

# **NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

## **Centre for Clinical Practice**

### **Review of Clinical Guideline (CG60) – Surgical management of otitis media with effusion in children**

#### **Background information**

Guideline issue date: 2008

3 year review: 2011

National Collaborating Centre: National Collaborating Centre for Women's and Children's Health

#### **Review recommendation**

- The guideline should not be updated at this time.

#### **Factors influencing the decision**

##### **Literature search**

1. From initial intelligence gathering and a high-level randomised control trial (RCT) search clinical areas were identified to inform the development of clinical questions for focused searches. Through this stage of the process 16 studies were identified relevant to the guideline scope. The identified studies were related to the following clinical areas within the guideline:
  - Diagnosis of OME
  - Effectiveness of various surgical and non-surgical procedures in children with OME
  - Predicting which children with OME will benefit from surgical intervention
  - Economic analysis and quality of life measures for OME

- Management of otitis media with effusion (OME) in children with cleft palate
2. No new evidence was identified in these areas which would change the direction of current guideline recommendations.
  3. No evidence was identified which directly answered the research recommendations presented in the original guideline.
  4. From initial intelligence gathering, qualitative feedback from other NICE departments, the views expressed by the Guideline Development Group, as well as the high-level RCT search, additional focused search was also conducted for the following clinical area:
    - Effective interventions for children with Down's syndrome or cleft palate to manage otitis media with effusion. In total, 6 studies were identified through the focused search.No new evidence was identified which would warrant an update of the guideline relating to this area suggested.
  5. Several ongoing clinical trials (publication dates unknown) were identified focusing on children with otitis media with effusion; surgical procedures (adenoidectomy and tympanostomy), pharmacological treatments for infections post surgery and other medical techniques.

### **Guideline Development Group and National Collaborating Centre perspective**

6. A questionnaire was distributed to GDG members and the National Collaborating Centre (NCC) to consult them on the need for an update of the guideline. Six responses were received with respondents highlighting issues relating to implementation and interpretation of the guideline by PCTs and commissioners been not in line with the recommendations or local clinical judgment. However there was also an indication that ENT surgeons were now

routinely offering a non surgical choice in line with the guideline which had cost implications.

7. Feedback from the GDG highlighted a potential for inequalities regarding children with cleft palate relating to delays in grommet insertion for OME at primary closure of the cleft palate due to a lack of capacity in both location and time. It was indicated that better co-ordination of grommet insertion and cleft palate closure (if both are required) would be more cost effective and better for the child / family. This feedback contributed towards the development of the clinical question for the focused search and no new relevant evidence was identified.
8. The majority of respondents felt that there was insufficient variation in current practice supported by adequate evidence at this time to warrant an update of the current guideline.

#### **Implementation and post publication feedback**

9. In total, nine enquiries were received from post-publication feedback, most of which were routine.
10. Routine implementation feedback is not collected regarding the outcomes from this clinical guidance. However, implementation feedback from GDG members indicated that PCTs were using the guideline as means of setting 'cut off' limits for treatment. It was suggested that this may not always be in line with the recommendations and /or allowing for clinical judgements relating to level of hearing loss and the need for adenoidectomy in some cases with frequent or persistent upper respiratory tract infections.
11. No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guideline.

#### **Relationship to other NICE guidance**

12. NICE guidance related to CG60 can be viewed in [Appendix 1](#).

### **Summary of Stakeholder Feedback**

**Review proposal put to consultees:**

The guideline should not be updated at this time.

The guideline will be reviewed again according to current processes.

13. In total 5 stakeholders commented on the review proposal recommendation during the 2 week consultation period.

14. The majority of stakeholders agreed with the review proposal recommendation that this guideline should not be updated at this time.

15. During consultation, areas within the original scope to consider for future review of the guideline were highlighted including:

- The use of different hearing aid types in children with Down syndrome

16. During consultation, new areas outside of the original scope to consider in a future update of the guideline were highlighted including:

- post surgical care ( including evidence from surveys of parents and teachers)

17. The table of stakeholder comments can be viewed in [Appendix 2](#).

### **Anti-discrimination and equalities considerations**

18. No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The original scope contains recommendations for diagnosis and management of children younger than 12 years with OME in primary, secondary and tertiary care settings. The guideline

specifically includes children with all types of cleft palate and children with Down's syndrome.

## **Conclusion**

19. Through the process no additional areas were identified which were not covered in the original guideline scope or would indicate a significant change in clinical practice. There are no factors described above which would invalidate or change the direction of current guideline recommendations. The surgical management of otitis media with effusion in children guideline should not be updated at this time.

20. The guideline should not be considered for an update at this time.

## **Relationship to quality standards**

21. This topic is not currently being considered for inclusion in the scope of a quality standard.

22. This topic is not currently being considered as a proposed core library topic

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Centre for Clinical Practice  
August 11

## Appendix 1

The following NICE guidance is related to CG60:

Guidance	Review date
<b>Related NICE guidance not included in CG60</b>	
<b>IPG328: Suction diathermy adenoidectomy Dec 2009</b>	

## Appendix 2

### NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

#### Surgical management of otitis media with effusion in children Guideline Review Consultation Comments Table

28June - 11 July 2011

<b>Stakeholder</b>	<b>Agree with proposal not to update?</b>	<b>Comments</b>	<b>Comments on areas excluded from original scope</b>	<b>Comments on equality issues</b>	<b>Response</b>
Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)	Agree with proposal to not update at present	Until the results of the ongoing trials are available (and since there has been no new evidence since the last guideline), ARHAI agrees with the review recommendation that the guideline does not need to be updated at this time. When results of ongoing trials are published, they may provide evidence to inform updating the guidelines in the future			Thank you for your comments.
DH		I wish to confirm that the Department of Health has no substantive comments to make regarding this consultation.			Thank you for your comments.
GDG member		I concur that the review of the latest research findings on OME (2008-11) would make deferral of an update to a later time appropriate. I think the Petrou paper on health utilities may be key in promoting more research on quality of life aspects to OME important for primary			Thank you for your comments. These will be passed to developers for consideration during scoping for the next review

<b>Stakeholder</b>	<b>Agree with proposal not to update?</b>	<b>Comments</b>	<b>Comments on areas excluded from original scope</b>	<b>Comments on equality issues</b>	<b>Response</b>
		care. There are several areas of work which hopefully will be completed by 3 years in this respect. Kind regards,			
RCPCH	Agree	The College notes there is insufficient new evidence to justify revision at this stage.			Thank you for your comments.
RCPCH		We feel that the guideline recommendations are in keeping with good practice.			Thank you for your comments. These will be passed to developers for consideration during scoping for the next review.
RCPCH		Guidance on pathway including which children can be assessed and listed for surgery by audiologists without medical assessment would be helpful.			Thank you for your comments. These will be passed to developers for consideration during scoping for the next review
RCPCH		We note that some ENT surgeons seem to be recommending hearing aids more often than grommets, and some of this comes from pressure from PCTs. This is putting increasing pressure on audiology departments. Children with conductive hearing loss require more regular review because of the fluctuating nature of the condition.			Thank you for your comments. These will be passed to developers for consideration during scoping for the next review

<b>Stakeholder</b>	<b>Agree with proposal not to update?</b>	<b>Comments</b>	<b>Comments on areas excluded from original scope</b>	<b>Comments on equality issues</b>	<b>Response</b>
		<p>Likewise education services have to provide Teacher of the Deaf support, so that caseloads are increasing, sometimes to the detriment of children with permanent childhood hearing impairment.</p> <p>Hearing aids are not a cheap option, and additional resources are required for paediatric audiology and education services.</p>			
RCPCH		<p>The last bullet on p2 refers to adenoidectomy and the perceived benefits related to hearing and resolution of otitis media.</p> <p>In anecdotal experience, as well as is reported in the literature, there are other associated problems with large adenoids other than recurrent otitis media. For example, there is a well established link between obstructive sleep apnoea (or milder forms) and enuresis related to large adenoids. Removal of the adenoids will have therefore many positive effects. The reduction of middle ear effusion should therefore not be seen in isolation (as it appears to be in this passage) when considering adenoidectomy.</p>			Thank you for your comments. These will be passed to developers for consideration during scoping for the next review
RCPCH			When this guideline is		Thank you for your

<b>Stakeholder</b>	<b>Agree with proposal not to update?</b>	<b>Comments</b>	<b>Comments on areas excluded from original scope</b>	<b>Comments on equality issues</b>	<b>Response</b>
			updated, a useful additional area to consider would be a review of any further evidence relating to the compliance of children with Down syndrome with bone anchored hearing aids compared to conventional hearing aids (this might influence the advice to undertake a trial of hearing aids) – one small study so far included in evidence.		comments. These will be passed to developers for consideration during scoping for the next review
RCPCH			When this guideline is updated, a useful additional area to consider would be any evidence from surveys of parents' and teachers' views of the effectiveness of post surgical intervention should be included rather than only relying on health professionals' opinions.		Thank you for your comments. These will be passed to developers for consideration during scoping for the next review
UKCPA	I agree that this guideline does not need to be updated	No further comments to add			Thank you for your comments.

These organisations were approached but did not respond:

Alder Hey Children's NHS Foundation Trust  
Alder Hey Children's NHS Foundation Trust  
Association of British Health-Care Industries  
BBOLMC  
BMJ  
Bolton Council  
Bradford Hospitals NHS Trust  
British Association of Otolaryngologists Head & Neck Surgeons  
British Association for Paediatric Otorhinolaryngologists  
British Association of Otolaryngologists Head and Neck Surgeons (ENT UK)  
British Association of Paediatricians in Audiology (BAPA)  
British Association of Teachers of the Deaf (BATOD)  
British Homeopathic Association  
British Infection Association (formerly Association of Medical Microbiologists)  
British Medical Association (BMA)  
British National Formulary (BNF)  
British Psychological Society, The  
Calderdale PCT  
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)  
Care Quality Commission (CQC)  
CASPE Research  
Charing Cross Hospital  
Chase Farm Hospital  
Commission for Social Care Inspection DO NOT USE - Replace by CQC  
Connecting for Health  
Cornwall & Isles of Scilly PCT  
Covidien UK Commercial  
Department for Communities and Local Government

Department of Health, Social Services & Public Safety, Northern Ireland (DHSSPSNI)  
Derriford Hospital NHS Trust  
Dudley Group of Hospitals NHS Trust  
Faculty of Dental Surgery  
George Eilott Hospital Trust  
Glan Clwyd District General Hospital  
Gloucestershire LINK  
Great Western Hospitals NHS Foundation Trust  
Healthcare Improvement Scotland  
Healthcare Quality Improvement Partnership  
Home Office  
Kettering General Hospital NHS Foundation Trust  
Leeds PCT  
Leeds Teaching Hospitals NHS Trust  
Medicines and Healthcare Products Regulatory Agency (MHRA)  
Medway NHS Foundation Trust  
Ministry of Defence (MoD)  
Morecombe Bay Health Trust  
MRC Multicentre Otitis Media Study Group  
National Deaf Childrens Society  
National Patient Safety Agency (NPSA)  
National Treatment Agency for Substance Misuse  
NCC - Cancer  
NCC - Mental Health  
NCC - National Clinical Guideline Centre (NCGC)  
NCC - Women & Children  
NETSCC, Health Technology Assessment  
NHS Bedfordshire  
NHS Clinical Knowledge Summaries Service (SCHIN)  
NHS Direct

NHS Kirklees  
NHS Lincolnshire  
NHS Milton Keynes  
NHS Plus  
NHS Western Cheshire  
North Yorkshire and York PCT  
Obesity Management Association  
PERIGON Healthcare Ltd  
Poole and Bournemouth PCT  
Public Health Wales  
Rotherham NHS Foundation Trust  
Royal Berkshire NHS Foundation Trust  
Royal College of Anaesthetists  
Royal College of General Practitioners  
Royal College of General Practitioners Wales  
Royal College of Midwives  
Royal College of Nursing  
Royal College of Obstetricians and Gynaecologists  
Royal College of Pathologists  
Royal College of Physicians London  
Royal College of Psychiatrists  
Royal College of Radiologists  
Royal College of Speech and Language Therapists  
Royal College of Surgeons of Edinburgh  
Royal College of Surgeons of England  
Royal National Throat, Nose and Ear Hospital  
Royal Pharmaceutical Society of Great Britain  
Royal Society of Medicine  
Royal United Hospital  
Sandwell PCT

Scottish Intercollegiate Guidelines Network (SIGN)  
Sheffield Children's NHS Foundation Trust  
Sheffield PCT  
Sheffield Teaching Hospitals NHS Foundation Trust  
Social Care Institute for Excellence (SCIE)  
Suffolk Health Care Ltd  
United Kingdom Clinical Pharmacy Association (UKCPA)  
University Hospital Birmingham NHS Foundation Trust  
University of North Durham  
Walsall PCT  
Welsh Assembly Government  
Welsh Otorhinolaryngology Association  
Welsh Scientific Advisory Committee (WSAC)  
Western Cheshire Primary Care Trust  
Wiltshire PCT  
York Teaching Hospital NHS Foundation Trust