

Insertion of Grommets

This leaflet tells you about the insertion of grommets. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your child's doctor but can act as a starting point for such discussions. If you have any questions about the procedure, please ask the doctor who has referred you for the test or the department which is going to perform it.

What is Glue Ear?

Glue ear is a very common condition, which usually affects children under the age of 7, most commonly between the ages of 2 and 5. Some children develop glue ear after a cold so it can be more common in winter.

The middle part of the ear becomes filled with fluid affecting hearing because the parts which make up the middle ear cannot move freely. The level of hearing loss is mild to moderate, rather than severe or profound. Some children have 'recurrent' glue ear which means it returns after treatment over a period of some months or years. Glue ear can lead to problems in speech and language development, due to these mild to moderate hearing problems.

How is Glue Ear diagnosed?

Diagnosis is made by a doctor looking in your child's ear to see if a visible blockage of the ear canals can be seen and to assess the appearance of the eardrum. This will be followed by some hearing tests to see whether there is any hearing loss, and if so, whether it is caused by glue ear. One of these tests (tympanometry) tests the mobility of the eardrum and can give an indication of whether glue ear is present. For your child, this means that sounds may be softer or muffled. They may be less aware of sounds going on around them. You can simulate this type of hearing problem by sticking your fingers in your own ears; outside sounds will be softer but your own voice will seem louder.

How can Glue Ear be treated?

If a child has an isolated case of glue ear, it may clear up by itself. However, if it persists and starts to affect their speech, language or schooling, the doctor may suggest treatment using grommets, which are inserted during an operation.

The operation

Your child will have a general anaesthetic to have their grommets inserted. The surgeon will make a tiny cut in the eardrum, through which the fluid in the middle ear can be sucked out. After this the grommet (a tiny tube) is then placed in that hole in the eardrum.

The grommet keeps the hole open and keeps the middle ear full of air which in turn keeps the pressure on either side of the eardrum equal. With the fluid removed, the hearing system can work normally again and your child will be able to hear more clearly.

Risks and Complications

The possible risks and complications associated with having grommets inserted include:

- **Bleeding** – This is minimal as the hole made in the eardrum is tiny
 - **Infection** – A small percentage of children may suffer with ear infections even after grommets have been inserted, due to the grommet creating an artificial link between the middle ear and the environment.
- **Perforation** - 1% of children may develop a perforation of the eardrum, either during the operation or after the grommet has come out. Occasionally this may lead to a second operation (myringoplasty) to patch the hole in the eardrum.
- **Re-insertion of the grommets** - Sometimes after the grommet has come out, the hearing of your child may again deteriorate and therefore lead to the grommets being re-inserted.

What to expect after surgery?

Your child's ear may ooze or bleed a little for a day or two after the operation. This is normal and should recover within a few days. You should clean any discharge from the outer ear, but do not attempt to clean inside the ear.

Your child may complain of an earache. This is quite common. Pain relief will be given to your child whilst in hospital and your nurse will discuss with you which pain relief medication you can give to your child at home.

Your child should avoid water getting into his/her ear until their follow up appointment, 6 weeks or so after the operation. You will need to take care during hair washing, bathing and showering. It can help to put some cotton wool with petroleum jelly on it or earplugs into your child's outer ear.

Gentle swimming is allowed but not for the first 4 weeks after the operation, earplugs must be worn, and your child will not be able to dive or swim under the water whilst grommets remain in the ear unless they use ear protection.

Discharge from the ear is not expected (apart from a small ooze for the first few days). If this occurs consult your GP as antibiotics may be needed. Occasionally the grommet may need to be removed.

At no point should cotton buds be inserted into the ear for cleaning or any other purpose.

Useful contacts for further information

If you have any queries prior to the procedures outlined, and its implications to your child please contact **Buxton Ward on 01603 286321**.

If you should need any help or advice following your child's surgery you are advised to ring the **Children's Assessment Unit on 01603 289937** for the first 24 hours following surgery, and after this time please contact your own GP for advice.

- **NHS 111 - Telephone: 111**
- www.nhs.uk/111

