



Patient information

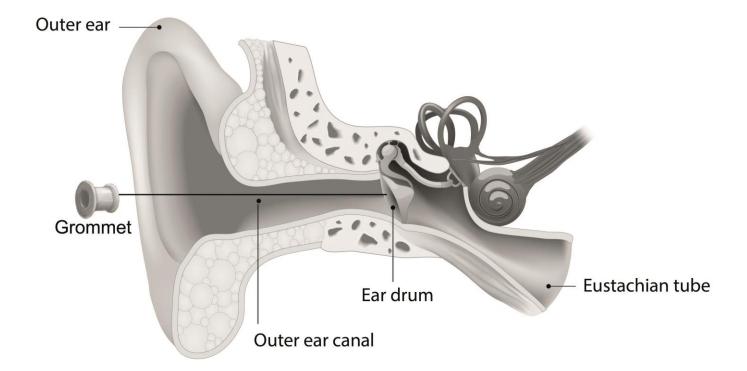
Grommets/T-Tube

Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have Grommets / T-tubes inserted into your ears. You may wish to discuss alternative treatments or procedures. Please ask a doctor or a nurse if alternative treatments or procedures are available.

What are Grommets/T-tubes?

- Deafness due to fluid in the middle ear is common. Grommets/T-tubes are usually placed into the eardrum after middle ear fluid has been drained.
- Grommets/T-tubes are tiny ventilation tubes that allow air to enter into the middle ear.
 Occasionally they are used to try to benefit patients with severe dizziness due to Menieres syndrome.
- Grommets stay in place for six to eight months occasionally longer. T-tubes stay in place longer (average 18 months).
- This procedure is usually done as a day-case. This procedure can be done in the outpatients' clinic.



What are the benefits of having Grommets/T-tubes?

Your hearing may improve.

What are the risks of having Grommets/T-tubes?

- Infection which could present as discharge and you may be prescribed antibiotic drops.
- Blockage the grommet may become blocked due to wax, stale blood or discharge; this may
 be resolved by the doctor/nurse cleaning the ear.
- Premature extrusion the grommet/T tube may evacuate itself earlier than predicted and may need to be reinserted.
- The hole in your eardrum heals by itself, but occasionally a residual hole may persist and need repair.
- Hearing loss this is very unlikely but may be permanent.
- Tinnitus noises in the ear should be short lived if they occur at all, however there are no guarantee that it will not be permanent
- Dizziness this may be due to alteration of air temperature during the procedure and should resolve

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

Alternative treatments

Watch and wait, symptoms will remain the same or may resolve spontaneously.

What sort of anaesthetic will be given to me?

This procedure is often done with local anaesthetic either in the form of cream application or a small injection into the ear canal. However, you may be offered a general anaesthetic. General anaesthesia is drug-induced unconsciousness. An anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, both local and general anaesthesia can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with the anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation (if having a general anaesthetic)

You will be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests and a heart trace if necessary. You will be assessed to see if you are fit for the anaesthetic.

You will be able to discuss the operation with the nurse practitioner who will ask routine questions about your general health, the medicine you take at the moment and any allergies you may have.

You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation (if having a general anaesthetic)

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these
 can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30
 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to
 return your property until General Office is open. The Trust does not accept responsibility for
 items not handed in for safekeeping.
- You will be asked to remove jewellery; plain band rings can be worn but they will be taped.
- Please do not wear makeup.
- Please leave body piercings at home nail polish and false nails will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring with you a
 dressing down and slippers.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A
 member of the nursing staff will give this to you.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the
 operating theatre. They will be removed whilst you are in the anaesthetic room and kept with
 you until you arrive in the recovery area. Once you are wake they can then be put back in
 place.
- When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation? (If having a general anaesthetic)

After your operation you will be kept in the theatre recovery room before being transferred to the ward.

A nurse will check your pulse, blood pressure and breathing regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water.

Anaesthetic drugs can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

Your doctor/nurse will normally discharge you on the day of your operation. If you have a general anaesthetic, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

For next 24 hours you must not

- Travel alone.
- Drive a car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy and avoid strenuous activity for the rest of the day.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children, or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your ear

You will need to protect your ear from water to reduce the risk of infection. Inserting cotton wool smeared in Vaseline into the ear canal can do this.

Getting back to normal

You can resume your normal activities and return to work as normal.

Further Appointments

A follow up appointment will be arranged for you. An appointment card will be sent to you with the date and time of your appointment.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Patient Notes

Further information

If you have any questions or concerns, please contact the ward or the Nurse Practitioners.

ENT Nurse Practitioners Helene Bryant / Sue Bragan / Christine Burton

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