

AAO-HNSF clinical practice guideline: Tympanostomy tubes in children

July 1 2013

A multidisciplinary clinical practice guideline that helps physicians identify children most likely to benefit from tympanostomy tubes, provide the best care before and after surgery, and improve counseling and education for parents was published Monday in the journal *Otolaryngology–Head and Neck Surgery*.

It is the first evidence-based guideline in the United States for tubes, the most common reason for outpatient surgery performed on children in the U.S.

"Ear tubes are the #1 reason children get surgery or anesthesia in the United States. The tympanostomy tube guideline not only helps doctors and parents identify children likely to benefit most from surgery, but importantly identifies those for whom watchful waiting may be a better option," said Richard M. Rosenfeld, MD, MPH, chair of the guideline panel.

Tympanostomy tubes, which are about 1/20th of an inch wide, are placed in the eardrum to treat persistent middle ear fluid (effusion), [frequent ear infections](#), or ear infections that persist despite antibiotic therapy.

Research shows that 667,000 tympanostomy tube procedures are performed annually on children under the age of 15. By age 3, nearly 1 in 15 children have tubes.

Despite the frequency in the U.S. of tympanostomy tube surgery, until now there have been no evidence-based recommendations in the U.S. to assist doctors in identifying the best surgical candidates and their subsequent care.

The guideline, covering children aged 6 months to 12 years, was created by a panel that included a pediatric and adult otolaryngologist, otologist/neurotologist, anesthesiologist, audiologist, family physician, behavioral pediatrician, pediatrician, speech/language pathologist, advanced [nurse practitioner](#), physician assistant, resident physician, and [consumer advocates](#).

More information: *Otolaryngology—Head and Neck Surgery* is the official scientific journal of the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF). The guideline was published as a supplement to the journal's July edition.

Provided by American Academy of Otolaryngology

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