Tympanostomy tube
Information for parents and/or guardians

Your child will soon be admitted to the outpatient department of Máxima MC for a tympanostomy tube insertion. Nurses specially trained to work with children and adolescents work in the outpatient department.

Day of hospital admission
The Admissions department will notify you of the date of admission later on.

Day before hospital admission
On the (working) day before the admission, you will receive the following information from us:

- What time your child is expected at the department;
- At what point your child will have to stop eating or drinking (fasting);
- What medications your child may take.

You are expected at **Veldhoven, Outpatient department, route 020**.

Have at home
Make sure you have paracetamol (suppositories) for children at home.

Note the following on the day before the operation
Your child's height and weight.

Note the following on the morning of the operation
Your child's temperature. Is your child's temperature 38 °C or higher?
If so, call the Outpatient department: 040 888 9280

What is outpatient treatment?
Outpatient treatment means that your child comes to the clinic in the morning and is treated the same day. If all goes well, your child can also go home that day. Parents (max. 2 people) can stay with the child all day. There is no possibility of visiting for others (siblings, etc.).

The information in this leaflet is of a general nature and is meant to give you an idea of the care and information that you can expect. Other advice or procedures may apply depending on your situation. This leaflet supplements the specific information provided by your specialist or practitioner.

What we think is important

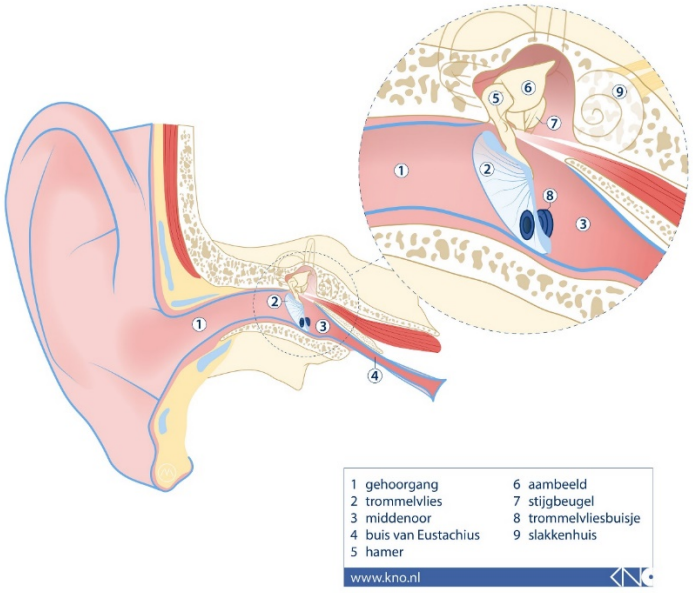
A hospital stay is a drastic event for your child, but also for yourself. Together with you, we want your child's admission to be as pleasant as possible.
In addition to this information brochure, you have also received a colouring book for your child in the ENT Outpatient clinic. At the POS (PreOperative Screening), you will be given the information brochure "Anaesthesia in Children".
We wish your child a good stay at MMC and a successful recovery.

Reading guide

We have chosen to write "parents" to improve readability. It refers to "parent" or "caregiver(s)" as well. Where it says "he" or "him", we also mean "she" or "her".

Why place tympanostomy tubes?

The middle ear, the space behind the eardrum, is supposed to contain air. This air is being consumed by the ear and thus needs to be replenished. This is done through the nose through the Eustachian tube. It is common in children for this tube to dysfunction.
This creates a negative pressure behind the eardrum. In addition, fluid (formed by the mucous membrane of the ear) accumulates in the middle ear over time. This is because the fluid cannot drain properly through the Eustachian tube.



Source: Medical Visuals, Maartje Kunen

This accumulation of fluid can lead to the development of ear infections. In addition, the eardrum and the ossicles (malleus, incus and stapes) can no longer vibrate properly, so that sound cannot be transmitted properly and your child's hearing is impaired.
Impaired hearing can delay speech development and adversely affect school performance.

If the symptoms recur, the ENT doctor usually suggests placing a tympanostomy tube. This allows the air to re-enter behind the eardrum and restore the correct pressure in the middle ear. Any fluid can drain out through the eardrum tubes. Gradually, the middle ear heals.

Practical preparation for admission

Day before hospital admission

On the workday before the admission, you will receive the following information from us:

- What time your child is expected at the department;
- At what point your child will have to stop eating or drinking;
- What medications your child may take.

Fasting

If your child receives anaesthesia, he or she must be fasting. This means that he/she may no longer eat or drink after a certain time. The rules for fasting are described in the information leaflet "Anaesthesia in Children". For your child's best interest, we ask that you follow these rules carefully.

Noting your child's height and weight

We ask you to enter your child's height and weight on the first page of this information sheet on the day before admission.

Is your child sick, was recently vaccinated or unable to attend?

Please contact the ENT Outpatient clinic as soon as possible by calling (040) 888 5670:

- If your child was admitted to a foreign hospital within 13 weeks prior to admission.
- If days before admission your child:
  - is ill (e.g. severe cold, cough with much phlegm discharge, diarrhoea, flu);
  - has a fever (38 °C or higher);
  - is recovering from a childhood illness;
  - has been in contact with a child who has a childhood illness.
- If your child is unable to attend for another urgent reason.

We can then help another child.

Please inform the treating specialist if your child has been vaccinated before admission. The procedure can only be performed 2 full days after a DKTP, HIB, MenC, aK or hepatitis B vaccination. This also includes vaccinations that are not included in the state vaccination programme, such as hepatitis A and pneumococcus. If your child has received a BMR vaccination, he cannot be operated on until 14 full days later.

The date of admission

Preparation at home

- On the morning of admission, note your child's temperature. Is the temperature 38 °C or higher? If so, please call the Outpatient department: (040) 888 92 80.

- It would be nice if your child is showered. Remove nail polish and leave jewelry at home

What to bring for your child?

- any medications your child may be taking;
- this information brochure;
- small bag, backpack (no suitcase)
- 2 pajamas, (extra) underwear and slippers;
- possibly a favorite toy (with child's name on it);
- for younger children:
    - own baby bottle or sippy cup (with child's name on it)
    - baby formula (if your baby is receiving it)
    - diapers
    - pacifier

Leave valuables at home

The hospital is a public building where people walk in and out. Large sums of money, cards, precious jewelry and other valuables are therefore best left at home. The hospital is not liable for any losses or theft.

Intervention

Intake

After you are welcomed to the children outpatient department, a nurse will have an admission interview with you and your child. If you or your child have any questions, please feel free to ask. If your child has certain behaviours, habits, fears or diet, it is important to mention them. We can then respond to it as best as we can. In preparation for the operation, your child will receive painkillers in advance in the form of suppositories or lozenges. Your child will wear a bracelet with his name and date of birth.

Intervention

A nurse will walk your child and you to the surgical complex. You may be present during the initiation of anaesthesia. During the procedure, you will stay in a separate room in the surgical complex. After the procedure, your child will return to the children outpatient department on foot or, if necessary, in a wheelchair, where he will be given something to eat and drink. If you have a special diet, you are free to bring your own food.
A microscope is used to make a small incision in the eardrum. If necessary, the doctor sucks out the fluid behind the eardrum. Then the tympanostomy tube is inserted into the eardrum with forceps.

Facilities in the Outpatient department

- Your child can have fun in the recreation room
- There is a free Wi-Fi connection
- You can use your own cell phone. Please consider other patients while talking on the phone.

Going Home

Discharge

If your child is feeling well, he may return home after about half an hour. The nurse will go over discharge recommendations with you.

Follow-up appointment

After approximately 8 weeks, your child will have a follow-up appointment at the outpatient clinic. You will receive an email at a later time to schedule the appointment yourself.

Pain relief after the operation

If your child is in pain, you can give him painkillers according to the instructions on the paracetamol package.

Advice for at Home

- If your child has no more symptoms for a day, he can go outside and attend school the next day.
- No water should enter the ear for the first 2 weeks. Use an oily cotton ball from the drugstore and put it in the ear.
- As long as your child has eardrum tubes, soap should not be allowed to enter the ear. When washing the hair, use the special water absorbent cotton from the drugstore for the ear.

Swimming and diving

Your child should not go swimming for the first 2 weeks after the procedure. After that, swimming is allowed again. Earplugs are not necessary in most cases. This is because the opening of the eardrum tube is so small that water enters only under high pressure. Diving is allowed up to 2 meters deep. If your child still keeps getting inflamed ears after swimming, you can have earplugs made. The plugs seal the ear canal so that hardly any water can penetrate. You can get earplugs fitted at a hearing aid store.

Outgrowth of the tubes

After about nine months, the eardrum grows close behind the tube. The tubes slowly go with the earwax out the ear canal. On average, this occurs after 6 to 9 months. If symptoms return, tubes may need to be reinserted. Children grow over ear problems.

Risks and complications

With any surgical intervention, there are some risks. With this surgery, there is a chance of:

- During the first week, fluid may come out of the ears. This is perfectly normal. Through the tube, the fluid that is behind the eardrum can easily leave the ear.
- If the ears run for more than a week, contact the ENT Outpatient Clinic. Also, for pain, fever or other complications, contact the ENT Outpatient Clinic, phone number: (040) 888 56 70
- Outside office hours, call the emergency room (ER), phone number: (040) 888 88 11.

Telephone consultation on the working day after admission
If you wish, the nurse from the outpatient department will call you on the first working day after admission (between 9 am and 12 noon) to hear how your child is doing and to answer any questions you may have.

Preparing your child for admission

Parents in the lead role
We know from experience that good preparation helps children to get through the admission and cope well. A well-prepared child usually has fewer problems when he is back home. He has experienced that the information given beforehand corresponds with his own perceptions. As a result, trust in parents and caregivers is maintained.
Part of the preparation is done in the hospital. However, the most important part of the preparation takes place at home. There, children ask their questions. We therefore place great importance on informing parents. You know your child better than anyone else. Therefore, you are in the best position to convey the information, guide your child and answer your child's questions.

How do you prepare your child
Every child is unique. Therefore, preparation is also different for each child. We offer some advice below. All this, of course, depends on your child's age and character.

Make sure you are well informed yourself
Make sure you yourself are well informed about what is going to happen. If something is not clear to you, please ask.

When to start preparing
For young children, begin preparation two to three days before admission; earlier is not helpful. With older children, however, you can talk about the procedure earlier. Involve the other children in the family as well.

Take your time and choose a convenient time
Take your time and choose a convenient time. Preferably not right before sleeping. Keep explanations as simple as possible and try to empathize with your child's experience. Talk about the hospital and what is going to happen. Also indicate that you will be with your child (as much as possible).

Repeat the story several times
Repeat the story several times. Young children especially need this. But even older children do not process everything at once. Therefore, return to it regularly.

What do you tell your child?
With young children, do not go into too much detail about surgery or treatment. In fact, chances are they will fantasize about it. Above all, tell them what they will see, feel, hear, smell and taste. You can do this using booklets about the hospital or by turning it into a game.

Older children usually want to know exactly what is going to happen to them and why. You can go deeper into the procedure with them. Do not emphasize the unpleasant things, but do tell about them honestly.
Have your child retell the information to yourself or others. You then notice what your child has and has not understood and can respond with further explanation. If your child may be in pain as a result of the procedure or treatment, you should inform them beforehand. Always reassure your child that the pain will subside. Point out that your child can ask for a painkiller. Also tell your child that it is okay to cry and be angry.

Just do not dwell on it too long.
Also during the hospital stay, talk to your child about his experience. Always tell honestly what remains to be done.

Answer your child's questions honestly
Answer your child's questions honestly. Do not beat around the bush, but do not make it harder either. Write down unanswered questions from your child and yourself so you can ask them later to someone at the hospital.

Give your child choices
Give your child choices. For example, which parent goes with him or which stuffed toy gets to go with him. Pack your child's belongings together. Think favorite stuffed toy, favorite music, videos or DVDs (labeled with name). Your child will certainly have support from this later.

Dealing with different behaviour
Your child may exhibit different behaviours than you are used to before admission due to tension or anxiety. Children are more likely to express their fear, anger and confusion to their parents than to a stranger. It is important to respond to those reactions. Discuss with your child how best to support him in pain or anxiety. What are you helping him with?

And finally
Let your child know that they do not have to go to hospital for punishment, that they cannot do anything about it themselves. And very important: always tell your child that they will be coming home soon!

Come to the hospital well prepared

Children and adolescents must be properly prepared for their hospital visits to know what to expect and feel less anxious.
Through our website: www.kindenjeugdmmc.nl, your child can prepare for the hospital visit, possibly with you, at home.
Here, children and young people of all ages can find out about the paediatric outpatient clinic, operating theatre, paediatric outpatient treatment and paediatric department, among other things, with videos and photos.

What you can do for your child during admission

Staying with your child

If your child has to be hospitalised, he will be in a strange environment. Moreover, he must sometimes undergo painful and frightening procedures. Your presence makes your child feel safer and better able to process everything.

Taking care of your child yourself

If you wish, you can care for your child on the ward yourself as much as possible. This care involves taking temperatures, changing and feeding, among other things. Of course, this depends on the severity and nature of your child's illness and what you yourself want. You may also be involved in your child's nursing care and treatments. As parents, you can specify what you are willing or unable to do and in what way. We take this into account as much as possible.

Your child's behaviour in the hospital

Even in the hospital, your child may begin to behave differently than you are used to seeing him. For example, cross, aggressive or just very affectionate. These are often ordinary reactions to unusual situations, which your child shows precisely to those with whom he feels most comfortable. Some children behave angrily and dismissively toward parents. It is a form of protest. Children who express their emotions are often less upset afterwards than children who endure everything without protest.
If you are still concerned about your child's behaviour, feel free to talk about it with the nurse. Together we will look at how we can best help your child with this.

Your child's behavior after admission

Despite proper preparation and guidance, your child may have difficulty processing the hospitalisation.
With young children, this may manifest itself by them crying more than you are used to or by them crying when you leave the room. Your child may also demand more attention than usual, or get angry faster than you are used to from him. Older children may sometimes sleep worse and wake up crying at night because they dream of the procedure or the hospital. They may also "relapse" into younger behaviours, such as bedwetting, peeing their pants or thumb-sucking.
You can help your child by comforting him and talking about it. With young children, reenacting with a doll or cuddly toy to help get to the hospital can be helpful. You can also use read-aloud books about the hospital (see Appendix) to talk about it that way. With patience, warmth and attention, the change in your child's behaviour will pass again. It sometimes takes a few weeks for your child to get back to his old self.
If you have any problems with your child's behaviour after admission or would like to ask any questions, please contact the nurses in the outpatient department on the day of admission and the day after. After that, you can see your GP.
If you have any suggestions or ideas that could make your child's stay in hospital more pleasant, these are also always welcome.

Important telephone numbers

Medical Questions

For medical questions, please contact the ENT outpatient clinic during office hours, phone number: (040) 888 56 70.
In urgent cases outside office hours, please call the emergency department, telephone number (040) 888 88 11.

Stay in the Outpatient department

If you have any questions about your child's stay in the department, you as parents can contact the outpatient department: (040) 888 92 80.

Website MMC

If you would like to learn more, please visit www.mmc.nl or the website of the Outpatient clinic ENT: www.mmc.nl/kno.

Books

The library and (children's) bookstore have many books about the hospital that you can use in preparing for admission. Some suggestions:

For children aged 2 and older (in Dutch):

- **Miffy in hospital - Dick Bruna, publisher: Mercis. ISBN 9789073991873**
  Miffy has to have her tonsils cut.
- **Bobbi to the hospital, Monica Maas, Publisher: Kluitman ISBN 9789020684636**
  Going to the hospital is quite exciting and surgery even more so!
  Bobbi has trouble with his throat and ear, and he needs surgery.
  In this book, Bobbi shows readers how everything works.
  A fine preparation for when your child has to go to the doctor or hospital.

For children aged 4 and older (in Dutch):

- **Ice Cream for Matthijs, Christine Kliphuis, publisher Sjaloom, ISBN 9789062492060**
  In Ice Cream for Matthijs, the visit to the hospital, the examination by the ENT doctor, the cutting of the tonsils and the recovery period afterwards are discussed in detail.
- **To the hospital, Netty van Kaathoven, Publisher: Clavis ISBN 9789044819441**
  Want to know all about the hospital? In this book you will learn all about it.
  When do you have to go to the hospital? And who will you meet there?
  You will discover what different departments and doctors there are.

More information and advice on your child's preparation, admission and aftercare can be found on the Internet site of the Child and Hospital Foundation: www.kindenziekenhuis.nl.

Also visit www.jadokterneedokter.nl, for more information on the rights and obligations of the young patient.