Decisional Regret Following Ventilation Tube Insertion

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Introduction
The decision to have a child undergo ventilation tube (VT) insertion can be problematic for parents. This is an elective procedure, with the potential for the instigating factor - middle ear effusions and recurrent otitis media - to resolve spontaneously. The purpose of this study is to evaluate Decisional Regret (DR) in parents who made the decision to have VT placed in their children’s ears and to look for evidence of increase in DR for parents whose children undergo multiple sets of tubes, have complications, or who have prolonged follow-up.

Methods
This was a survey study involving all consenting consecutive parents presenting in an otolaryngology clinic with children who had VT in place. The DR scale is a 5-item questionnaire using a Likert scale for responses; a higher number indicates higher level of regret. A score of ≥26 corresponded to moderate regret.

Results
Parents whose children had a history of reflux had significantly lower regret scores than parents whose children did not have a history of reflux (3.33 versus 7.89, p=0.007). Parental regret was unrelated to patient age, other comorbidities, indication for initial tube insertion, hearing status on the day of inquiry, number of sets of tubes, number of visits for otorrhea, number of prescriptions given for eardrops, number of clinic visits, or length of follow-up.

Discussion
There are many other factors that contribute to how satisfied, or dissatisfied, patients are after a medical decision. The limited research on DR in the healthcare field suggests that if symptoms in children persist post-operatively, parents experience more regret. VT insertion is associated with low parental DR, even if several sets of tubes are placed, unless the child is currently experiencing otorrhea or another ear complaint.

Conclusions
Post-VT otorrhea is common – 14% of our group had otorrhea on the day of the survey - and merits research attention. Clinicians need to emphasize parental education regarding otorrhea after VT insertion in order to control this aspect of patient dissatisfaction.