

SCOPE

1 Guideline title

Surgical management of children with otitis media with effusion (OME)

1.1 *Short title*

Surgical management of otitis media with effusion

2 Background

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 criteria for referral, assessment and optimum surgical management of children with a suspected diagnosis of (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 or 'glue ear' is defined as a middle ear effusion without any sign of inflammation or infection. It is common in preschool children, and 10 to 30% of children younger than 3 years will suffer from OME at any one time.
- b) The main symptom associated with OME is usually transient hearing loss, but not all children with this condition will be perceived to have hearing impairment by their parents/carers. Most cases of OME will resolve spontaneously.

- c) OME in children can be managed medically or surgically. Medical management may include active observation (watchful waiting), hearing aids, nasal decongestants, nasal steroids, antihistamine and antibiotics. Surgical management involves myringotomy with or without the insertion of ventilation tubes (grommets), and adenoidectomy if indicated.
- d) Persistent perforation, retraction of the tympanic membrane and tympanosclerosis are potential side effects of insertion of ventilation tubes. Recurrent otorrhoea may be a cause for removal of ventilation tubes in some children.
- e) The beneficial effects of ventilation tubes may be short lasting. Some children with OME may undergo multiple procedures, which increases the risk of complications.
- 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 are considered to have behavioural disturbance associated with OME.
- g) Children with suspected OME usually present to primary healthcare practitioners (such as a general practitioner or health visitor) with the symptoms identified in section f, 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 required to determine both the exact degree of hearing loss and whether conductive loss is present. A decision will then need to be made as to whether a referral for specialist management is indicated.
- h) Children may present to other healthcare professionals or teachers with speech and language delay or occasionally behavioural problems leading to a suspicion of hearing loss.

- i) There is no evidence-based guideline available on referral for surgical management of OME.

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

- a) Children younger than 12 years with a suspected diagnosis of OME and suspected hearing loss including:
 - children with all types of cleft palate
 - children with Down's syndrome.

4.1.2 Groups that will not be covered

- a) Children with other syndromal disorders, such as craniofacial dysmorphism or polysaccharide storage disease, and children with multiple complex needs are not considered in this guidance because they will need individual and specific management of their overall condition by a multidisciplinary group of experts.

4.2 *Healthcare setting*

- a) Primary and secondary care, including both community and hospital settings.

4.3 *Clinical management (including key interventions)*

- a) Who should be referred for specialist management of OME?

- b) Components of assessment that can be undertaken by a healthcare professional before the child is seen by an otolaryngologist. This will include requirements for hearing tests and the use of tympanometry.
- c) Which children with OME should be offered surgical management and what is the appropriate intervention?
- Selection criteria for myringotomy, insertion of ventilation tube and adenoidectomy (if indicated).
 - Exclusion criteria for myringotomy, insertion of ventilation tube and adenoidectomy (if indicated).
 - Benefits and harms of myringotomy, ventilation tubes and adenoidectomy (if indicated).
 - Benefits and harms of key non-surgical interventions that may be offered instead of surgery: for example active observation ('watchful waiting') and hearing aids.
- d) Specific information for parents on the likely benefits and possible harms of myringotomy, ventilation tubes and adenoidectomy (if indicated).

4.4 *Key outcome measures*

- a) Benefits and complications of myringotomy, insertion of ventilation tubes and adenoidectomy (if indicated), including:
- short term – mortality, hearing loss, ear ache, ear discharge, infection, fever, nausea, vomiting
 - long term – persistent perforation, scarring, cholesteatoma, speech and language difficulty, behavioural problems, academic performance, poor balance, psychological impact on parents.
- b) Benefits and harm of key non-surgical interventions, for example active observation and hearing aids.
- c) Resource use and costs.

4.5 *Economic aspects*

The developers will take into account both clinical and cost effectiveness of different interventions used for surgical management of OME (for example, myringotomy, insertion of ventilation tubes and adenoidectomy).

4.6 *Status*

4.6.1 *Scope*

This is the final scope.

4.6.2 *Guideline*

The development of the guideline recommendations will begin in July 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. The process for the short clinical guidelines programme is in development and will be consulted upon.