



Grommets - A decision-making aid for parents

Should my child have a grommet? A decision-making aid for parents

About glue ear

Glue ear is when the space behind the eardrum is filled with liquid instead of air. It is also called otitis media with effusion, or OME. Glue ear can develop when there is not enough air getting to the middle ear. This can be because the tubes (called the eustachian tubes) which help bring air into the middle ear don't work as well in childhood.

How can I help my child?

If your child can't hear well, you can try these tips to help:

- Call your child's name to get them to look at you before you speak.
- Make sure he or she can see your face when you speak.
- Speak clearly and wait for your child to answer.
- Let nursery and schoolteachers know that your child has a hearing problem.
- It may help for your child to sit at the front of the class so as not to miss out.

Middle ear infections that keep coming back

Middle ear infections that keep coming back (also known as recurrent acute otitis media) may make your child ill with earache and a fever. In rare cases, severe middle ear infections can lead to mastoiditis or a mastoid abscess. This is a serious infection in the mastoid bone behind the ear. If your child has a mastoid abscess, they will need to go to hospital. They will be put to sleep under a general anaesthetic while the abscess is drained.

Managing your child's symptoms

Most cases of glue ear get better within a week. You can use paracetamol (such as Calpol) and/or ibuprofen to help with your child's pain and fever. In more severe cases, your child may need antibiotics.

Watchful waiting

This means making a note of how often your child gets an ear infection or a hearing problem and how bad they are each time, to see if they are getting better or worse. You can keep a **symptom diary** on a sheet of paper or keep notes in your mobile phone. You should keep treating your child's symptoms at the same time. If your child's ear infection is caused by bacteria, your doctor may prescribe antibiotics, which can help treat the infection. Keep a note of how many times your child has needed antibiotics, or any concerns from their school or nursery. Usually, children get better on their own over time.

For more information on antibiotics and infections of the middle ear, visit the [National Institute for Health and Care Excellence \(NICE\) website](#).

What next? Making a decision about surgery

Surgery involves having an operation to put tiny plastic tubes called grommets into the eardrums. These let air get in and out of your child's middle ear.

This may be an option if your child has had:

- a lot of ear infections
- hearing problems that affect their speech or schoolwork.

Inserting a grommet can improve your child's ear symptoms.

- Grommets work well at improving the hearing of children with glue ear. Children with grommets don't have as many ear infections.
- When children with grommets get an ear infection, they don't get as much pain or fever. These infections are usually easy to treat with antibiotic eardrops.



Figure 1(a). An eardrum with glue ear.

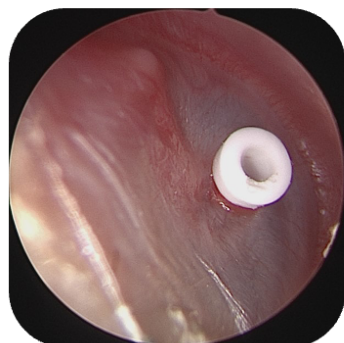


Figure 1(b). A grommet inserted through an eardrum.

Deciding whether to have the treatment

The decision to have surgery is based on your doctor's recommendation, your and your child's wishes, taking into consideration your child's circumstances. You may wish to change your mind about the operation at any time and signing a consent form does not mean your child must have the operation.

If you would like to have a second opinion regarding the treatment, your child's specialist or GP can arrange this for you

How can I help the grommets to work?

- It is important to stop water getting into your child's ears as much as you can. You need to do this until a doctor looks into the ears and tells you that your child's grommets have come out.
 - When you wash your child's hair, put a cotton ball covered in Vaseline into their ear to stop water getting in. Don't let your child lie down in dirty or soapy bathwater.
 - Children with grommets can still go swimming. Use earplugs if they are playing a lot under the water or if they are swimming on holiday in other countries.
 - If swimming, it is important not to dive deeper than two feet. The water pressure at that depth (or deeper) can force water through the grommet.
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Are there any options instead of grommets?

- Most ear problems get better on their own with time. If your child's problems are not too bad, it might be best to just watch and wait a bit longer.

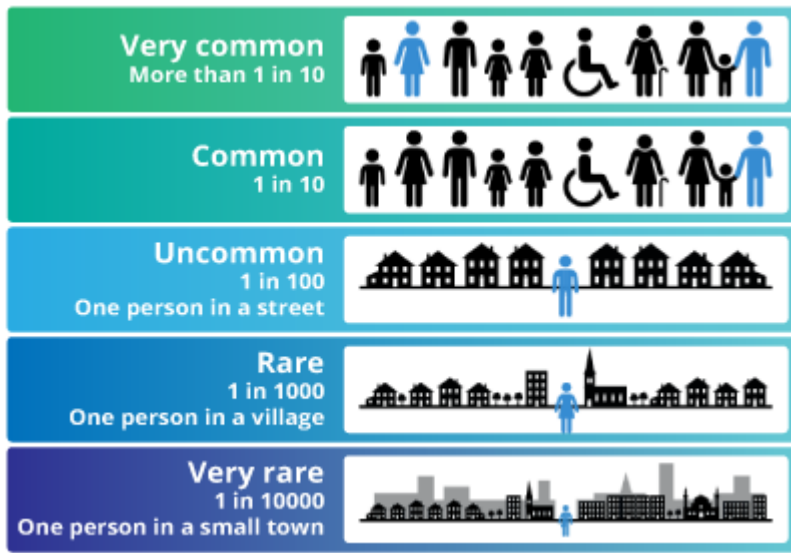
If the main problem is hearing, you could try hearing aids. They will work fine as long as your child is willing to wear them. You will need to come to the hospital for regular appointments to get them adjusted.



Figure 2. Child with colourful hearing aid.

Does the operation involve risks?

There are risks involved with any surgery. It is important that you understand these risks when making a decision.

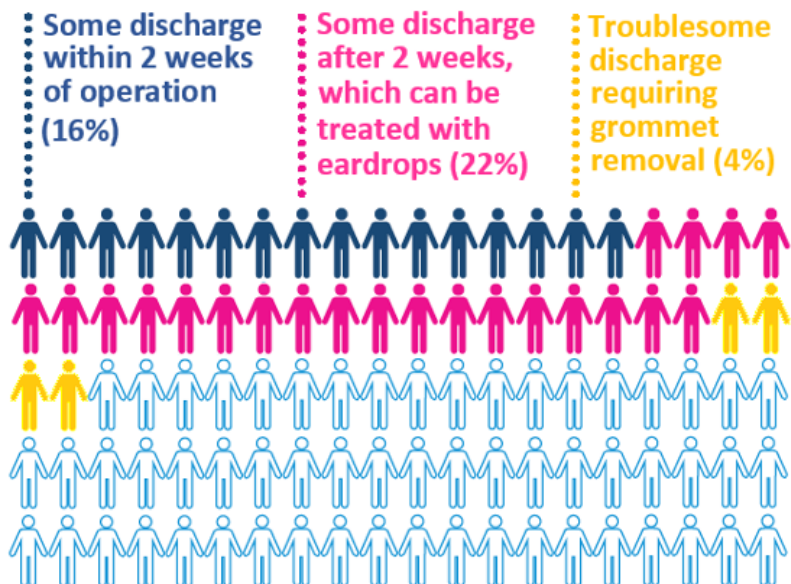


Some children will have fluid (discharge) coming from their ears for the first day or so. This is normal and doesn't need any treatment.

Some children will have fluid coming from their ears after grommets are put in. Sometimes this is because of water getting into the ears. Colds, flu and ear infections can also lead to discharge from the ears.

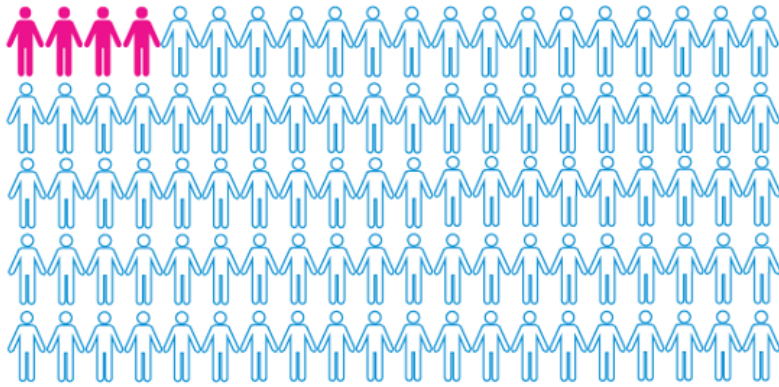
- 16 out of 100 children with grommets may have discharge from their ears during the first two weeks after the operation.
- 22 out of 100 children with grommets may have discharge from their ears later on. This may need treatment with antibiotic ear drops.
- In four out of 100 children with grommets, there is so much discharge that parents decide to have the grommet removed with another operation.

These different groups can often overlap.



- Four out of 100 children with grommets are left with **a hole in the eardrum** after the grommet falls out. Sometimes this needs an operation to fix it.

4% are left with a hole (perforation) in the eardrum after the grommet falls out



Other rare problems include **damage to teeth** from the anaesthetic tube.

The operation is carried out under a general anaesthetic, which means your child will be asleep during the surgery. Your child’s pre-assessment team will inform you about the risks of a general anaesthetic. [For more information, click here.](#)

What happens after the grommets come out?

- Grommets don’t last forever. They fall out by themselves after 6-18 months. This is a good thing because we don’t want them there forever.
- Most ear problems get better by themselves with time.
- If your child grows out of their ear problems before the grommets fall out, then the ear problems won’t come back.

Things to think about when deciding if surgery is the right choice for your child

Things to think about	No surgery – wait for the problem to get better by itself or use hearing aids	Surgery – put grommets in
Inconvenience	If nothing is done, your child may keep struggling with hearing. They may need to have their hearing aids adjusted regularly.	Most children need one or two days off school or nursery. You need to make sure water doesn’t get into your child’s ears.
Pain	Your child might get more ear infections with fever and pain. Wearing hearing aids is not painful.	Your child might have some earache after surgery. This usually settles with Calpol.
Short-term risks	Your child might get more ear infections with fever and pain. They might experience mild side-effects from antibiotics. These include tummy upset or diarrhoea for one child out of 10. Also, mild allergic reaction such as cough or skin rash for one child out of 15). Serious allergic reactions are rare.	See above for the risks of surgery. Fluid leaking from the ears because of infection can usually be treated with antibiotic ear drops. There are also risks from a general anaesthetic. These include nausea and vomiting. Rare complications include

		damage to teeth from the tube used. Serious risks from a general anaesthesia are rare.
Long-term risks	<p>Hearing goes up and down with glue ear, so hearing aid settings may need to be changed regularly.</p> <p>Using antibiotics too much can make them stop working.</p> <p>There is a very small risk of permanent hearing loss from ear infections.</p> <p>Infections can cause a hole in the eardrum. This usually heals by itself but sometimes needs an operation to fix it.</p>	<p>There is a risk of infection around the grommet, which makes fluid leak from the ear. When this happens, the grommet may need to be removed.</p> <p>The grommet causes a hole in the eardrum, or sometimes a scarred eardrum. A hole in the eardrum usually heals but sometimes needs an operation to fix it.</p>
Long-term outcome	<p>No difference.</p> <p>Children who struggle with their hearing at school can be helped with hearing aids.</p> <p>Ear problems usually get better on their own with time.</p>	<p>No difference in long-term hearing.</p> <p>Most children do not need further grommets.</p>

What is important to you and your child?

Use these points to think about what matters to you and your child. This should help you to decide about surgery for your child.

I do not want to put my child through a treatment that involves risks.



Strongly disagree

Strongly agree

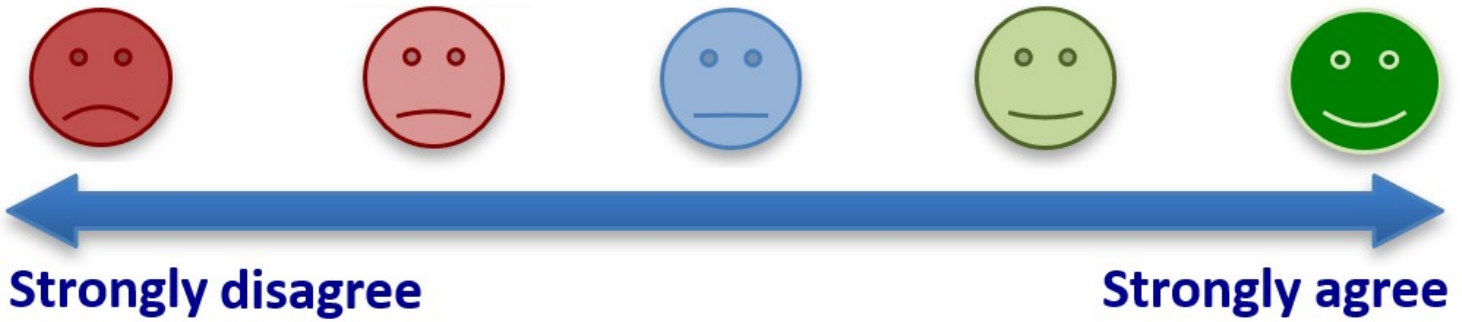
The most important thing is that my child hears better.



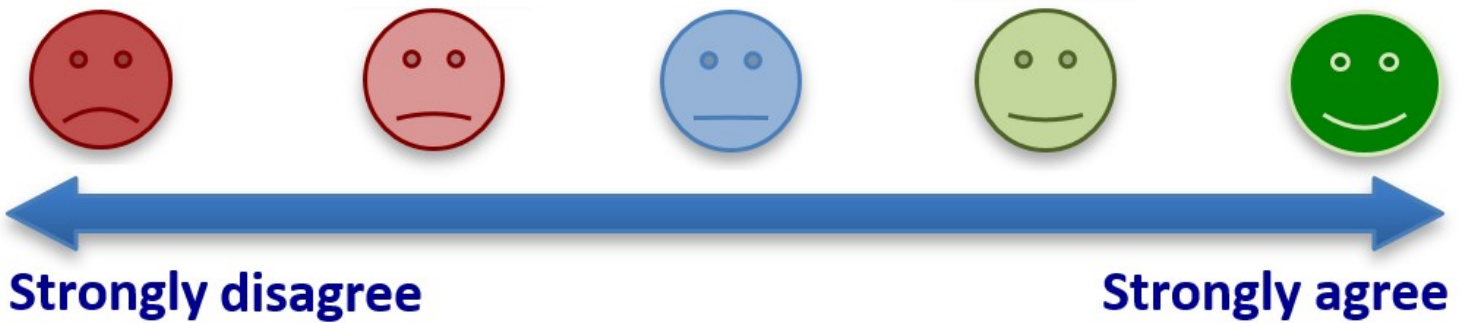
Strongly disagree

Strongly agree

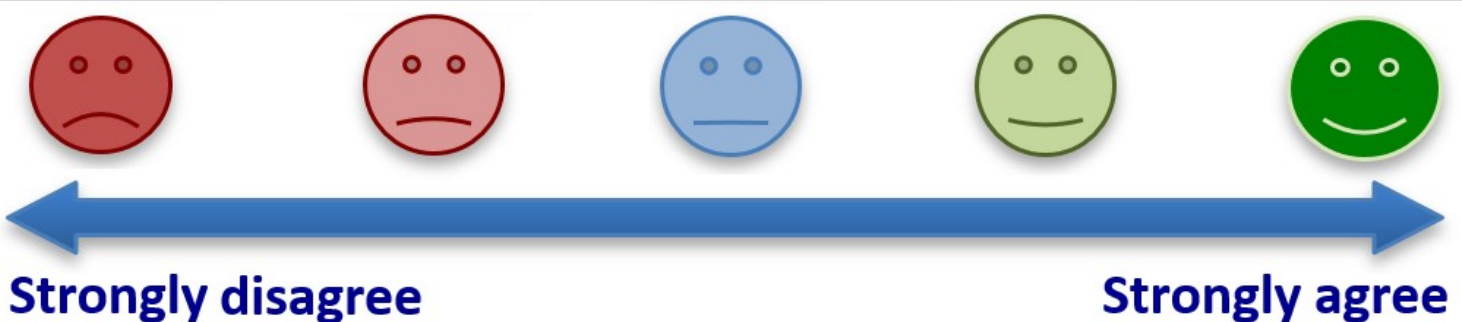
The most important thing is to stop the ear infections.



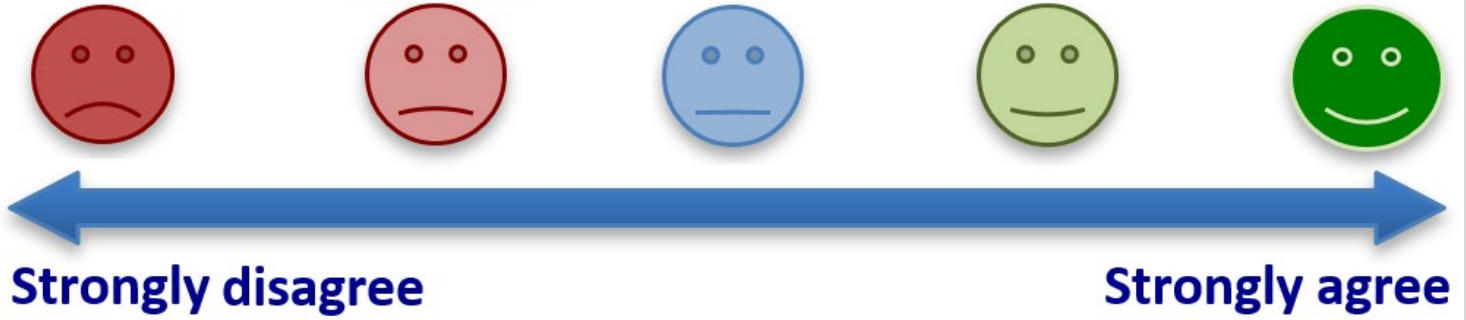
I am willing to wait and see if my child gets better on their own.



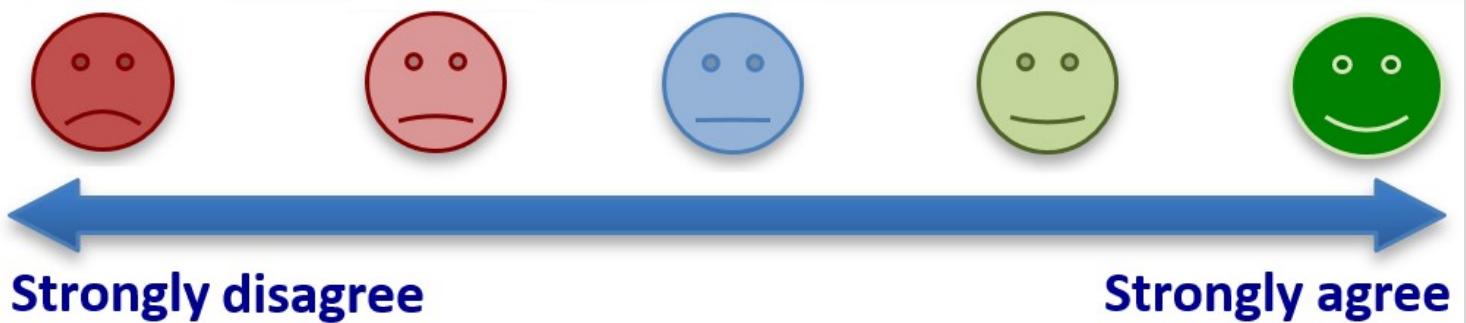
I am concerned about my child having an operation and a general anaesthetic.



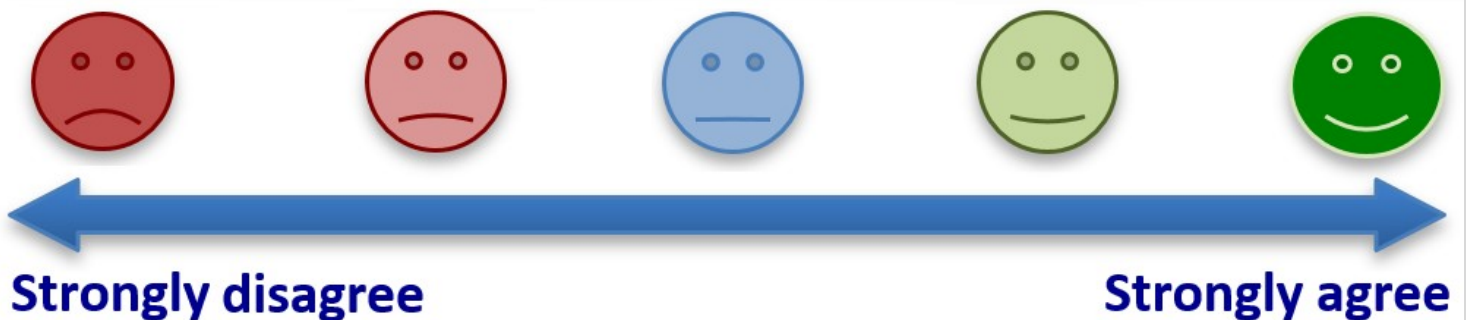
Not being able to hear well has stopped my child doing things at home and at school or nursery.



I want a treatment that means my child does not have to take time off school and lose out on their education. This also means I do not have to take time off work.



My child's hearing is affecting their speech and language development. My child needs to hear better soon, so that they can have normal speech.





***Disclaimer:** This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.*

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