Grommet Insertion (adult)

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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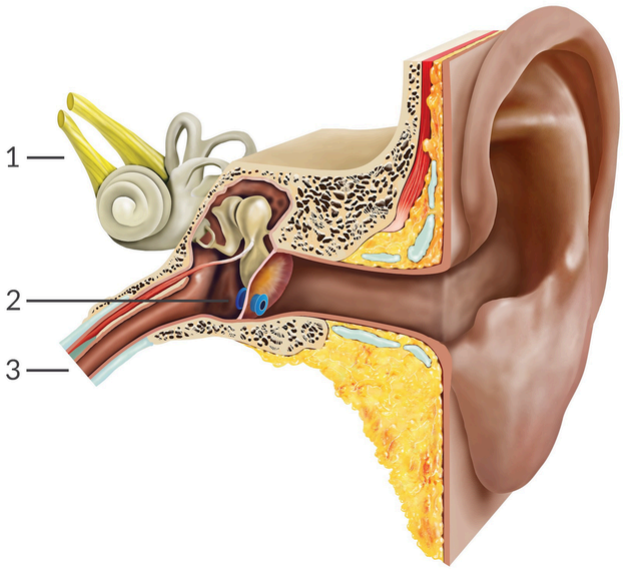
What is a grommet?

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

What are the benefits?

The grommet ventilates your middle ear, allowing air to enter it. This prevents fluid build-up and the resulting deafness.

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 people 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. Surgery is recommended if the glue ear continues for longer than 3 months and is causing problems with poor hearing or repeated ear infections.

Another treatment is to wear a hearing aid until your hearing gets better.

What will happen if I decide not to have the procedure?

Glue ear almost always gets better. However, if glue ear continues for a long time, it can cause your eardrum to become weak and can erode the hearing bones in your middle ear. This can cause repeated ear infections and long-term damage to your hearing.

What does the procedure involve?

The procedure is usually performed under a general anaesthetic but a local anaesthetic can be used. The procedure usually takes about 20 minutes.

Your surgeon will make a small hole in your eardrum and remove the fluid by suction. They will place a plastic or metal grommet in the hole.

How can I prepare myself for the procedure?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the procedure, help you recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you may need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

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 you. Some

risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

Some can be serious and may even cause death.

General complications of any procedure

- Bleeding during or after the procedure.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis – DVT) or one that has moved to your lung (pulmonary embolus).
- Allergic reaction to the equipment, materials or medication.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the procedure.

Specific complications of this procedure

- Leaking from your ear of clear fluid or fluid mixed with blood for 1 to 2 days.
- Ear discharge lasting longer than 1 to 2 days. Sometimes the grommet will need to be removed.
- Small hole left in the eardrum.
- Repeated build-up of fluid in your middle ear.
- Blocked and runny nose.

Consequences of this procedure

- Pain.

What happens after the procedure?

You should be able to go home the same day.

Do not swim for 6 weeks and then do not dive deeper than 2 metres. Other than swimming, you should be able to return to normal activities after 1 to 2 days.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

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

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 treatments 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