

Treating your child's ear problems with grommets

Ear, Nose & Throat

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Information for Patients, Parents & Carers

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What is a grommet?

Grommets (or ventilation tubes) are very small plastic tubes which are inserted into the eardrum. They sit in a hole in the eardrum, allowing air in and out of the ear, to keep the ears healthy.

Why does my child need this operation?

It is a common condition in young children to get a build-up of sticky fluid behind the eardrum, which is sometimes called 'glue ear'. We don't know exactly what causes glue ear. Most young children will develop glue ear, but it doesn't always cause problems.

We only need to treat glue ear if it is causing persistent problems with hearing or speech, or if it is causing lots of ear infections. If this is the case your doctor may recommend that your child has grommets inserted.

Surgery to remove the small glands at the back of the nose (adenoidectomy) may also help glue ear get better, and your surgeon may want to do this procedure at the same time as inserting grommets.

Grommets are also used to treat repeated ear infections.

How can I help my child with their hearing difficulties?

Glue ear is a common cause of hearing loss that affects children.

Call your child's name to get them to look at you before you speak. Make sure they can see your face when you speak. Speak clearly, and wait for them to answer. Let nursery or school teachers know that your child has a hearing problem. It may help for your child to sit at the front of the class.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What to do before the operation

Arrange for your child to have 1 week off nursery or school (if appropriate).

Buy a bottle of Calpol and ibuprofen to have at home, should your child need any pain relief after the operation.

Please call the waiting list office on 0116 258 6058 if your child has a cold or sore throat in the 2 weeks before surgery. It will be safer to delay surgery for a few weeks.

You will be sent an admission letter explaining how to prepare your child for the operation. Your child should not have anything to eat or drink from the time discussed at the pre-assessment. It is important to follow these instructions otherwise your child's operation may have to be delayed or cancelled.

The doctor will explain the operation in more detail, talk to you about any worries you may have, and ask you to sign a consent form. An anaesthetist will also visit you to explain about the anaesthetic. Please tell the doctor if your child has any medical conditions such as allergies.

What happens during the operation?

Your child will be asleep under a general anaesthetic.

There are no cuts made on the outside of the ear, as the operation is carried out down the ear canal. A small opening is made in the eardrum using a microscope to magnify the area, and the fluid is sucked out of the ear. The grommet is then placed in the opening in the eardrum.

The procedure usually takes about 30 minutes. Your child will wake up after the operation in the recovery room.

What happens after the operation?

Your child may have an earache after the operation. The doctor will prescribe some simple painkillers.

The nursing team will tell you when it is safe to allow your child to start eating and drinking after the operation.

The anaesthetic may make your child feel tired and a little clumsy for around 24 hours after the operation, so do not let them do anything that may lead to a fall.

Your child will normally be able to go home on the same day. If your child is having other operations at the same time, they may need to stay overnight. If this is the case you will be able to sleep on the ward with your child.

Appointments details will be posted to your home address for your child to be seen in the ENT clinic, to re-check their hearing and make sure it is better. If you are planning to move or will be on holiday, please tell the nurse looking after you.

If your child needs any medication to go home, this will be given as soon as possible. Your nurse will tell you the correct way to give and store medication. To speed up your discharge process we ask that you buy a bottle of Calpol and ibuprofen to have at home before you come into hospital.

Do not exceed the amount on the bottle for your child's age.

A letter will be sent to your GP.

What do I need to do at home?

It is best to take your child straight home after you leave hospital as your child may need to rest and sleep. A few days rest at home after leaving hospital is recommended.

Offer your child frequent drinks and it is best to give light foods to start with e.g. toast, sandwiches, biscuits. Then gradually return them to their normal diet. Avoid rich foods, including chocolate, ice-cream and fried foods, as they may make your child feel sick.

If your child vomits, give just clear fluids (juice or water) until it settles, then introduce small amounts of food. If your child continues to vomit or develops a fever, and you are concerned, please telephone the ward from which your child was discharged.

You may notice some blood stained fluid coming out of the ear for the first 24 hours; this should settle by itself. If your child's ear starts to leak fluid, it is possible they may have developed an ear infection. Contact your GP to check if any ear drops are needed.

Your child should be able to return to school or nursery after 2 days.

The grommets will fall out by themselves as the eardrum grows. This usually happens after about 1 year, but they may fall out earlier or later. You may not notice when they drop out.

Do we need to be careful around water and returning to swimming?

Your child can return to swimming 2 weeks after the operation, so long as they keep their head above the water and do not dive under, as water may pass through the grommet into the ear. You can insert swim-plugs into the ear to stop water getting in; these are available from Hearing Services for a small charge.

The hole in the grommet is too small to let water through, unless the water is dirty or has shampoo or soap in it. So you will need to be careful when your child takes a bath or shower. You can plug your child's ears with a cotton-wool ball covered in Vaseline when bathing, until the grommets have come out.

Can my child fly on a plane after having grommets inserted?

Your child can fly with grommets. The pain from the change in pressure in the aeroplane cannot happen when the grommets are working.

Can there be problems?

Grommet insertion is a safe procedure, but every operation has a small risk.

Your child's anaesthetist is an experienced doctor who is trained to deal with any problems that happen during surgery. After an anaesthetic some children feel sick and vomit. They may also have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

Most people with grommets do not get ear infections. If you see yellow fluid coming out of the ear, it may be an infection. It will not be as sore as a normal infection, and your child won't be as ill. In this case we advise to take your child to see your GP, who can give some antibiotic ear drops which should quickly settle the problem.

When the grommet falls out, sometimes a small hole is left behind in the eardrum. This usually heals up with time, and we rarely need to operate to close this hole.

The grommet can leave some scarring in the eardrum but this does not usually affect the hearing.

Glue ear may come back when the grommet falls out. This happens to 1 child out of every 3, and we may need to insert more grommets until your child grows out of the problem.

Are there any alternatives to having grommets inserted?

Glue ear tends to improve by itself but can take a while. We like to leave children alone for the first 3 months, as about half of them get better in this time. After 3 months, we will see your child again and decide whether we need to insert grommets.

If the glue ear is not causing any problems, we can wait for it to settle by itself. If it is causing problems with hearing and speech, or causing lots of infections, it may be better to insert grommets.

A hearing aid can sometimes be used to treat poor hearing and speech problems that are caused by glue ear. This would mean that your child would not need an operation.

Antibiotics, antihistamines and decongestants will not help with glue ear.

Contact details

If you have any questions, you can ask us at the pre-assessment appointment or on the day of surgery itself. Or you can contact Ward 19, Leicester Royal Infirmary, on 0116 258 5244 or 0116 258 5534.

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