

Information leaflet for parents/carers

# Ear Problems and Grommets



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We have written this leaflet to explain briefly how the ear works, what glue ear (OME) is and also about the different treatment options that are available.

## The Ear

The ear is divided into three parts; the outer, the middle and the inner ear. The middle ear is a space behind the eardrum, which should be filled with air. During the act of swallowing, the air in the middle ear is replaced via the Eustachian tube, which connects with the nose.

Most ear trouble in childhood is due to middle ear problems.

## What is Otitis Media with Effusion?

Otitis Media with Effusion (OME) is more commonly known as “glue ear”. Glue ear is a build up of fluid in the middle ear air space and can affect one or both ears. The cause of this is poor function of the Eustachian tube. There are different reasons for this, including irritants, enlargement of the adenoids and infection.

## What effects can glue ear have on my child?

- Glue ear can lead to varying degrees of poor hearing, as the passage of sound to the inner ear is affected by the presence of glue.
- Many children have few, if any problems but some children have noticeable hearing difficulty, for example, asking for things to be repeated, turning up the TV or mishearing.
- Poor hearing may affect a child's speech and language development, particularly clarity of speech.
- Glue ear may also lead to behavioural problems, inattention, and poorer progress at school.
- The presence of glue in the ear can also cause pain in some children and may occasionally cause a child to hear noises in the ear or have balance problems.

## How is glue ear diagnosed?

A doctor will ask you questions about your child's hearing, ear problems and their general health and development. The doctor needs to take a detailed history so that they can judge the effect of the ear problem on your child's well being and decide whether treatment is needed.

It is important to tell the doctor about any other medical problems that your child or family has, for example, low blood counts or anaesthetic problems.

The doctor will examine your child's ears, nose and throat and tests will be performed to assess the level of hearing and also to assess the movement of the eardrum.

## What is the treatment for glue ear?

Middle ear problems are very common in childhood; they are often mild and nearly always cure themselves over time. Avoiding irritants such as frequent swimming in heavily chlorinated pools and exposure to cigarette smoke may help to speed up natural recovery.

In many cases no treatment is necessary, but regular hearing tests and checkups will be needed. This is called active observation. Since glue ear frequently gets better on its own quite quickly, a period of active observation for a few months will be recommended in most cases.

Medication, such as antibiotics and decongestants seldom helps glue ear.

Glue ear gets better with time and so treatments are aimed at reducing the problems that it causes rather than “curing” the condition.

If the glue ear does not get better and it is decided that more needs to be done to help your child’s hearing, the doctor will discuss the options of hearing aids and ventilation tubes (grommets).

## Is there any other treatment my child can have?

There is no evidence that any of the alternative medicine treatments such as special diets, homeopathy and cranial osteopathy are any more effective than active observation.

There is some evidence that auto inflation (popping the ears) helps children who are able to do it. There are commercially available devices to help with this. The commonest is Otovent®, a device for blowing up a balloon with the nose. It can be purchased from pharmacies.

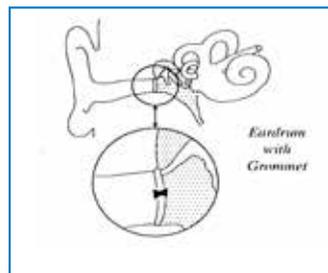
## Hearing aids and grommets

Both hearing aids and grommets have advantages and disadvantages.

Hearing aids are the best treatment for some children. They give good sound quality while they are in place but they do not always cope too well with variations in hearing and do not help earaches. Not all families find hearing aids acceptable. If hearing aids are fitted, your child may receive some extra support at school from specialist teachers.

## What are the benefits of my child having grommets?

An operation in which grommets are placed in the eardrums is the most commonly used treatment for children with persistent problems. A grommet is a small plastic tube, which helps to ventilate the middle ear and discourage the glue from forming. The grommets act like an artificial Eustachian tube, equalising air pressure with atmospheric pressure. While they are in place the hearing is usually normal and the ear is usually free from earaches.



## What are the risks and complications of grommets?

The risk of serious or life threatening complications in grommet surgery is extremely low.

Children with grommets in place sometimes develop a runny ear. This can usually be dealt with by your GP (family doctor), who will prescribe drops or antibiotics. Sometimes it can be a persistent problem and a return to ENT clinic may be needed.

Grommets usually work their way out of the ear after 6-8 months and the eardrum heals. Sometimes they need to be removed under general anaesthetic, but this is rare. As your child grows, the size and function of the Eustachian tube should improve, so that the ear problems should decrease. However, if the fluid recurs, it may be necessary to insert another grommet. Long stay grommets with long flanges which keep the grommet in the ear longer are sometimes used in recurrent cases of glue ear.

The complications of grommets include scarring of the eardrum and perforations. These are uncommon but we recommend that you discuss the operation with the surgeon, ensuring that you understand the implications. It is rare for there to be serious long-term adverse effects.

## The operation

Your child will be admitted on the day of surgery and will be in hospital for approximately half a day. You are most welcome to stay with your child during their admission.

Before the operation nurses and doctors will see you and your child. If you have any concerns, please do not hesitate to mention them. You can go with your child to the anaesthetic room until they are asleep. A nurse from the ward will also be with your child so if you feel unable to go to the anaesthetic room, your child will be with a nurse he/she knows.

For further information please ask for a copy of "Your child's general anaesthetic" information leaflet. Copies are also available from the Family Health Information Centre at the hospital.

Under a short general anaesthetic, a tiny cut is made in the eardrum. This is called a Myringotomy, where the glue is sucked from the middle ear. A grommet then placed in the eardrum.

## Caring for your child after the operation

Your child will be given painkillers in theatre. They may experience discomfort for the next 24-48 hours, so we advise regular Paracetamol/ Calpol if required. Please follow the instructions carefully and do not give more than the recommended dose for your child's age. Sometimes, you will see a discharge from the ear for a couple for days. If you have any concerns please do not hesitate to contact the ward.

- When washing your child's hair it is advisable not to allow water into their ears. You can purchase ear plugs in most chemists, or you could use cotton wool smeared in vaseline®.
- When your child has grommets they should experience no problems on an aeroplane.
- Your child is able to go swimming, but it is advisable for them not to dive under the water.

## Follow Up

All children will be reviewed in the Audiology and ENT department until their ear problems have settled.

## Long term

- Most children grow out of the condition.
- About one child in five will need a second or subsequent grommet insertion.
- As with all medical conditions there is a small sub group whose middle ear problems are worse than average and go on to develop long term ear disease. Long term problems can occur in any child but are more common in children who have other conditions such as Cleft Palate and Down Syndrome. We hope that outpatient follow up will prevent some of these problems developing.

## Looking after and sharing information about your child

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

We collect information about your child and family relevant to their diagnosis, treatment and care. We store it in written records and electronically on computers. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your child's care. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact the PALS (Patient Advice and Liaison Service) on 0121 333 8434/8541/8403.

**Please use this space to write down any notes or questions you might have.**

## For more information you may find these websites useful:

### **National Institute for Health and Care Excellence**

Surgical management of glue ear in children

<http://guidance.nice.org.uk/CG60/PublicInfo/pdf/English>

NHS Choices

[www.nhs.uk](http://www.nhs.uk)

Patient.co.uk

[www.patient.co.uk](http://www.patient.co.uk)

Helpful keywords to search for include: glue ear, grommets, Otitis media with Effusion and ventilation tubes.

## Parent/Carer Support

NDCS (National Deaf Children's Society)

15 Dufferin Street

London

EC1Y 8UR

Tel: 020 7490 8656 (voice and text)

Freephone helpline: 0808 800 8880 (voice and text)

Fax: 020 7251 5020

Email: [helpline@ndcs.org.uk](mailto:helpline@ndcs.org.uk)

Web: [www.ndcs.org.uk](http://www.ndcs.org.uk)

## Further Information

We hope this information leaflet will help you to understand about your child's condition and treatment. This leaflet was produced using the latest evidence available. Further details are available upon request. If you need any more information or have any concerns please contact the ENT Advanced Nurse Practitioner through the main hospital switchboard on 0121 333 9999.

Health information and Internet access is also available in the Family Health Information Centre at the hospital.

Telephone: 0121 333 8505

Email: [child.infoctr@bch.nhs.uk](mailto:child.infoctr@bch.nhs.uk)

This leaflet has been produced by the ENT Department.

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