

ENT01 Grommet Insertion (child)

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What is glue ear?

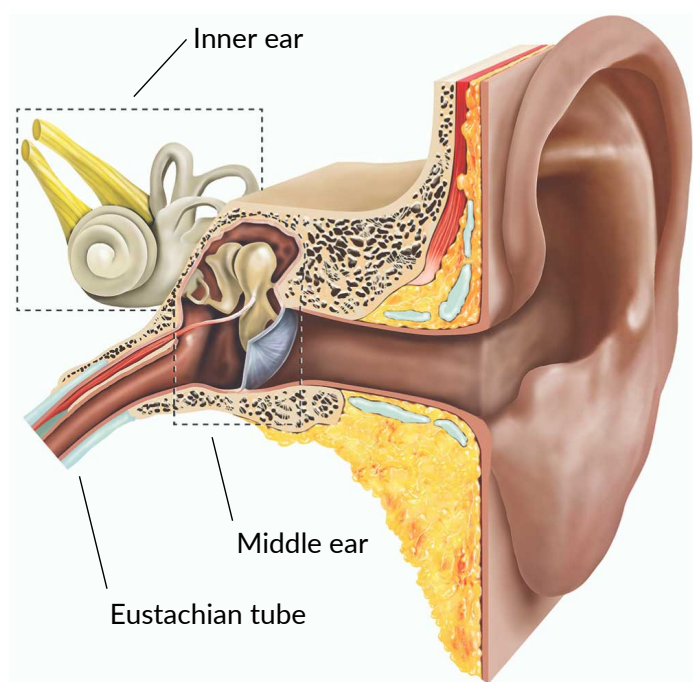
Glue ear is a common condition where fluid collects in the middle ear behind the eardrum. It can cause deafness and repeated earache or infections, sometimes resulting in a discharge from the ear. In young children glue ear can also cause problems with balance.

Your surgeon has suggested placing a grommet (small plastic or metal tube) to treat your child's glue ear.

This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does glue ear happen?

The eustachian tube connects the middle ear with the back of the nose. The eustachian tube allows air to reach the middle ear so that the pressure behind the eardrum stays the same as the pressure in the air around the head. Sometimes this tube does not work properly. This causes fluid to build up in the middle ear. This collection of fluid is called glue ear.



Blocking of the eustachian tube causes glue ear

Glue ear is common in children, particularly in those with a cleft palate or Down syndrome.

For most children, glue ear gets better without them ever seeing a doctor but in some children it can continue for several years. Almost all children will grow out of the condition before their teens.

What are the benefits of surgery?

The grommet allows air to enter the middle ear, preventing fluid build-up and the resulting deafness. It will also reduce the number of ear infections that your child has if they are prone to them. The grommet does not treat the actual cause of glue ear, so when the grommet falls out the glue ear may return.

An enlarged adenoid (part of a group of tissues that help to fight off infection from germs that are breathed in or swallowed) can sometimes block the eustachian tube and cause glue ear. Your doctor may recommend your child has another operation called an adenoidectomy alongside grommet insertion. This will help remove the glue ear and stop it coming back.

Are there any alternatives to surgery?

Many children with glue ear do not need surgery. The condition almost always gets better but it is not always possible to say when this will happen. Your surgeon (or audiologist) will almost certainly have observed your child for at least 3 months to see if the glue ear has improved.

Surgery is recommended if the glue ear continues for longer than 3 months and is causing problems with poor hearing, slow speech development, repeated ear infections, slow school progress or behavioural problems.

If the glue ear continues but there are no other obvious problems, it is safe and reasonable to observe the condition for a while longer.

Another treatment is to wear a hearing aid until hearing improves.

What will happen if I decide that my child will not have the operation?

Glue ear almost always gets better. Some children can perform perfectly well, socially and educationally, without any treatment.

However, if glue ear continues for a long time, it can cause the eardrum to become weak and can erode the hearing bones in the middle ear. This can cause repeated ear infections and long-term damage to your child's hearing.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure your child has the operation they came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your child's name and the operation they are having.

The operation is performed under a general anaesthetic and usually takes about 20 minutes.

Your surgeon will make a small hole in the eardrum and remove the fluid by suction. This is called a myringotomy. They will place a plastic or metal grommet in the hole. The choice of material depends on how long the grommet should stay in place.

What can I do to prepare my child for the operation?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation, noticed as a small amount of blood leaking from the ear for 1 to 2 days.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the doctor know if your child has any allergies or if they have reacted to any medication or tests in the past.

Specific complications of this operation

- Leaking from the ear of clear fluid or fluid mixed with blood for 1 to 2 days.
- Ear discharge lasting longer than 1 to 2 days (risk: 1 in 7 overall, 1 in 50 for children over 3 years old). Your child may need antibiotic eardrops to help this settle. Your GP should be able to give these to you. Sometimes the grommet will need to be removed (risk: less than 1 in 100 for normal grommets, 1 in 8 for special T-shaped long-lasting grommets).
- Small hole left in the eardrum (risk: 2 in 100 for normal grommets, 25 in 100 for special T-shaped long-lasting grommets, 4 in 100 if infections have continued, 1 in 6 if the grommet needs to be removed rather than falling out).
- Repeated build-up of fluid in the middle ear caused by the grommet becoming blocked with blood or wax before it falls out.

Covid-19

Coming into hospital increases the risk of you or your child catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk to your child increases further if the procedure involves their nose or throat. Practise social distancing, hand washing and wear a face covering when required.

Consequences of this procedure

- Pain. Placing a grommet in the ear is not usually painful and most children do not complain.

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward.

They should be able to go home the same day. However, your doctor may recommend that your child stays a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Your child should not swim for 6 weeks and then should not dive deeper than 2 metres. Try to keep their ear dry when bathing as soapy water is more likely to cause an ear discharge. Other than swimming, your child should be able to return to normal activities after 1 to 2 days.

The future

The grommet will fall out of your child's ear by itself, after 6 to 18 months, depending on the material and design of the grommet.

The grommet is likely to fall out sooner if your child has had grommets before. When this happens, the glue ear may return. This depends on whether the middle ear and eustachian tube have recovered their normal function while the grommet was in place.

The grommet does not change how the eustachian tube works. It only prevents fluid from building up.

About 1 in 5 children will need another grommet.

Summary

Glue ear is a common condition that usually gets better without any surgery. Surgery is recommended when the condition lasts longer than 3 months and the hearing loss is causing problems with speech or schooling.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery for your child. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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