Jump In
It’s Safe to Swim*

Research shows it’s safe to swim with ear tubes!

Discuss with your doctor today.

Empowering otolaryngologists—head and neck surgeons to deliver the best patient care

Find out more: http://bit.ly/17pg3Nt

*Individual children with ear discharge or ear pain may benefit from water precautions as well as those participating in lake swimming, deep diving, or head dunking in the bathtub.
When is a child a candidate for Tubes?

- Has the child had bilateral COME and documented hearing difficulty?
  - Offer tympanostomy tube insertion
  - Educate caregivers and proceed with tympanostomy tube placement

- Has the child had bilateral COME and documented hearing difficulty?
  - Yes
    - Obtain hearing test
  - No
    - Has the child had unilateral or bilateral chronic OME and symptoms that are likely attributable to OME?
      - Yes
        - Offer tympanostomy tube insertion
      - No
        - Reevaluate child every 3 to 6 months until effusion no longer present, significant hearing loss detected or structural abnormalities suspected.

- Is the child considered ‘at risk’?
  - Yes
    - Reevaluate child until OME resolves, persists 3 months or longer, or is associated with a type B (flat) tympanogram
  - No
    - Has the child had unilateral or bilateral chronic OME and symptoms that are likely attributable to OME?
      - Yes
        - Offer tympanostomy tube insertion
      - No
        - Has the child had persistent OME for 3 months or longer?
          - Yes
            - Obtain hearing test
          - No
            - Clinician may perform tympanostomy tube insertion

- Does the child have unilateral or bilateral chronic OME or a type B (flat) tympanogram?
  - Yes
    - Reevaluate child until OME resolves, persists 3 months or longer, or is associated with a type B (flat) tympanogram
  - No
    - Clinician may perform tympanostomy tube insertion

- Does the parent or guardian agree with tympanostomy tube insertion?
  - Yes
    - Clinician may perform tympanostomy tube insertion
  - No
    - Reevaluate child every 3 to 6 months until effusion no longer present, significant hearing loss detected or structural abnormalities suspected.

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* OME: Otitis media with effusion
* COME: Chronic OME