

Grommets Surgery for Glue Ear

Information for parents and carers



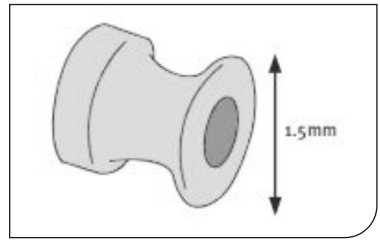
What is glue ear?

Glue ear is a build-up of fluid behind the eardrum. It is very common in young children. We don't know exactly what causes glue ear.

Most 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.

What are grommets?

Grommets are very small plastic tubes that sit in a hole in the ear drum. They let air get in and out of the middle ear, which keeps the ear healthy and helps prevent glue ear.



What are the benefits of the operation?

- To prevent the build-up of fluid behind the eardrum, which should improve your child's hearing and speech.
- To prevent recurrent ear infections.

What are the risks?

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

- Infection, with pus coming out of the ear. This is usually treated with antibiotic ear drops.
- A persistent perforation (affecting 1 in 100 children). Occasionally when the grommet falls out it leaves a small hole in the ear drum, which normally closes up but sometimes doesn't. This doesn't usually affect hearing but can occasionally cause infections, in which case it will require an operation to close the hole.
- The glue ear may come back after the grommets fall out. Grommets usually fall out by themselves. This may take a few months, a year or longer, and you may not notice when it happens. Glue ear returning happens in 1 out of every 3 children. If this happens we may need to put more grommets in to last until your child grows out of the problem.

The doctor will discuss these risks with you in more detail.

For information about the anaesthetic risks, please see page 6.

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).

What happens during the operation?

Grommet insertion (with or without adenoidectomy) is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

Grommets are inserted through the ear drum, via the ear canal.

The operation takes about 15 minutes, but your child will be away from the ward for up to one hour. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

Consent

We will ask you for your written consent (agreement) 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.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

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 talk to you about this in detail before the operation.

In the anaesthetic room

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

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 put on their hand or arm before injections so they do not hurt as much. 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 go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

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 1 hour. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

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, toast or biscuits. If they are sick and this continues for longer than 24 hours, 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.

Swimming and getting water in the ears

Your child can return to swimming 2 weeks after the operation, as long as they do not dive underwater. You do not need to use ear plugs. However, you should avoid getting dirty or soapy water in their ears whilst the grommets are in. Plug their ears with cotton wool covered in Vaseline when they are having a bath or shower.

Please let us or your GP know if you are concerned about your child following the operation, in particular if you notice:

- Blood or pus leaking from the ears.
- New or increased pain not relieved with regular painkillers.
- Your child has a high temperature (this could be a sign of infection).

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off school for 1 day.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child's hearing is usually checked by the community paediatric audiology services 6 weeks after grommets have been put in, to make sure their hearing is better. Your nurse will arrange a follow-up appointment. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward:

Telephone: **01865 234 148** or **01865 234 149**

(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward:

Telephone: **01865 231 254** or **01865 231 255**

Melanie's Ward:

Telephone: **01865 234 054** or **01865 234 055**

Tom's Ward:

Telephone: **01865 234 108** or **01865 234 109**

Bellhouse Drayson:

Telephone: **01865 234 049**

Kamran's Ward:

Telephone: **01865 234 068** or **01865 234 069**

Horton General Hospital Children's Ward:

Telephone: **01295 229 001** or **01295 229 002**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard:

Telephone: **0300 304 7777**

Further information

You can find further information on the following websites:

www.nhs.uk/conditions/glue-ear/

References

¹From the Royal College of Anaesthetists (2020) Sixth Edition
Your child's general anaesthetic. Information for parents and guardians of children.

www.rcoa.ac.uk/patientinfo

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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