

# G. Paul Doxey, MD

Trusted, experienced personal ENT care

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## G. PAUL DOXEY, MD

Board-Certified: American  
Board of Otolaryngology

Residency: Otolaryngology–  
Head & Neck Surgery, University  
of Utah Medical Center,  
Salt Lake City

MD: University of Utah College  
of Medicine, Salt Lake City

### TRUSTED CARE FOR:

- Sinus/nasal problems
- Snoring & sleep apnea
- CT-guided sinus surgery
- Balloonplasty
- Deviated septum
- Nasal blockage/polyps
- Nasal fractures
- Nosebleeds
- Ear pain & infections
- Voice & swallowing disorders
- Care of the professional voice
- Perforated eardrum
- Head & neck surgery/cancer
- Thyroid & parathyroid surgery
- Allergies & testing
- Salivary gland infections & surgery
- Nose reshaping (rhinoplasty)
- Facial or nasal fracture repair
- Otoplasty (correction of overly prominent or poorly positioned ears)
- Neck masses
- Facial wound repair & reconstruction
- Surgical removal of facial moles & tumors

### TRUSTED CONVENIENCE:

- Convenient location
- Friendly, courteous staff
- Most insurance accepted & filed
- Major credit cards welcome
- Convenient office hours
- Ample free parking

## Postoperative Instructions for Tympanostomy Care

### General information:

1. The purpose of tympanostomy tubes (ear tubes), which have been placed in the eardrums, is to allow the passage of air into the middle ear spaces. Their purpose is not fluid drainage – although this may occur. The tubes will naturally fall out of the eardrums and into the ear canals in most patients. The length of time the tubes will stay in place is variable, with the average being about one year. After the tubes fall out of the eardrum, the remaining hole in the eardrum closes over 95% of the time. If it doesn't close, further surgery may be required – usually at age 6 to 8.
2. The most important aspect of the patient's care while the tubes are in place is to keep the eardrums dry, thus preventing bacteria from being washed into the middle ear spaces. When the patient showers, takes a bath or washes his/her hair, the ears should be protected from water by occluding the ear canal with a small piece of cotton covered with Vaseline. A wax-like, "silly putty"-like material obtained from most pharmacies will also work well. Custom fitted ear molds are also available through Dr. Doxey's office or the office of the audiologist. These will allow certain types of swimming, though diving is still discouraged.

### What to expect:

1. If the patient had fluid in the middle ear spaces at the time of surgery, there may be a slight drainage from the ears for several days. This drainage should not persist for more than two or three days. If the patient had hearing loss preoperatively, after the surgery loud noises may be bothersome since the patient's hearing is improved. This discomfort will be temporary as the patient will naturally adjust to normal sound.

### Pain:

1. There should be minimal pain associated with placement of ear tubes. Tylenol may be given if needed.

### Complications:

1. If the patient develops a postoperative ear infection, there will be a yellow or honey-colored material that runs out of the ear and down the cheek. This will likely occur three or four days after the operation. Pain will be minimal because pressure behind the eardrum is negligible due to the free drainage of infection through the hole in the tube.

### Follow-up:

Dr. Doxey generally sees the patient ten days to two weeks after surgery. Please call the office for an appointment. It is a good idea to have the patient seen by a doctor every three to four months after surgery to check the tubes. You will want to know when the tubes have fallen out. You will also want to know if the eardrum perforation has closed so that dry ear care can be discontinued.