

Information for Patients

Surgically inserting grommets (small temporary tubes) helps to let air into the middle part of the ear, allowing fluid (glue ear) to resolve but, should only be carried out when specific criteria are met. This is because the medical evidence tells us that the intervention in children under 12 can sometimes do more harm than good and the symptoms usually clear up of their own accord.

About the condition

Glue ear is a very common childhood problem that affects about four in five children by the age of ten. In most cases, it clears up without treatment in a few weeks. Common symptoms can include earache and a reduction in hearing. If the hearing loss is affecting both ears it can cause language, educational and behavioural problems. The procedure should only be considered if your child has at least three months of persistent hearing loss in both ears.

It's important you and your doctor make a shared decision about what's best for your child if they have glue ear. When making that decision you should both consider the benefits, the risks, the alternatives and what will happen if you do nothing.

What are the **BENEFITS** of the intervention?

The insertion of grommets can be beneficial in certain circumstances. If the hearing loss is affecting both ears and it is persistent, treatment may help prevent challenges your child might face as a result of hearing loss.

What are the **RISKS** of the intervention?

The insertion of grommets can be uncomfortable for children. As with most procedures there is the risk of infection and bleeding. There is also a small risk the ear drum could be perforated during the procedure.

What are the **ALTERNATIVES**?

A simple solution which can sometimes alleviate the problem is to encourage your child to swallow while keeping their nostrils tightly closed. Your doctor may also prescribe a small balloon which is specifically designed to help glue ear by blowing it up the nose. Only a balloon designed for this purpose should be used. Temporary hearing aids could also be worn whilst waiting for symptoms to improve.

What if you do **NOTHING**?

Doing nothing is usually the best course of action. Most children get better within a few weeks without any treatment.

You can find out more about the [NHS Evidence Based Interventions](#) programme online.