

ENT02 Grommet Insertion (adult)

Expires end of February 2023

If you need more information, please contact the department directly.

If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

You can also contact:

You can get more information from www.aboutmyhealth.org

Tell us how useful you found this document at www.patientfeedback.org



Royal College
of Surgeons
of England



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH



Patient Information Forum

eidohealthcare.com

EIDO
HEALTHCARE

UNITED KINGDOM

What is glue ear?

Glue ear is a common condition where fluid collects in your middle ear behind your eardrum. It can cause deafness and repeated earache or infections, sometimes resulting in a discharge from your ear.

Your surgeon has suggested placing a grommet (small plastic or metal tube) to treat your glue ear. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does glue ear happen?

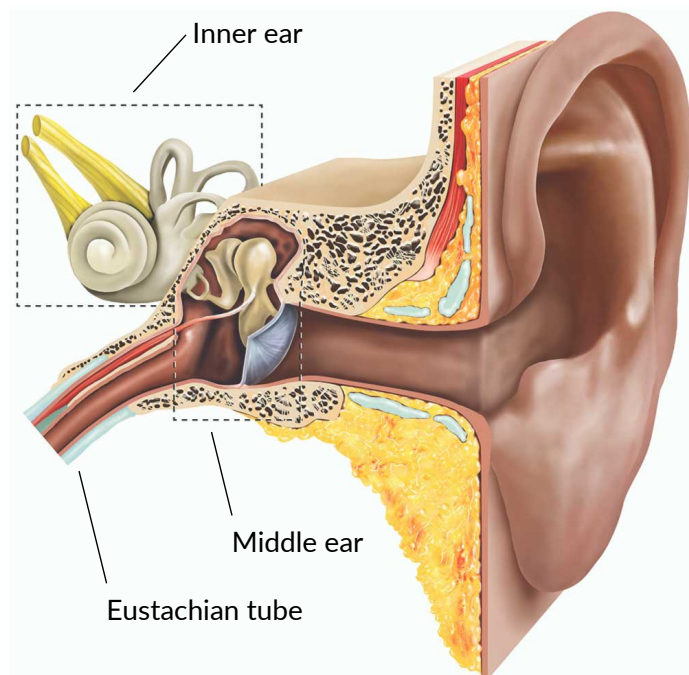
The eustachian tube connects your middle ear with the back of your nose. The eustachian tube allows air to reach your middle ear so that the pressure behind your eardrum stays the same as the pressure in the air around you. Sometimes this tube does not work properly. This causes fluid to build up in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

Glue ear is common in children and happens fairly often in adults. Sometimes there is no obvious reason why it happens but it can follow a cold, or radiotherapy to your neck. For most adults, glue ear gets better without them ever seeing a doctor but in some people it can continue for several months or years.

What are the benefits of surgery?

The grommet ventilates your middle ear, allowing air to enter it. This prevents fluid build-up and the resulting deafness.

The grommet does not treat the underlying cause of glue ear, so when the grommet falls out the glue ear may return.



Blocking of the eustachian tube causes glue ear

Are there any alternatives to surgery?

Many people 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 you 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 or repeated ear infections.

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 not to have the operation?

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

What does the operation involve?

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

The operation is usually performed under a general anaesthetic but a local anaesthetic can be used. Your anaesthetist will discuss the options with you. The operation usually takes about 20 minutes.

Your surgeon will make a small hole in your 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.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

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 you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

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 your ear for 1 to 2 days.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Leaking from your 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 50 for normal grommets, 1 in 3 for special T-shaped long-lasting grommets). You 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 your middle ear caused by the grommet becoming blocked with blood or wax before it falls out.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

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

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay 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

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;

- you should be near a telephone in case of an emergency;

- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and

- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

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

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

The grommet will fall out of your ear by itself, after 6 to 18 months, depending on the material and design of the grommet. When this happens, the glue ear may return. This depends on whether your 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.

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.

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. Knowing about them will also help 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

Reviewer: Omar Mulla MBBS MRCS DOHNS DGM FRCS
(ORL-HNS)

Illustrator: Medical Illustration Copyright ©
Medical-Artist.com