



Grommets in children

Our ears are made up of three parts, the outer ear, the middle ear and the inner ear.

When sticky fluid builds up your child's middle ear instead of air, it is known as glue ear, or otitis media with effusion.

Glue ear usually causes temporary hearing loss.

Children often get glue ear when they have a cold and it can affect both ears at the same time. It usually clears up over time without any lasting problems.

Glue ear becomes a problem when it causes a significant reduction in hearing over many months. It can also affect speech development and make it more difficult for children to thrive in school.

Diagnosis of glue ear

We look in your child's ear for blockages.

We also do a test, called tympanometry, to check the movement of the eardrum, which can be affected by glue ear.

Your child will have a hearing test at the same time.

We may decide to carry out 2 tympanometry and hearing tests over a period of time to see if the glue ear resolves without surgery.

If the glue ear persists, then we may insert grommets to help ventilate the middle ear, or recommend hearing aids to help your child's hearing.

Acute otitis media

Viruses or bacteria can travel from the nose up the Eustachian tube into the middle ear, causing infections. These infections usually resolve by themselves in a few days, but they may sometimes require a course of antibiotics.

An infection of the middle ear is called acute otitis media (AOM) and can be very painful due to the build-up of pus and pressure in the middle ear.

The pressure can cause the eardrum to burst causing a small hole called a perforation. You may then notice discharge from your child's ear. As the pressure has been released, your child will experience less pain. A perforation in the eardrum usually heals by itself over time, but sometimes an operation may be needed to close it.

If your child has 3 episodes of AOM within 6 months, or 4 episodes in a year, with at least 1 episode in the last 6 months, they may benefit from having grommets inserted.

Surgery

The grommet operation is performed under a general anaesthetic, where your child will be asleep and does not feel any pain.

Sometimes we recommend removing adenoids (like a tonsil at the back of the nose, behind the palate) at the same time as grommets. This helps if the child snores, has a very blocked or persisting runny nose, and can help reduce ear infections and the chance of the glue ear coming back after the grommets come out.

It is done in our children's day surgery unit and your child can go home later in the afternoon. Children usually need a few days off school afterwards to recuperate.

For more information you can read our leaflet called **Your child's grommet surgery**. It explains more about the different types of surgery, how to prepare, risks, and recovery. This leaflet is on our website, or you can ask a member of staff for a copy.

Evelina London medicines helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm
email letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801

email pals@gstt.nhs.uk.

To make a complaint, contact the patient resolution team **phone** 020 7188 3514

email complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please contact the department your appointment is with.

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics.

Available over the phone 24 hours a day,

phone 111

web www.111.nhs.uk

NHS website

This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing, **web** www.nhs.uk

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