

Grommet Insertion (child)

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is glue ear?

Glue ear is a common condition where fluid collects in the middle ear behind the eardrum. It can cause deafness and repeated earache or infections, sometimes resulting in a discharge from the ear. In young children glue ear can also cause problems with balance.

Your surgeon has suggested placing a grommet (small plastic or metal tube) to treat your child's glue ear.

How does glue ear happen?

The eustachian tube connects the middle ear with the back of the nose. Sometimes this tube does not work properly. This causes fluid to build up in the middle ear. This collection of fluid is called glue ear.

What are the benefits of surgery?

The grommet allows air to enter the middle ear, preventing fluid build-up and the resulting deafness. It will also reduce the number of ear infections that your child has if they are prone to them.

Your doctor may recommend your child has another operation called an adenoidectomy alongside grommet insertion. This will help remove the glue ear and stop it coming back.

Are there any alternatives to surgery?

Many children with glue ear do not need surgery. The condition almost always gets better but it is not always possible to say when this will happen.

Another treatment is to wear a hearing aid until hearing improves.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes about 20 minutes.

Your surgeon will make a small hole in the eardrum and remove the fluid by suction. They will place a plastic or metal grommet in the hole.

What can I do to prepare my child for the operation?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight.

What complications can happen?

General complications of any operation

- Bleeding
- Allergic reaction to the equipment, materials or medication

Specific complications of this operation

- Leaking from the ear of clear fluid or fluid mixed with blood for 1 to 2 days
- Ear discharge lasting longer than 1 to 2 days
- Small hole left in the eardrum
- Repeated build-up of fluid in the middle ear

Consequences of this procedure

- Pain

How soon will my child recover?

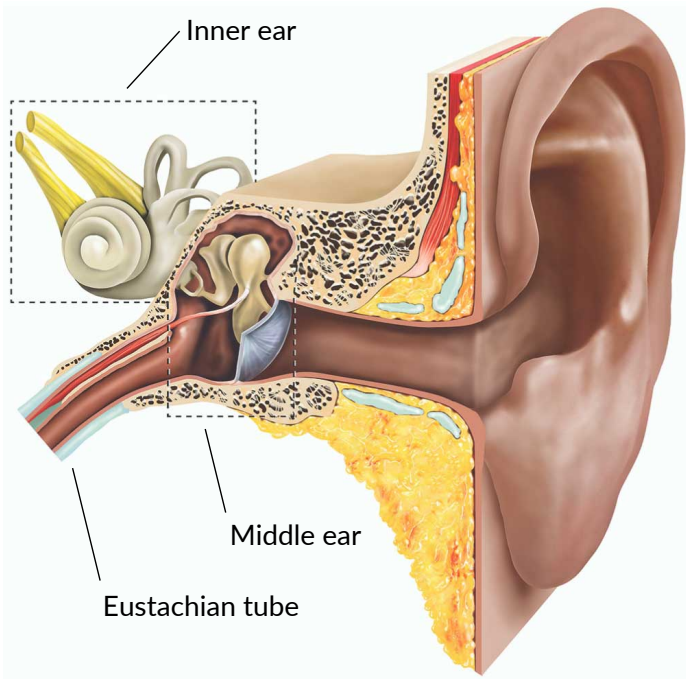
They should be able to go home the same day.

Your child should not swim for 6 weeks and then should not dive deeper than 2 metres. Other than swimming, your child should be able to return to normal activities after 1 to 2 days.

The grommet will fall out of your child's ear by itself, after 6 to 18 months, depending on the material and design of the grommet.

Summary

Glue ear is a common condition that usually gets better without any surgery. Surgery is recommended when the condition lasts longer than 3 months and the hearing loss is causing problems with speech or schooling.



Blocking of the eustachian tube causes glue ear

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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Illustrator

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