The Children’s Hospital

Grommets surgery for glue ear

Information for patients
What is glue ear?

Glue ear is a build up of fluid behind the eardrum. It is very common in young children, but it is not fully understood why it happens. Most young children will have glue ear at some time, but it does not always cause problems. It is only necessary to treat glue ear if it is causing a persistent hearing loss (at least 3 months), speech delay, or recurrent ear infections.

Glue ear is usually treated by inserting grommets or using hearing aids.

What are grommets?

Grommets are very small plastic tubes that sit in a hole in the eardrum. They allow air to pass in and out of the middle ear, which prevents glue ear.

Diagram of a grommet

Grommets usually fall out by themselves. This may take a few months or a year or longer, and you may not notice when it happens. The glue ear may come back after the grommets fall out. This happens in 1 out of every 3 children. If this happens a second set of grommets may be needed.

What are the benefits of the operation?

- Prevent the build up of fluid behind the eardrum, thereby improving your child’s hearing and speech.
- Prevent recurring ear infections.
What are the risks?

This is a simple and safe operation. However, all operations carry some risks. In this case this includes:

- Infection – pus discharges from the ear. This is usually treated with antibiotic ear drops.

- A persistent perforation (1 in 100). Occasionally when the grommet falls out it leaves a small hole in the ear drum. This doesn’t usually affect the hearing but can occasionally cause infections – in which case it will require an operation to close it.

- The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 4.

Are there any alternatives?

- Your doctor may have already tried a nasal spray particularly if your child has hay fever or other allergies.

- Hearing loss caused by glue ear can be treated with a hearing aid.

- Sometimes if your child snores or they are having a second set of grommets, they may need to have their adenoids removed as well (adenoidectomy).

Consent

We will ask for your consent for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.
What does the operation involve?

Grommet insertion (with or without an adenoidectomy) is usually done under a general anaesthetic as a day case procedure. Your child will be asleep throughout. Grommets are inserted through the eardrum, via the ear canal.

In the anaesthetic room
A nurse and parent can accompany your child to the anaesthetic room. Your child may take a toy.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as ‘magic cream’) can be placed on the hand or arm so that if a cannula is needed it doesn’t hurt. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect.

If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be accompanied back to the ward.

Anaesthetic risks
In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.
Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child’s medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail before surgery.

After the operation

Your named nurse will check your child’s pulse, temperature and ear.

**Recovery from the anaesthetic**

Once your child is awake from the anaesthetic they can start drinking, and if they are not sick they can start eating their normal diet.

The minimum recovery time before discharge is 2 hours.

Your child cannot go home on public transport after a general anaesthetic.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid. If the vomiting persists for longer, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.
Getting back to normal

Your child should be able to go back to school or nursery one day after the operation.

Grommets are not usually sore at all; your nurse will tell you how to give painkillers if necessary. Grommets should improve your child’s hearing straightaway; some children think that everything is too loud as they get used to hearing normally again. This usually passes in a few days.

It is safe to fly in an aeroplane with grommets.

**Swimming and getting water in the ears?**

Your child can start swimming 2 weeks after the operation, as long as they do not dive under the water. You do not need to use earplugs. You should avoid getting dirty or soapy water in the ears, so plug the ears with cotton-wool covered in Vaseline when having a bath or shower.

Follow-up care

Please have adequate Paracetamol at home.

Your child’s hearing is usually checked by the community paediatric audiology services 6 weeks after grommets have been put in, to make sure that their hearing is better. Your nurse will arrange a follow-up appointment – your letter will come by post. Please contact the hospital switchboard and ask to speak to your consultant’s secretary if this does not arrive.
Contacts and telephone numbers

You should contact your GP if you see pus coming out of the ear – this may be an infection.

If you are worried about your child, or if you have any questions or concerns, you can also telephone the wards.

Your named nurse is ..........................................................................................................

John Radcliffe Hospital Switchboard: (01865) 741166
Children’s Day Care Ward: (01865) 234148
Tom’s Ward: (01865) 234108/9
Drayson Ward: (01865) 231237
Robin’s Ward: (01865) 231254 / 5

Further information

You may find the information on the following websites helpful:
www.entuk.org (British Association of Otorhinolaryngologists)

References

www.rcoa.ac.uk

Please bring this leaflet with you on the day of your child’s admission

We hope that this information is useful to you and would welcome any comments about the care or information you have received.
If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk

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