This leaflet is a general guide to help you make an informed decision about the care of your child with Glue Ear. The exact management will vary from child to child according to clinical needs.
What is Glue Ear?
Glue Ear, also called Otitis media with Effusion, affects 80% of children at some stage by the age of 10 years. It is caused by the build-up of fluid in the middle ear. This may cause temporary deafness which usually gets better by itself.

How does it develop?
The ear drum needs equal air pressure on both sides for it to vibrate effectively to send sound to the inner ear for us to hear. Air flows to the middle ear from the back of the nose via the Eustachian Tube. If the tube does not function properly, the middle ear air pressure drops and fluid builds up in the middle ear. This may cause temporary hearing loss. The function of the tube improves as the child gets older and the Glue Ear cures naturally.

Treatments
Doctors can’t cure Glue Ear. The main reason to intervene is to improve hearing that may be temporarily reduced in Glue Ear, especially if it lasts for 3 months or more. Traditionally, this has been done with the use of grommets. Recently, the use of hearing aids has also emerged as an alternative option. Each option has its own good and bad points.

Grommets
A small cut is made in the ear drum to insert a small tube (grommet) into it. This allows air to enter the middle ear. The grommet, when in place, acts as an artificial Eustachian Tube.
Advantages of grommet insertion

Once inserted
- It is out of vision
- No maintenance issues

Can be carried out at the same time as other operations such as removing adenoids.

Disadvantages of grommet insertion

- A general anaesthetic is needed
- The grommets fall out by themselves after about 6-9 months
- Glue Ear can recur once the grommets fall out and may need further intervention. “T” tube is a special type of grommet which stays longer but can cause more complications.
- Complications such as ear infections, scarring and perforation are common, more so with repeated grommet insertions.

Is grommet operation essential?

Different doctors have different opinions.
1. Some research suggests that the fluid in Glue Ear is a natural protection against germs from the throat when the Eustachian Tube is immature. It is advocated that Glue Ear is best left to nature.

2. The fluid in Glue Ear does not damage the ears and the risks associated with grommets outweigh its benefits.

3. Some doctors think that Grommets reduce the risk of parts of the ear drum being sucked inwards (retraction pocket) and a build up of shed skin in the ear (Cholesteatoma), whilst others showed that grommets did not prevent retraction pockets or Cholesteatoma.
Hearing aids
The temporary reduction in hearing can be efficiently improved with a hearing aid. The aid is withdrawn when the hearing improves naturally in course of time.

Advantages of Hearing aids in Glue Ear
- No general anaesthetic
- No complications that are associated with an operation
- Leave it to resolve on its own
Disadvantages of Hearing aids in Glue Ear

- Hearing aid is visible. (Child gets to pick colours & patterns)
- Carers need to take some responsibility with hearing aid care
- Needs to be removed when bathing, showering or swimming.

Some special groups

Downs Syndrome

In Downs Syndrome Glue Ear persists longer. Surgery may be difficult due to narrow ear canals and grommets tend to stay in position for a shorter period. The chances of surgical complications like ear infections are also higher. Hearing aids are probably a better choice for these children.

Cleft and High arched Palate

Children with abnormalities of the palate are more prone to poor Eustachian tube function and Glue Ear persists longer. Grommets at the time of repairing the cleft palate is logical but only if hearing is poor due to Glue Ear. If the Glue Ear recurs after the grommets fall out hearing aids should be considered. This is to avoid complications from multiple grommet operations.
Options available
If you’d like a large print, audio, Braille or a translated version of this leaflet then please call: 01253 655588

Patient Relations Department
For information or advice please contact the Patient Relations Department via the following:
Tel: 01253 655588 email: patient.relations@bfwh.nhs.uk
You can also write to us at:
Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR
Further information is available on our website: www.bfwh.nhs.uk

Travelling to our sites
For the best way to plan your journey to any of the local sites visit our travel website:
www.bfwhospitals.nhs.uk/departments/travel/

Useful contact details
Hospital Switchboard: 01253 300000

References
This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from:
Policy Co-ordinator/Archivist
01253 303397

Approved by: Clinical Improvement Committee
Date of Publication: 06/08/2013
Reference No: CPL/115 (V1)
Author: Community Specialist HV
Review Date: 01/07/2013