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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, resulting in discharge from the ear. In young children glue ear can also cause problems with balance.

Your surgeon has recommended inserting 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 make a decision on behalf of your child. 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, you should ask your surgeon or any member of the healthcare team.

How does glue ear happen?

A tube, called 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 (see figure 1). 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.

Glue ear is common in children, particularly in those with a cleft palate or Down syndrome. Most children with glue ear get better without ever seeing a doctor. However, 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.

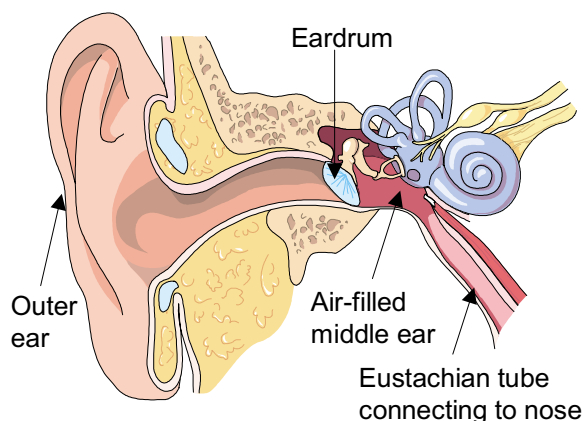


Figure 1

Blocking of the eustachian tube causes glue ear

Are there any alternatives to surgery?

Many children with glue ear do not need surgery. The condition will almost always get better by itself. However, 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 three months to see if the glue ear has improved. Surgery is recommended if the glue ear continues for longer than three 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 much longer than three months.

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 will almost always get better by itself. 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. 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 twenty minutes.

Your surgeon will make a small hole in the eardrum and remove the fluid by suction. This is called a myringotomy. They will then 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 help make my child's operation a success?

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

What complications can happen?

The healthcare team will try to make your child's operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. 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.

1 Complications of anaesthesia

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

2 General complications of any operation

- **Pain**, which happens with every operation. Placing a grommet in the ear is not a painful procedure and most children do not complain of pain after the operation.
- **Bleeding** during or after surgery, noticed as a small amount of blood leaking from the ear for a day or two after the operation.

3 Specific complications of this operation

- **Leaking** from the ear of clear fluid or fluid mixed with blood for a day or two after the operation. This usually settles without any treatment.
- **Ear discharge** lasting longer than a day or two (risk: 1 in 7 overall, 1 in 50 for children over three years old). Your child may need antibiotic eardrops to help this settle. Your GP should be able to prescribe these for 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** after the grommet falls out (risk: 2 in 100 for normal grommets, 25 in 100 for special T-shaped long-lasting grommets).
- **Repeated build-up of fluid** in the middle ear, caused by the grommet becoming blocked with blood or wax before it falls out.

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 a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You should try to keep your child's ear dry and they should not go swimming for six weeks. Other than swimming, your child should be able to return to normal activities after 24 hours.

• The future

The grommet will fall out of your child's ear by itself, after nine to twelve months for the plastic type and after about two years for the metal type. 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 actual grommet does nothing to help this, only acting to prevent fluid from building up.

Approximately 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 three months and the hearing loss is causing problems with speech or schooling.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

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