

## Useful Telephone Numbers

### ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

### Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

### North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

### The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

### Clare Park Hospital

Switchboard – 01252 850216

### The ENT Partnership – Surrey Clinic

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### Also at The ENT Partnership – Hampshire Clinic

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Information for Patients on

# Grommet Insertion

## Introduction

Glue Ear, or to give it its proper name 'Otitis Media with Effusion' is a common condition in children. It can affect any age, but becomes less common after the age of 8 or 9 years.

## What is it?

The middle ear is an air-containing cavity on the other side of the eardrum from the ear canal.

Air normally gets there via the Eustachian tube which passes from the back of the nose to the middle ear. This tube opens when you yawn or swallow, thus allowing the free passage of air into the middle ear space.

However, in some children, for a variety of reasons, this tube does not work well. This can result in a mild, negative pressure or vacuum in the middle ear and, as a consequence, fluid is drawn into the space from the surrounding tissue – thus you have 'glue ear'. The condition is self-limiting in that, as the child grows up, the Eustachian tube begins working properly and the fluid drains away. However, this may not be for many months or even years.

## The ENT Consultants are

### **Jonathan Blanshard FRCS (ORL).**

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

### **Jonathan Hern FRCS (ORL).**

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

### **David Jonathan FRCS.**

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

### **Andrew McCombe MD FRCS (ORL).**

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

### **Paul Spraggs FRCS (ORL).**

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

## Risks

### Ear infections

These can occur in children who have grommets. Typically, there is less pain but more discharge. A short course of antibiotics usually clears the infection, but very rarely the grommet may have to be removed. Generally, antibiotic drops placed into the ear are more effective than antibiotics taken by mouth in this situation.

### Perforation

After the grommet comes out the eardrum usually heals up, but very occasionally this does not happen and a perforation (hole) is left. If it persists further surgery may be required.

**If any of these problems arise after you have gone home please contact the ENT ward.**

## Sources of additional information

The Surrey & Hampshire ENT Partnership  
[www.entpartnership.co.uk](http://www.entpartnership.co.uk)

British Association of Otorhinolaryngologists  
[www.entuk.org](http://www.entuk.org)

## What are the effects of Glue Ear?

The presence of this thick fluid in the middle ear almost inevitably reduces the efficiency of the hearing mechanism and, therefore, the majority of children with this problem have hearing difficulties.

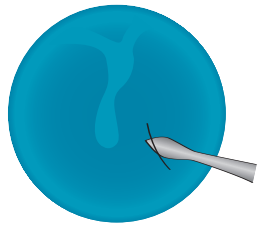
Depending upon the age of the child, this can have different side effects. Babies and toddlers may be noted to have delayed speech development and, occasionally disruptive behaviour may result from the child's frustration. Older children may be noted to have poor hearing by their teachers or it may be noticed at home.

Alternatively, the hearing deficit may be picked up at one of the various screening hearing checks carried out throughout childhood.

Apart from hearing difficulties, glue ear is associated with recurrent ear infections.

## What can be done about Glue Ear?

If the hearing loss or history of ear infection is short-lived, it may be decided to wait a while. During this time family, friends and teachers will have to speak more loudly. Short term treatment with antibiotics or anti allergy therapy may be tried. A nasal balloon (Otovent) is another option. However, if the problem persists, you may be advised that insertion of grommets is appropriate. Sometimes, the adenoids may be removed as well. A grommet is simply a plastic tube with a hole in it.



Myringotomy



Ventilation Tube

Under a brief General Anaesthetic (fast asleep), the grommet is inserted into the eardrum as a day case procedure.

The purpose of this is to allow air into the middle ear. Sometimes the adenoids are removed at the same time.

Following this, your child will be seen from time to time in outpatients until the grommets have fallen out – an average of about twelve months. Sometimes, once the grommet has come out, the glue ear can recur, requiring a further operation to put grommets back in again.

## After leaving hospital

Your child may return to normal activities, including school the next day.

Your child may complain of pain in the ear for a day or two, but it should be mild and easily controlled with Paracetamol.

No water should be allowed in the ear for the next two weeks, so ear plugs should be worn at bath time.

## Can my child go swimming after grommet insertion?

Yes; in most cases, but children should be limited to swimming on the surface of the water as water under pressure will pass through the grommet into the middle ear and may cause infection. You may be advised to use ear plugs.