

Going home: Your child/young persons' ear may ooze or bleed a little after the operation; this is normal and should settle within a few days. Any discharge from the outer ear can be gently cleaned away, but do not attempt to clean inside the ear. A mild earache is quite common.

Pain relief medicines should be given according to the instructions on the product.

Your child/young person should avoid water getting into the ear until the follow up outpatient appointment, usually around six weeks after the operation. We advise no swimming until this time, and no diving deeper than 2 meters thereafter. You will need to take care during hair washing, bathing and showering. Cotton wool with Vaseline® on it placed into your child's outer ear can help; however, do not insert it into the ear canal itself.

Your child/young person may be prescribed eardrops for your child/young person if so please follow the instructions and complete the course.

Your child/young person may need to come back to the hospital for a check-up appointment weeks after the operation. Your child/young person should refrain from school for 1-2 days.

What is the outlook for children with glue ear? Once diagnosed and treated, the outlook is good. Speech and Language can support you, however most children with speech and language delay catch up and require no involvement.

Helpful Contact Numbers:

Arthur Levin Day Surgery Unit
Weekdays 8am – 6pm: 01553 613555

Rudham Ward 24 hour 01553 613844

Alternatively out of hours you can attend Accident & Emergency.

NHS Online 111

Emergencies 999

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care of treatment, please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Telephone: 01553 613351 or 01553 613343

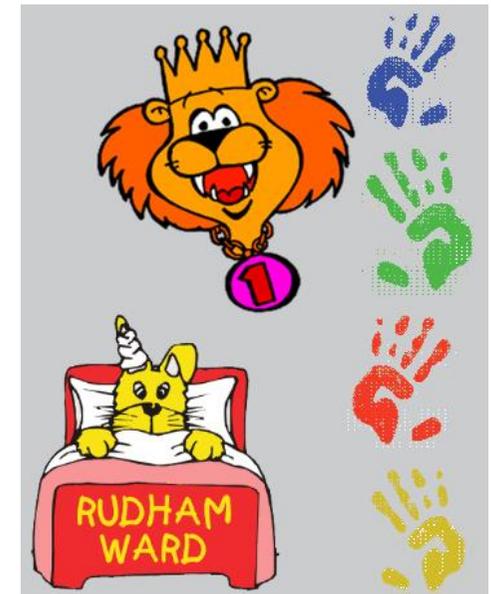
Email: pals@qehkl.nhs.uk

Letter: PALS, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, Gayton Road, King's Lynn PE30 4ET

The Trust endeavours to ensure that the information given here is accurate and impartial.

Myringotomy & Grommets

Paediatrics

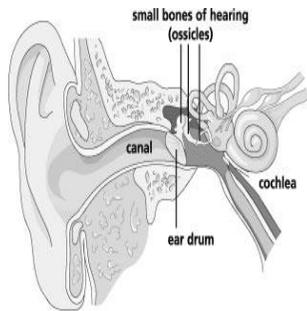


This document can be provided in different languages and formats. For more information please contact the department where you are/were seen.

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Gayton Road, King's Lynn PE30 4ET
Tel: 01553 613613

What is glue ear? Glue ear is a very common condition, usually affecting children and young people under the age of seven years. It is sometimes called 'otitis media with effusion', which means the middle ear has a collection of sticky fluid (glue). This may cause repeated earache, infections and affect hearing because the parts of the middle ear cannot move freely.

For most children/young people glue ear gets better naturally without treatment, and children often grow out of it. Some children/young people have 'recurrent' glue ear which means it returns after treatment over a period of time, this can lead to problems in speech and language development, due to mild to moderate hearing loss.



How do we hear? Sound waves enter the ear canal and cause the eardrum to vibrate. Sounds then pass through the middle ear via the three small bones of hearing on to the inner ear. The movement of the fluid in the cochlea stimulates the hair cells inside it to trigger a nerve impulse, which is carried to the brain by the auditory nerve. The brain then interprets these nerve impulses as sound.

What causes glue ear and how is it diagnosed? We are not exactly sure what causes glue ear, but doctors believe it is because the eustachian tube that connects the middle ear with the back of the nose is not functioning properly. If this tube is blocked, this causes the air pressure inside the middle ear to drop. Fluid drains from surrounding tissue and fill up the middle ear, with time this fluid becomes sticky and prevents the eardrum and ossicles vibrating as they should. A doctor can look inside the ear to see if there is any visible blockage of the ear canals and to check the appearance of the eardrum. This is often followed by hearing tests to see whether there is any hearing loss and if so, whether it is caused by glue ear.

How can glue ear be treated? An isolated case of glue ear may clear up by itself. However, if it persists and starts to affect speech, language or schooling, a doctor may suggest surgery.

What are grommets and what does the operation to insert them involve? Grommets are tiny tubes, which are inserted into the eardrum. They allow air to pass through the eardrum, which keeps the air pressure on either side equal. The surgeon makes a tiny hole in the eardrum and inserts the grommet into the hole. It usually stays in place for many months and then grows/falls out. However, if the grommet falls out within a few weeks, please make a note of this as it could have an effect on how successful the treatment is.

Are there any risks? Every operation carries some risk of infection and bleeding, but as the hole in the eardrum is tiny, this risk is reduced. Modern anaesthetics are very safe and your child/young persons' anaesthetist is a very experienced doctor who is trained to deal with any complications.

Are there any alternatives? For persistent glue ear, grommets are the treatment of choice. Medical treatment with decongestants or steroids has not been shown to be particularly effective unless there are signs of infection or allergy. Antibiotics can help in the short term.

What happens before the operation? Doctors and Nurses will explain the operation in more detail and discuss any worries you may have. If your child has any medical problems, including allergies, please tell the doctors about these. Your child will be required to remain fasted before the operation and your appointment letter will explain this.

What happens afterwards? After the operation your child/young person will return to the ward to wake up fully from the anaesthetic. Once they are assessed as safe, feel comfortable and have had a drink, you will soon be able to take your child/young person home. The length of stay in hospital depends on how quickly your child recovers; a small proportion of children will require an overnight stay, we will support you with this, and inform you at the earliest opportunity if this is likely.