

Shared Decision Making for OME Surgical Options

FREQUENTLY ASKED QUESTIONS	WATCHFUL WAITING (SURVEILLANCE)	EAR (TYMPANOSTOMY) TUBE PLACEMENT	ADENOIDECTOMY
Are there any age restrictions?	Watchful waiting can be done at any age	Ear tubes can be done at any age	Adenoidectomy is not recommended below age 4 years for treating ear fluid that persists for at least 3 months
What does it involve?	Checking the eardrum every 3 to 6 months in your doctor's office. Periodic hearing tests may also be performed.	Placing a tiny tube in the eardrum to reduce fluid build-up that causes hearing loss, then checking the tube in your doctor's office until it falls out.	Removing most of the adenoids, a clump of tissue in the back of the nose that stores germs then checking the ears in your doctor's office to be sure the ear fluid is gone.
How long does the treat- ment take?	Regular check-ups until the fluid in the middle ear goes away (months to years).	The operation takes about 10 to 20 minutes and usually requires general anesthesia.	The operation takes about 30 minutes and requires general anesthesia.
How long does it take to recover?	Does not apply	Does not apply	About 1 or 2 days.
What are the benefits?	Gives your child a chance to recover on his/her own.	Relieves fluid and hearing loss promptly and prevents relapse of fluid while the tube is in place and stays open.	Reduces time with fluid in the future, reduces the need for future ear surgery. Relieves nasal blockage and infections (if applicable).
What are the potential risks and side effects?	Persistent fluid can reduce hearing, bother your child, and can rarely damage the eardrum and cause it to collapse. If the fluid does not eventually go away on its own then watchful waiting could delay more effective treatments.	About 1 in 4 children get an ear infection (drainage) that is treated with eardrops. About 2 or 3 in 100 children have a tiny hole in the eardrum that does not close after the tube falls out and may need surgery. There is a very small risk of serious problems from the anesthesia.	There is a small chance of bleeding (that could require a visit to the office or hospital), infection (that is treated with antibiotics), or delayed recovery. There is a very small risk of abnormal voice (too much air through the nose) or serious problems from the anesthesia.
What usually happens in the long term?	The fluid and hearing loss eventually go away or another treatment is tried.	Most tubes fall out in about 12 to 18 months. About 1 in every 4 children may need to have them replaced.	The chance that your child may need future ear tubes is reduced by about 50% after adenoidectomy.
Are there any special precautions?	Baths and swimming are fine. Air travel can result in ear pain or damage to the eardrum depending on how much fluid is present.	Baths, swimming, and air travel are fine. Some children need earplugs if water bothers their ears in the bathtub (with head dunking), when diving (more than 6 feet underwater), or when swimming in lakes or dirty water.	Baths and swimming are fine. Air travel can result in ear pain or damage to the eardrum depending on how much fluid is present.



SOURCE: Rosenfeld RM, Shin JJ, Schwartz SR, et al. Clinical practice guideline (update): otitis media with effusion. Otolaryngol Head Neck Surg. 2016;154(1 Suppl):215-225.

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