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Grommet Insertion (child)

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What is a grommet?

A grommet is a small plastic or metal tube that is inserted into your child's ear. It is usually recommended to treat glue ear, a common condition where fluid collects in the middle ear behind the eardrum. It can cause deafness and repeated earache or infections, sometimes resulting in discharge from the ear. In young children glue ear can also cause problems with balance.

How does glue ear happen?

The tube that connects the middle ear with the back of the nose is called the eustachian tube. This allows air to reach the middle ear so the pressure behind the eardrum stays the same as the pressure in the air around the head. Sometimes this tube does not work properly, causing fluid called glue ear to build up.

Glue ear is common in children, especially those with a cleft palate or Down syndrome.

For most children, glue ear gets better without them ever seeing a doctor but in some children it can continue for several years. Almost all children will grow out of the condition before their teens.

Shared decision making and informed consent

The healthcare team have suggested placing a grommet (small plastic or metal tube) to treat your child's glue ear. However, it is up to you to decide whether your child has the procedure. This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your child's treatment together with the healthcare team. Giving your 'informed consent' means that you understand the benefits, risks and alternatives before deciding that your child will have the procedure, and you understand what will happen if you decide your child will not have it. If you have any questions that this document does not answer, it is important to ask your healthcare team.

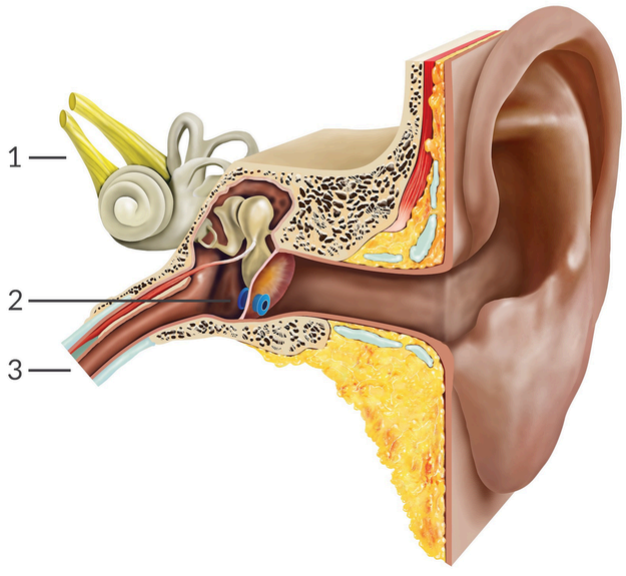
Once all your questions have been answered and you feel ready to give consent for your child to have the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point. You will be asked to confirm your consent on the day of the procedure.

What are the benefits?

The grommet allows air to enter the middle ear. This stops fluid building up and the resulting deafness. It will also reduce the number of ear infections that your child has if they are prone to them. The grommet does not treat the actual cause of glue ear, so when the grommet falls out the glue ear may return.

An enlarged adenoid (part of a group of tissues that help to fight off infection from germs that are breathed in or swallowed) can sometimes block the eustachian tube and cause glue ear. Your doctor may recommend your child has another procedure called an adenoidectomy alongside grommet insertion. This will help remove the glue ear and stop it coming back.

The ear with a grommet in place



 Illustrator: www.medical-artist.com

1. Inner ear
2. Middle ear
3. Eustachian tube

Are there any alternatives?

Many children with glue ear do not need surgery. The condition almost always gets better but it is not always possible to say when this will happen. Your surgeon (or audiologist) will usually have observed your child for at least 3 months to see if the glue ear has improved.

Another treatment is to wear a hearing aid until hearing improves.

Surgery is recommended if the glue ear continues for longer than 3 months and is causing any of the following problems:

- Poor hearing.
- Slow speech development.
- Repeated ear infections.
- Slow school progress.
- Behavioural problems.

If the glue ear continues but there are no other obvious problems, it is safe and reasonable to observe the condition for a while longer.

What will happen if I decide my child will not have the procedure?

Glue ear almost always gets better. Some children can perform perfectly well, socially and educationally, without any treatment.

However, if glue ear continues for a long time, it can cause the eardrum to become weak and can erode (wear away) the hearing bones in the middle ear. This can cause repeated ear infections and long-term damage to your child's hearing.

What does the procedure involve?

The healthcare team will ask you to confirm your child’s name and the procedure they are having.

The procedure is performed under a general anaesthetic and usually takes about 20 minutes.

Your surgeon will make a small hole in the eardrum and remove the fluid by suction. This is called a myringotomy. They will place a plastic or metal grommet in the hole. The choice of material and type of grommet depends on how long the grommet should stay in place.

Clips, staples, implants, metalware and any other materials used for the procedure are designed not to react with your child's body and some can stay in place for the rest of their life. These may also be used to plan procedures your child may need in the future.

How can I prepare my child for the procedure?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Possible complications of this procedure are shown below. Some may be serious.

You should ask your doctor if there is anything you do not understand.

The anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any procedure

- Bleeding during or after the procedure, noticed as a small amount of blood leaking from the ear for 1 to 2 days.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that may happen. Tell them if your child has any known allergies or if they have reacted to any medication, tests or dressings in the past.

Specific complications of this procedure

- Clear fluid or fluid mixed with blood leaking from the ear for 1 to 2 days.
- Ear discharge lasting longer than 1 to 2 days (risk: 1 in 7 overall, 1 in 50 for children over 3 years old). Your child may need antibiotic eardrops to help this settle. Your GP should be able to give these to you.

Sometimes the grommet will need to be removed (risk: less than 1 in 100 for normal grommets, 1 in 8 for special T-shaped long-lasting grommets).

- Small hole left in the eardrum once the grommet is out (risk: 2 in 100 for normal grommets, 25 in 100 for special T-shaped long-lasting grommets, 4 in 100 if infections have continued, 1 in 6 if the grommet needs to be removed rather than falling out).
- Repeated build-up of fluid in the middle ear caused by the grommet becoming blocked with blood or wax before it falls out.
- The problem coming back. Your child may need another procedure to fix it (risk: 2 in 10).

Consequences of this procedure

- Pain. Placing a grommet in the ear is not usually painful and most children do not complain.

What happens after the procedure?

In hospital

After the procedure your child will be taken to the recovery area and then to the ward.

They should be able to go home the same day. However, your doctor may recommend that your child stays a little longer.

If you are worried about anything in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Your child should not swim for 6 weeks and then should not dive deeper than 2 metres. Try to keep their ear dry when bathing as soapy water is more likely to cause ear discharge. Other than swimming, your child should be able to return to normal activities after 1 to 2 days.

Your child may need to wait a while before they can fly. Please check the website of your national aviation authority for information about flying after surgery or speak to your airline or a member of the healthcare team.

The future

The grommet will fall out of your child's ear by itself, after 6 to 18 months, depending on the material and design of the grommet.

The grommet is likely to fall out sooner if your child has had grommets before. When this happens, the glue ear may come back. This depends on whether the middle ear and eustachian tube have recovered their normal function while the grommet was in place.

The grommet does not change how the eustachian tube works. It only stops fluid from building up.

About 1 in 5 children will need another grommet.

Summary

Glue ear is a common condition that usually gets better without any surgery. Surgery is recommended when the condition lasts longer than 3 months and the hearing loss is causing problems with speech or schooling.

Surgery is usually safe and effective but complications can happen. Being aware of them will help you make an informed decision about surgery for your child. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatment options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

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Illustrator

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