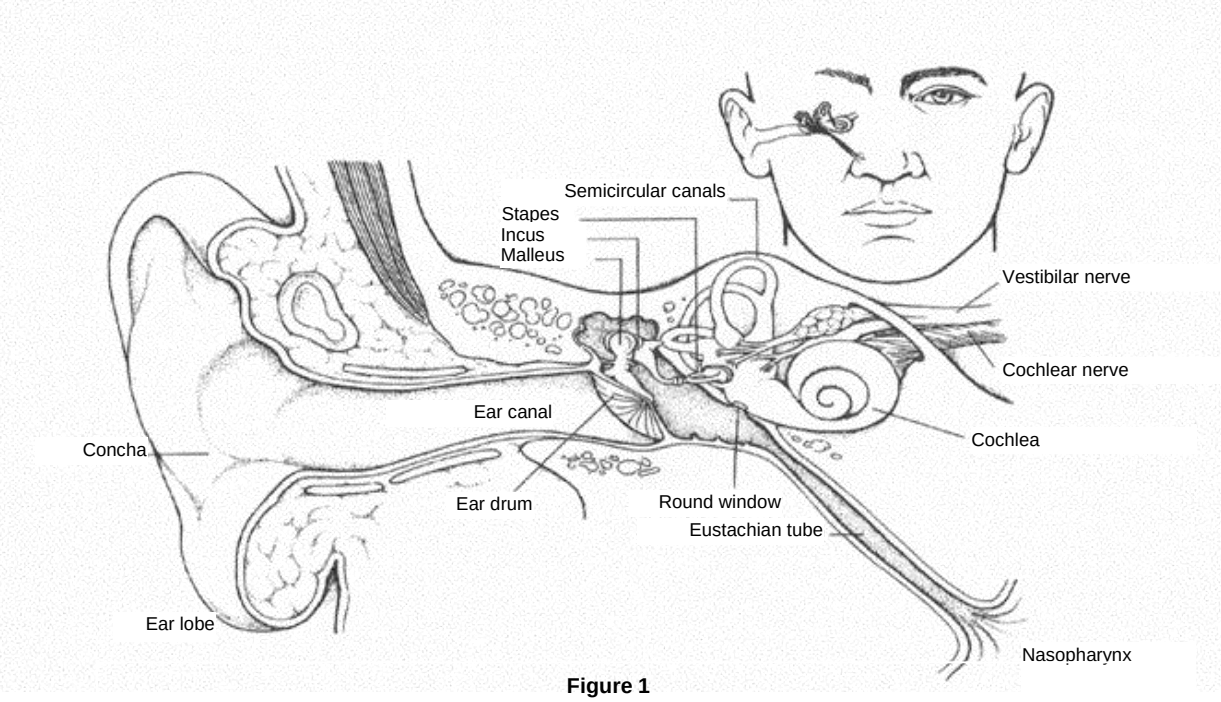


Figure 1

Brunner-Suddarth – Soins infirmiers, Médecine et chirurgie

Volume 6: Fonctions sensorielles et locomotrices, 3ème édition, 1994, **p. 1809**

Intervention

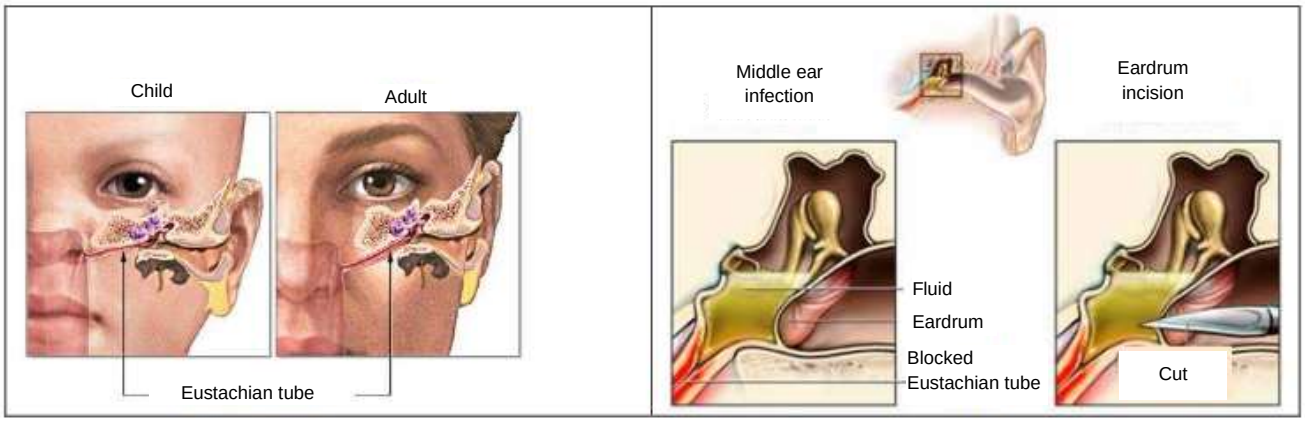
What is a myringotomy with tube insertion?

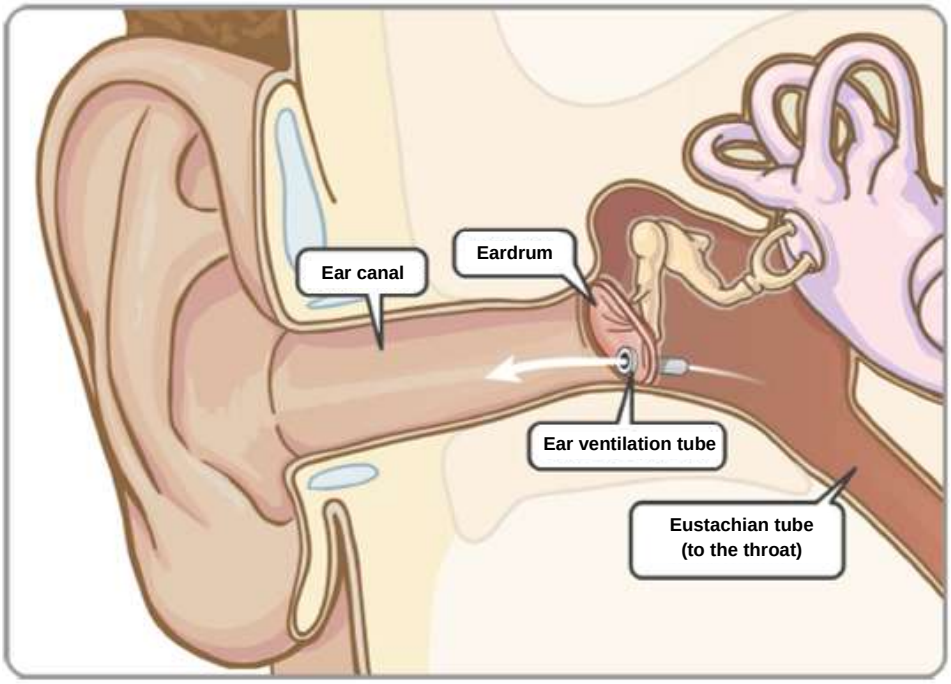
A myringotomy involves making a small incision in the wall of the eardrum and inserting a small tube to allow drainage of the middle ear as the Eustachian tube would if it were not blocked.

The tube is invisible to the eye and usually falls out on its own after 6 to 24 months.

In addition to preventing future infections by decreasing the accumulation of secretions in the middle ear, the incision of the eardrum relieves the pain caused by the pressure from the accumulation of secretions and promotes their drainage. The incision of the eardrum heals quickly and does not cause deafness or other hearing problems.

The tubes will improve your child's hearing.





ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before** the surgery.

Date of your surgery: _____

Arrival hour: _____

Location: _____

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- ❒ You have a sore throat, a cold or the flu.
- ❒ You have a fever.
- ❒ You are taking antibiotics.
- ❒ You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- ❒ A possible or unconfirmed pregnancy.
- ❒ Redness, inflammation, discharge, wound or any other problem at the operating site.
- ❒ Any other discomfort.

Call immediately to inform the administrative officer at:

ORL 450 975-5394

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.

- ❒ **Aspirin®, ❒ Asaphen®, ❒ Rivasa®, ❒ Entrophen®, ❒ Novasen®, ❒ Persantine®, ❒ MSD AAS, ❒ Aggrenox® (dipyridamole/ASA), etc**.

  ❒ Stop _____ days before your surgery.
  ❒ Do not stop this medication.

- ❒ **Plavix® (clopidogrel)**

  ❒ Stop _____ days before your surgery.
  ❒ Do not stop this medication.

- ❒ **Effient® (prasugrel),**
  ❒Ticlid® (7iclopidine),
  ❒ Brilinta® (ticagrelor)

  ❒ Stop _____ days before your surgery.
  ❒ Do not stop.

You can keep taking drugs such as Tylenol®, Tylenol® Extra-Strength, acetaminophen and Tempra® until midnight the night before your surgery.

- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
  Stop__**2**__days before your surgery.

- **All natural products** (glucosamine, omega 3, vitamin E, etc.).
  Stop__**7**__ days before your surgery.

If you are taking **Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :**

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.

You must follow this instruction.

If you do not follow all these instructions

your surgery may be cancelled.

PREOPERATIVE DIET

The night before your surgery

You can eat normally until the day before the surgery.

The day of your surgery

For all users

Starting from midnight the night before your surgery:

- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.

THE DAY OF YOUR SURGERY

At home

The nurse will tell you if you need to follow the following beverage instructions:

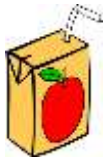
- **<u>You MUST remain fasting</u>** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.

  You can brush your teeth but avoid swallowing the water.

  OR

- **<u>You MUST drink clear fluids</u>** before the surgery.

  - Allowed clear fluids include:
  - Water
  - Juice without pulp (no pulp is mandatory)
  - Coffee or black tea (no milk)



IMPORTANT

Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids <u>the morning of your surgery</u>. The exact time depends on when you need to arrive at the hospital that morning.

Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at…	I have to stop drinking clear fluids at…
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.

IMPORTANT

You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

If you have not done this correctly, you must notify the nurse upon arrival at the hospital.

SURGERY FOR CHILDREN

- Both parents (or 1 parent and 1 accompanying adult) may accompany the child.

- It is important to prepare the child for the operation. Adapt your speech to the child's age. Use simple and positive words. Be honest. Books can help.

- Parents have access to the operating room waiting room to meet the anesthesiologist and surgeon. You will be able to ask questions.

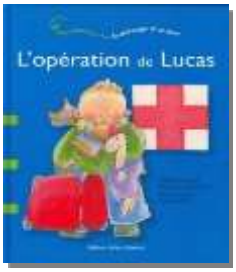
- Afterwards, parents must return to the day surgery department or to the child's hospital room, if it is ready. This is not always an easy time, but by notifying your child of the process, it becomes easier for you and your child.

- Parents should remain available to reassure the child as he or she leaves the recovery room.

- The nurse will be there to make sure the child's recovery is going well and to answer any questions you may have.

- The person responsible for the child should continue to observe the child after he/she goes home.

Suggested children's book for "Children's Surgery":



Title: L'Opération de Lucas
Author: Stefan Boonen & Brigitte Vangehuchten
Editor: ÉDITIONS ENFANTS QUÉBEC
ISBN: 978-2-923347-58-5

HYGIENE BEFORE YOUR SURGERY

Routine hygiene: On the morning of your operation, you must do your personal hygiene as usual.

Put on clean clothes after your shower.

No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.

Do not shave the area to be operated on

Medication

Take these medications **ONLY**
(with some water).

IMPORTANT

If you do not follow all these instructions your surgery may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired health insurance card.
- Your hospital card.

- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.

- Tissues, toothbrush and soap.

- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you need them, bring sanitary napkins (no tampons), baby diapers or incontinence pants.

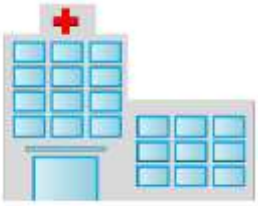
Please leave all your jewelry and other valuable objects at home.

The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT



❒ The operation is done in day surgery (CDJ): Go directly to the day surgery unit (CDJ), on the 1st floor of block B (Room 1.165). The time of the surgery will be given to you once you arrive on the unit.

YOU DO NOT SLEEP IN THE HOSPITAL!

- After you arrive at the unit, you should expect to wait a moment until being called for your surgery.
- Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).

THE DAY SURGERY UNIT (CDJ)

- At your arrival, the nurse will help you to get ready for your surgery.
- She will give you an hospital gown to put on (you must remove all other clothing before leaving for the operating room).
- She will proceed to a blood test if necessary.
- She will validate that you have followed the preparation instructions (beverages, fasting).

CONSENT TO SURGERY AND ANESTHESIA

If a pre-admission meeting is required, the nurse will have you sign the consent to surgery and anesthesia.

This means that the surgeon has clearly explained to you why you need this operation, how it will be performed, the possible risks and the desired results of the operation when he or she tells you that you will be operated on.

If you are missing any information, you should check with your surgeon. The nurse at the pre-admission clinic will assist you in this process.

*Children under 14 years of age: the father, mother or legal guardian (written power of attorney is required in their absence) may sign the consent form.

OPERATING ROOM

When leaving for the operating room, you must wear only the hospital gown and no other personal clothing.

You must remove your:

- Glasses, contact lenses;
- Underwear, jewelry and body piercings;
- Dentures, hearing, hair piece.

Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read « Role of anesthesia information guide », the nurse will provide when attending your preadmission meeting.

N.B.: the child can keep his favorite toy and his diaper if needed.

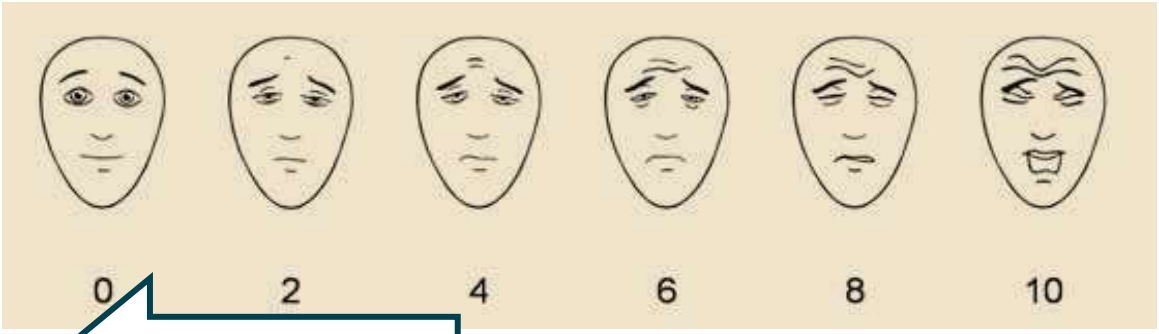
IN THE RECOVERY ROOM

The staff will make you comfortable on your stretcher or bed and take your vital signs several times. The nurse will also check the absorbent cotton inserted in both ears.

CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10.



Target pain level

Our goal is to keep your pain below 4/10

<u>Pain relief is important because this will help you:</u>

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Analgesia (pain medication)

The myringotomy is not very painful, but it may require Tylenol®, Tempra® for a day or two, as some children may experience mild discomfort.

BREATHING EXERCICES

Deep breathing

To do as soon as you wake up

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.

2. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.

3. **Inhale slowly and deeply through your nose or mouth**. Feel your lungs inflate. Just the hand on your belly should rise.

IMPORTANT

This exercise is not easy to do.
Therefore, you need to practice before your operation.

YOUR DISCHARGE FROM THE UNIT

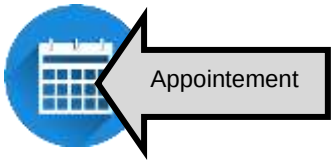
- Your surgeon is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.

- Adult supervision of the child is recommended for the first 24 hours.

The nurse will give you a follow-up appointment with your surgeon. It is imperative that you attend this appointment, even if you feel well.

Surgeon name: _____

Date & time of appointment: _____



You will receive a proof of hospitalization or medical leave if you need one. Your surgeon should be notified if these documents are needed.

If you have insurance forms that need to be completed, contact your surgeon's secretary at his or her private office. (See surgeon contact information on page 22).

All forms must be forwarded to the private office.

No forms will be filled out at the hospital during your stay.

ONCE YOU GET BACK HOME - INSTRUCTIONS

Your incision

Tube insertion at the eardrum requires placing a cotton ball in the ear. If it has not fallen out, you can remove it the next day.

Hygiene

- It is not necessary to protect the ears from water during hygiene.
- The use of cotton swabs (Q-tips) is not recommended.
- Clean the outside of the ear thoroughly with a damp, warm washcloth.
- In order to prevent ear infection, swimming is not allowed for 1 week after surgery. No problem afterwards either in the pool or in the sea. It is not recommended to swim in lakes because the water may contain bacteria.
- If your child is older and is diving in the pool and still has his or her head under water, it is advisable to wear a bathing cap with dry wadding coated with petroleum jelly (Vaseline) or plugs. You can also purchase custom-made plugs from a hearing care professional. Your ENT surgeon will advise you on the best course of action for your child.
- If there is a discharge from the ear, it is suggested that you put a cotton ball in the ear and change it regularly every 4 hours. This light red-brown discharge is normal for 24 to 72 hours following the procedure.

Back to work

It is preferable to keep the child at home the day after the operation to avoid any risk of infection by cold or flu.

NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.

If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.

If, despite these tips, you are unable to have a bowel movement:

You can use a mild laxative such as Metamucil®, Colace®, Lax A day®

or

Prodium® at a pharmacy. Ask your pharmacist for advice.

If you have not had a bowel movement for at least 3 days despite these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES

- On the day of the surgery, the child can walk.
- Encourage quiet activities. Outdoor games and sports are not allowed.
- The child can take the plane without any problem, 7 days after the surgery.
- Depending on the type of tube inserted by the ORL surgeon, it remains in place from 6 months to 2 years.

COMPLICATIONS

If you have difficulty breathing:

Immediately call Urgence-santé at 911

If you have one or more of the following signs or symptoms:

Fever (38.5 °C or 101 °F or higher) **for more than 24 hours**

Your pain increases and is not relieved by medication.

You have cramps or constant pain in your calf.

1. **Signs of surgical site infection:**
   - Redness.
   - Pain.
   - Swelling.
   - Yellowish or greenish discharge.

2. **Significant bleeding from the operated area.**

***If your child's hearing worsens after several months, it may indicate that the tubes are blocked or have fallen out. It will be necessary to see your ORL doctor again.**

Contact an Info-Santé nurse at 811 at any time (24 hours a day) For all other questions, contact one of the resources listed on the next page.

RESOURCES

Pour toute urgence, composez le 911.
Pour des conseils de santé, composez le 811.

24 heures sur 24, 7 jours sur 7

Outpatient clinics

Preadmission (preoperative only) 450 975-5566

ORL 450 975-5570

Private offices of ORL surgeons in Laval

Clinique Le Carrefour

Adresse: 3030, boulevard Le Carrefour, suite 401, Laval, Qc 450 667-1750

CLSC

Laval aera

Accueil première ligne..... 450 627-2530, ext. 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 682-5690
CLSC et CHSLD Sainte-Rose..... 450 622-5110
CLSC de l'Ouest-de-l'île 450 627-2530
CLSC et CHSLD Idola-Saint-Jean 450 668-1803

Laurentian area

Centre intégré de santé et de service sociaux des Laurentides:

Thérèse de Blainville..... 450 433-2777
Des sommets 819 324-4000
St-Jérôme..... 450 432-2777
Pays d'en haut 450 229-6601
Jean-Olivier Chenier..... 450 433-2777
Argenteuil 450 562-3761
Antoine Labelle 819 275-2118

Lanaudière area

Lanaudière Sud..... 450 654-2572
Lanaudière Nord 450 839-3864

BIBLIOGRAPHY

Centre universitaire de santé McGill. Office d'éducation du patient (2013). Guide de préparation à la chirurgie Myringotomie et insertion de tubes.

Figure 1 – Anatomie de l'oreille
Brunner-Suddarth – Soins infirmiers, Médecine et chirurgie
Volume 6: Fonctions sensorielles et locomotrices, 3e édition, 1994, p. 1809.

Feuillet du Centre de santé et de services sociaux de Laval, mars 1996 – révisé octobre 2002 Myrongotomie et insertion de tubes.

https://www.chudequebec.ca/patient/chirurgie.aspx

www.aboutkidshealth.ca Hôpital pour enfants de Toronto, Canada. Myringotomie et canaux auditifs soins à domicile après la procédure.

Centre intégré
de santé
et de services sociaux
de Laval

Québec

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Direction des services professionnels
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