

# EAST TEXAS SINUS AND DIZZINESS CENTER

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DISEASES OF THE EAR, NOSE, AND THROAT  
HEAD AND NECK SURGERY  
DIPLOMATE - AMERICAN BOARD OF OTOLARYNGOLOGY

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### Eustachian Tube Balloon Dilation

The ET connects the middle ear to the back of the nose and throat. It opens periodically to allow air to pass into the middle ear and equilibrate pressure with the outside world. ET dysfunction may cause many types of ear problems including infections in the middle ear (otitis media), fluid trapped in the middle ear (otitis media with effusion), negative pressure or vacuum in the middle ear that stretches and damages the eardrum (atelectasis), and trapping of outer ear skin in the collapsed middle ear forming a growing cyst (cholesteatoma). ET dysfunction that does not respond to medications is currently treated by the placement of a ventilating tube through the eardrum. Tympanostomy tubes do not correct the ET itself but do allow air into the middle ear to limit further ear problems. They are usually effective if they remain open but most tubes will eventually fall out of the ear or become clogged. If ear problems recur, a tube may be replaced. Potential complications of tubes include a risk of infection if water passes into the ear or persistent perforations in the eardrum that require surgical repair. The balloon dilation of the ET will attempt to restore normal function to the ET with the goal of eliminating the need for prolonged ear ventilating tubes. This procedure is FDA approved for use in adults 18 years old and above. The balloon dilation operation is under local or general anesthesia. The Eustachian tube lies in the back of the nasal cavity (nasopharynx) and is viewed with an endoscope (surgical telescope) passed through one or the other nostril. A balloon dilation catheter is inserted also through the nose and passed into the opening of the Eustachian tube. The catheter is inflated with saline within the ET to stretch it for two minutes, in the same manner used in widening the openings to sinuses. The balloon is then deflated and removed.

### RISKS

1. Sore throat-expected for a few days in most patients if done under general anesthesia.
2. Bleeding from the ET
3. Scarring and further obstruction of the ET
4. Overcorrection with abnormally chronically open ET (patulous) causing troublesome echoing of one's own voice and breathing sounds into the ear
5. Infection in ET or ear
6. Scarring within the nose or nasopharynx that may interfere with breathing and require removal in the office or in the operating room.
7. Failure to achieve the objectives of the surgery with possible revision surgery

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Patient

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Date

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Witness

\_\_\_\_\_  
Date