

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Referral for surgical management (ventilation tubes with or without adenoidectomy) for children with otitis media with effusion

1.1 *Short title*

Surgical management of otitis media with effusion

2 Background

- a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') and the National Collaborating Centre for Women's and Children's Health will develop an optimal practice review guideline on the appropriate indications for insertion of ventilation tubes in children diagnosed with otitis media with effusion (OME) for use in the NHS in England, Wales and Northern Ireland. The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

3 Clinical need for the guideline

- a) Otitis media with effusion (OME) or 'glue ear' is defined as a middle ear effusion without any sign of inflammation or infection. It is highly prevalent in preschool children. Between 10 and 30% of children suffer from OME before the age of 3 years. .
- b) The main symptom associated with OME is transient mild deafness of 20dB to 30 dB, caused by the transmission of sound in the middle ear being blocked (conductive hearing loss). Not all children with OME will be perceived to be deaf by parents or carers. Most cases of OME will resolve spontaneously. However, a small percentage of OME sufferers will progress to chronic otitis media.

- c) OME in children can be managed medically or surgically. Medical management chiefly involves observation ('watchful waiting') and hearing aids. Other medical treatments used include nasal decongestants, nasal steroids, antihistamines and antibiotics. Surgical management involves the insertion of ventilation tubes (grommets) and sometimes the addition of adenoidectomy.
- d) Persistent perforation and retraction of the tympanic membrane and tympanic sclerosis are potential side effects of insertion of ventilation tubes. Recurrent otorrhoea can often be a cause for removal of ventilation tubes. Some children may require multiple procedures, which increases the risk of complications.
- e) The beneficial effects of ventilation tubes are often short lasting.
- f) Parental concerns are usually hearing loss, poor quality of life resulting from otalgia and otorrhoea, impaired cognitive and language development and poor performance at school. Some children have behavioural disturbance that is considered to be associated with OME.
- g) Children with suspected OME usually present to primary healthcare practitioners (for example, general practitioner, health visitor) with the symptoms identified above. Assessment of these symptoms at primary care level is variable because hearing assessment and tympanometry may not be available. Referral to specialist services is likely to be needed to determine both the exact degree of hearing loss and whether conductive loss is present. A decision then needs to be made as to whether a referral for surgical management is indicated.
- h) There is no evidence-based guideline available on referral for surgical management of OME (insertion of ventilation tube and adenoidectomy).

4 The guideline

- a) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider.
- b) The areas that will be addressed by the guideline are described in the following sections.

4.1 *Population*

4.1.1 Groups that will be covered

Children younger than 12 with a suspected diagnosis of OME and conductive hearing loss, including:

- children with cleft lip and palate
- children with Down's syndrome.

4.1.2 Groups that will not be covered

Syndromal children except those included in 4.1.1.)

4.2 *Healthcare setting*

Primary care and secondary care (including both community and hospital settings).

4.3 *Clinical management (including key interventions)*

- a) Who should be referred for possible surgical management of OME?
- b) Components of assessment that need to be undertaken by healthcare professionals before referral to the otolaryngologist. This will include requirements for hearing tests and the use of tympanometry.
- c) Which groups of children with OME should be offered surgical management?

- Selection criteria for insertion of ventilation tube and adenoidectomy (if indicated).
 - Exclusion criteria for insertion of ventilation tube and adenoidectomy (if indicated).
 - Benefits and harms of ventilation tubes and adenoidectomy (if indicated).
 - Benefits and harms of key non-surgical interventions that may be offered instead of surgery: observation ('watchful waiting') and hearing aids.
- d) Information for parents on the likely benefits and harms of ventilation tubes and adenoidectomy (if indicated).

4.4 *Key outcome measures*

Key outcomes that will be considered when reviewing the evidence include:

- benefits of insertion of ventilation tubes and adenoidectomy
- short-term and long-term complications of insertion of ventilation tube with or without adenoidectomy
- benefits of key non-surgical interventions (observation and hearing aids)
- resource use and costs.

4.5 *Economic aspects*

The developers will take into account both clinical and cost effectiveness.

4.6 *Status*

4.6.1 *Scope*

This is the draft scope. The consultation period is 5 April to 3 May 2007.

The guideline on surgical management of OTE should be read in conjunction with the following related NICE guidance.

- Referral advice: a guide to appropriate referral from general to specialist services. (2001). Available from www.nice.org.uk. This contains a section on persistent otitis media with effusion in children.

4.6.2 Guideline

The development of the guideline recommendations will begin in June 2007.

5 Further information

Information on the guideline development process is provided in:

- 'The guideline development process: an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.

The development group will work in accordance with the methods set out in the documents above, following the short clinical guideline process.