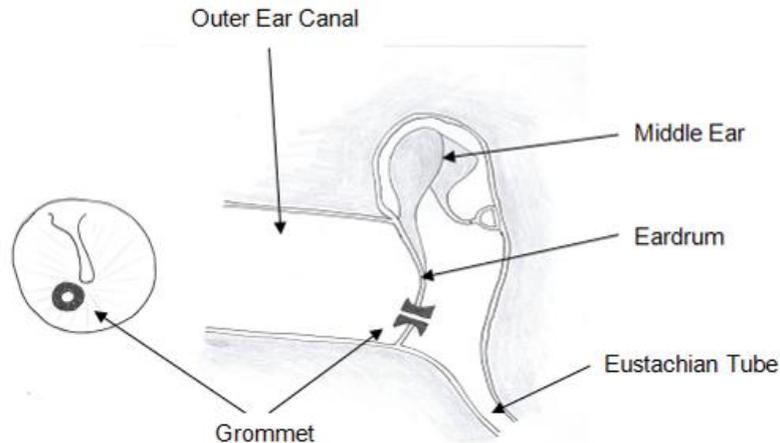




## Ear, Nose and Throat (ENT) Department Name

# Grommets



Grommets are small plastic tubes which are put into the eardrum to allow air into the middle ear. This keeps the ear healthy and clears fluid from the middle ear (glue ear). A grommet is about the size of this 'O' on the page.

### Why are grommets used?

The usual reason is to treat fluid in the middle ear, behind the eardrum. This is very common in young children, but it can happen in adults as well. Sometimes grommets will be recommended to treat repeated middle ear infections in young children or to deal with indrawing or retraction in the eardrum.

### How are the grommets put in?

The grommets are placed in the eardrum under a short general anaesthetic, almost always as a day case. The operation is all done down the ear canal and there are no cuts around the ear. A small opening is made in the eardrum, the fluid in the middle ear is sucked out, and the grommet put into the opening. This grommet stops the small opening from closing over and keeps the middle ear ventilated. The operation only takes 10-20 minutes in all.

### What is the follow-up after the operation?

In cases where the only concern is hearing loss, the first follow-up appointment after the operation will be in the audiology department for a hearing test. If the hearing test shows a hearing improvement, and your child's hearing is within normal limits, no further review will be arranged and your child will be discharged back to the care of your GP. In other cases with a history of ear infections or eardrum indrawing, a follow-up appointment will be arranged in the ENT clinic with a hearing test.

## **How long do the grommets stay in?**

The grommet moves to the edge of the eardrum as the eardrum grows, and is then pushed out. It moves slowly up the ear canal, often mixed with normal earwax. You will probably not notice when the grommet has come out. The time it takes for the grommet to come out of the eardrum is variable. About 50% would be out within a year of the operation, 90% within 2 years and 95% or more within 3 years. If the grommets have not come out 3 years after the operation, your child should be referred back to the ENT department. We would plan a short day case operation to remove the grommet if it has not come out on its own after 3 or 4 years.

## **Does your child have to have grommets put in?**

Glue ear does tend to get better by itself, but can take a very long time. In children about 4 years of age, 5-10% of them will have glue ear, but by the age of 10 this is down to about 1%.

We would normally wait for at least 3 months before recommending grommets to see if there is any improvement over this time. If the glue ear is not causing any significant problems with hearing, and if there are no concerns about your child's speech development, ear infections or indrawing of the eardrum, we can just watch and wait. If there are concerns, it may be better to put grommets in and we would advise you about this.

If grommets are put in, the glue ear may return when the grommet falls out and sometimes further grommets are needed. This would happen in about 1 in 3 children who have grommets put in.

You may change your mind about the operation at any time, even if you have signed a consent form in the clinic. If you think that your child's hearing has improved since deciding on the operation, please contact our secretaries (numbers below) and we would be able to offer a review hearing test.

If you would like to have a second opinion about the treatment please ask your GP to arrange this for you.

## **What are the alternatives to grommets?**

Steroid nasal sprays may help some children if they have nasal allergy.

Antibiotics, antihistamines and decongestants do not help this type of ear problem.

Alternative treatments, such as cranial osteopathy, are not helpful.

Taking out the adenoids may help to improve glue ear and your surgeon may want to do this at the same time as the grommet operation.

A hearing aid can sometimes be used to treat the poor hearing and speech problems caused by glue ear. This would mean that your child would not need an operation.

## **Can you do anything to help your child in the meantime?**

Speak clearly and wait for your child to answer. Make sure he/she can see your face when you speak. Call your child's name to get them to look at you before you speak. Make sure that the nursery or schoolteachers know that your child has a hearing problem. They will have had experience with this situation because glue ear is so common.

## **Is the operation painful?**

The ears are not usually sore after the operation. You could give your child simple painkillers like Paracetamol or Ibuprofen if you need to. Your child should be able to go back to nursery or school the day after the operation.

## **How soon do the grommets work?**

Usually straight away. Some children complain that everything sounds too loud to start with until they get used to their normal hearing.

## **What about swimming and flying?**

Keep the ears dry for a couple of weeks after the operation while the eardrum is healing around the grommet. The hole in the grommet is very small and water will not normally pass through it with simple wetting or surface swimming. The pressures produced by diving underwater and the lowered surface tension from soapy water could allow water through, so we would recommend earplugs in these situations. Cotton wool covered in Vaseline is quite effective, or you could buy earplugs or swimming headbands.

If a grommet is in place and is working, your child should not have any pain with flying as the pressures equalize immediately.

## **What are the possible complications of the operation?**

Most children with grommets do not get ear infections. If your child has discharge from an ear infection, there may not be as much pain as expected for a middle ear infection because the grommet allows the fluid to drain easily. If the ear discharges, we would advise you to take your child to your GP for treatment. The discharge will usually settle quickly with eardrops, or your GP may prescribe antibiotic syrup instead of ear drops. If the discharge does not settle with this initial treatment, he/she should be referred back to the ENT department.

In a very small number of children (about 2%) a small hole in the eardrum remains when the grommet has come out.

As the hole is so small, it will not usually affect the hearing to a significant degree, and there may be no problems with infection so you may not be aware that it is there. If the hole does not close itself over time we would not normally consider an operation to close it until your child is at least 13 years old.

## **Grommet Follow-Up**

At the time of surgery, the surgeon will arrange follow-up.

If the case is uncomplicated, an audiology appointment is made for 6-8 weeks. If the hearing has improved and there are no problems, the child is discharged with an information leaflet for parents and a covering letter to the GP.

In all other cases eg significant drum retraction or recurrent otitis media, follow-up will be in ENT with audiometry and further follow-up arranged as required.

### **Letter to parents**

“Your child’s hearing test after grommet insertion has shown an improvement and is within normal limits. No further hospital review has been arranged.

The grommet has been inserted to ventilate the middle ear and not to drain it. If your child develops an ear infection, there will be discharge, but the ear may not be particularly painful as it is draining through the grommet. If the ear discharges you should arrange an appointment with your GP to have this seen and assessed. If initial treatment by your GP does not settle the discharge, your child should be referred back to the ENT department.

You will probably not know when the grommets have come out as they are so small. About half of all grommets are out within 9 months of insertion, and about 90% are out after 2 years. You should ask your GP to check whether the grommets have come out about a year after the operation and then every 6 months or so. If one or both of the grommets are still in the eardrum 3 years after the operation, your child should be referred back to the ENT department so that we can decide if the grommet will need to be removed under a short anaesthetic.

A rare complication is when a grommet comes out of the eardrum but the hole does not completely close over, leaving a perforated eardrum. If this happens a referral should be made back to the ENT clinic, but we would not normally consider treating a perforated eardrum until a child reaches the age of about 13.

Most children do not have any problems after grommet insertion, but if you have any concerns please ask your doctor to check the ears and refer back to the ENT department if necessary.”

### **Letter to GP**

“This child has been seen for review in the audiology department following grommet insertion. The hearing has improved and is now within normal limits. No further ENT or audiology review has been arranged.

Please refer the child back to the ENT department if there is a deterioration in hearing in the future, if there is discharge which does not settle with ear drops or oral antibiotic, if there is a perforation in the ear drum once the grommet has come out or if the grommet has not come out of the eardrum 3 years after it was put in.”

## Where can I find out more information about grommets?

We would recommend the ENT UK website [www.entuk.org](http://www.entuk.org)  
This has information about glue ear and grommet surgery.

The National Deaf Children's Society has a lot of information on glue ear [www.ndcs.org.uk](http://www.ndcs.org.uk)

### Useful contact numbers:

Dorset County Hospital Switchboard - 01305 251150

#### ENT Secretaries (Dorchester)

Mr Ford	01305 255138	Mr Lale	01305 255510
Mr Tsirves	01305 253167	Mr Kenway	01305 255138
Mr De Zoysa	01305 255138	Mr Chatzimichalis	01305 255510
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#### ENT Secretaries (Yeovil)

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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