

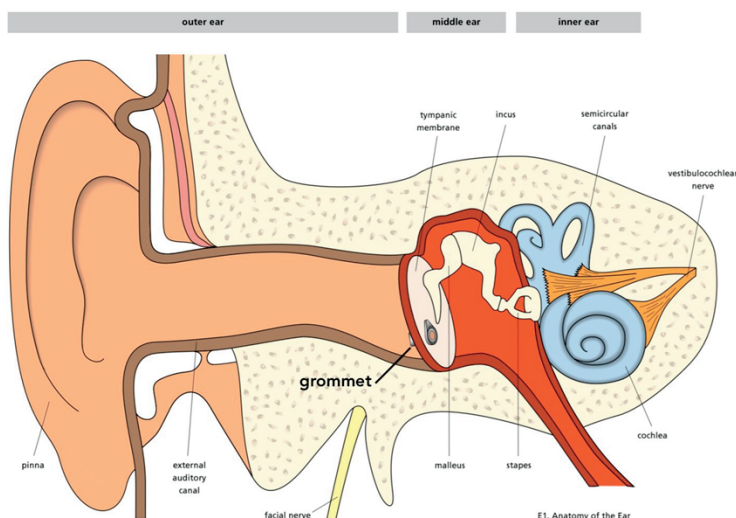


WHAT ARE "GROMMETS"?

"Grommets" or ventilation tubes are a plastic tube inserted into the ear drum to act like a hole in the ear drum. This releases negative pressure in the middle ear, allowing fluid behind the ear drum to drain down the eustachian tube or into the ear canal. Most of the fluid is removed at the time of the surgery. This requires a general anaesthetic.



Grommets are small plastic tubes that sit across the ear drum. They are a few mm in diameter and made of plastic.



WHY ARE GROMMETS RECOMMENDED?

Common reasons for grommets are "glue ear" or otitis media with effusion and recurrent ear infections (AOM). Usually both ears have grommets inserted. The improvement in hearing may be immediate or reflected in more consistent hearing. Grommets fall out of the ear drum by themselves between 6 -18 months after insertion. The only way to know if this has occurred is by your doctor looking in the ear.

WHAT IS TO BE EXPECTED AFTER GROMMET INSERTION?

Most children recover from the anaesthetic within a few hours and go home the same day. The grommet procedure is relatively painless. There may be some discharge from the ear for the first 24 hours. Most children will be prescribed ear drops for several days after the surgery. The child can return to normal activity later the same day.

SWIMMING AND GROMMETS?

Swimming is best avoided completely for the first 2 weeks after surgery. After 2 weeks, swimming can resume with ear plug use. Whilst the grommets are in place, the patient needs to avoid water in the ear canal by wearing ear plugs whilst swimming in public pools. Private pools, shower, bath and ocean water are acceptable to not plug. To avoid the plugs falling out, a head band or swimming cap is also recommended. This reduces the risk of the grommets becoming infected.



WHAT IF THE GROMMETS ARE DISCHARGING?

If the ear is discharging clear, watery fluid, observation is recommended. The ear produces fluid similar to the nose whenever an upper respiratory tract infection (cold) is present. If the ear fluid can't drain down the eustachian tube, then it will drain out the grommet. If the patient is well, and the discharge is clear, this can be observed (no antibiotics).

If the ear starts discharging thick, purulent, offensive smelling material, the patient should be seen by their GP to start antibiotic ear drops (ciprofloxacin), and potentially oral antibiotics as well. All water in the ears should be avoided until the discharge has cleared. The ear can be cleaned externally with clean moist face washer. The ear canal discharge can be mopped up with "tissue spears".

WHAT HAPPENS WHEN THE GROMMETS FALL OUT?

Grommets normally "fall out" of the ear drum between 6 and 18 months. The process involves the grommet becoming blocked, followed by extrusion out of the ear drum. The ear drum is usually intact (healed) at this point. The grommet then sits in the ear canal. This is not painful or bothersome to the patient.

When grommets fall out, the ear drum is intact and the initial ear problem can return ie fluid or ear infections. Sometimes, further sets of grommets are recommended. The risk of needing a second set of grommets is increased if the age of the patient at insertion is <2 years old.

The only way to know if the grommets have fallen out, is an examination of the ear by a doctor or an assessment by an audiologist (hearing test). It is rare to see the grommet fall out by a parent.

WHAT IF THE GROMMETS DON'T FALL OUT?

If grommets don't fall out within 2 years, then the patient needs to be assessed by an ENT surgeon. Occasionally, grommets are removed if they are no longer needed, or are causing problems i.e. discharge. A grommet in place for greater than 3 years is associated with an increased risk of a residual tympanic membrane perforation (hole in the ear drum).

WHAT CAN GO WRONG WITH GROMMETS?

Occasionally, grommets can result in a residual tympanic membrane perforation (ie hole in the ear drum). If this does occur, the child will need to avoid water in the ear by wearing ear plugs when swimming. Some perforations heal spontaneously. However, if the perforation doesn't heal, most children will have further surgery to repair the tympanic membrane perforation around the age of 10 years onwards.

WHEN SHOULD I SEE AN ENT SURGEON?

Patients with grommets need to be reviewed by their ENT surgeon if :

- Offensive discharge that doesn't resolve promptly with antibiotic ear drops (ciloxan) and oral antibiotics
- Hearing deteriorates
- Ear infections return
- Grommets still in place at 2 years after insertion
- Every 12 months for review until the grommets have fallen out. This is especially the case in young children when examination can be quite difficult by the GP.