

Surgical management of glue ear in children

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the surgical management of children with otitis media with effusion (OME) that is set out in NICE clinical guideline 60.

OME is more commonly known as 'glue ear'.

Does this information apply to me?

Yes, if you are the parent or carer of a child younger than 12 years who has OME, including children with Down's syndrome and children with any type of cleft palate.

No, if you are the parent or carer of child with:

- other syndromes (for example, craniofacial dysmorphism or polysaccharide storage disease)
- multiple complex needs.

Your child's care

If you think that your child's care does not match what is described in this information, please talk to the healthcare professionals treating your child.

Treatment and care should take into account children's needs and preferences, as well as those of their parents and carers. You have the right to be kept fully informed and to make decisions in partnership with the healthcare professionals who are treating your child. All healthcare professionals should treat you and your child with respect, sensitivity and understanding, and explain OME and its management simply and clearly. To help with this, you should be given both verbal and written information on OME that you can understand and that is relevant to your child's circumstances. You should also be given the opportunity to discuss the different treatment options for the condition and the benefits and risks of each approach. You can ask any questions you want to and can always change your mind as your child's treatment progresses or their condition or your own circumstances change. Your own preference for a particular treatment is also important and should be discussed with the healthcare professionals treating your child.

Your child's treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs your family may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems. It should also allow for any difficulties you may have with reading or speaking English. If you do not have access to an interpreter or an advocate (someone who supports you in putting across your views), your doctor should try to arrange one.

If parents or carers are unable to understand a particular issue or are unable to make decisions on behalf of their child, healthcare professionals should follow the advice that the Department of Health has produced about this. Healthcare professionals should follow the Department of Health's advice on consent (www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal. In Wales healthcare professionals should follow advice on consent from the Welsh Government (www.wales.nhs.uk/consent).

OME in children

OME is common in young children. It is a build-up of fluid behind the eardrum in the middle ear. OME can affect one or both ears and can cause problems with a child's hearing. The guidance that NICE has issued relates to OME that affects both ears.

OME can be easily overlooked because it produces few specific symptoms apart from hearing problems, the extent of which may vary. Many of the features of OME (see box below) can also be confused with those seen in other conditions.

If you are at all concerned that your child may have OME, you should speak to your doctor, who will then assess your child. If necessary, your child may need to be referred to specialist hearing services for other tests.

What features may suggest OME?

Common features of OME include:

- hearing difficulties (for example, asking for things to be repeated, mishearing things)
- speech or language problems
- behaviour problems (for example, a lack of concentration or attention)
- poor progress at school.

Less common features of OME include:

- clumsiness and balance problems
- intolerance of loud sounds
- tinnitus (hearing noises, such as ringing, buzzing, roaring, clicking).

OME in children with Down's syndrome

OME is a very common condition in children with Down's syndrome. Children with Down's syndrome should be checked regularly for OME by a team of healthcare professionals with expertise in assessing this particular group of children.

OME in children with cleft palate

OME is also very common in children with cleft palate. Children with cleft palate will be under the care of a specialist centre. If your child has a cleft palate, he or she should have regular hearing assessments, which may take place at your specialist centre or your local audiology service.

Testing to confirm OME

Healthcare professionals looking after your child will use a combination of tests to confirm a diagnosis of OME. First, they will ask you about your child's current symptoms, particularly the extent of any hearing difficulties, and whether your child has had any other problems such as a lack of attention. They may also ask how your child is getting on at school. They will also ask other questions about your child's health and development. They will then examine your child's ears using an instrument called an otoscope.

If OME is suspected, further tests will need to be carried out to confirm the diagnosis. This will include hearing tests appropriate for your child's developmental age, which will be performed by trained healthcare professionals. These healthcare professionals will also monitor how well your child's eardrum moves in response to changes in pressure. This test is called tympanometry.

The healthcare professionals looking after your child will also try to identify any other possible cause of hearing loss, so that appropriate action can be taken if necessary.

Questions you might like to ask

- Where will these tests be performed?
- How long will it take to get the results and who will give them?
- What will the results tell us?
- Is there anything I can do to help my child while we wait?

Caring for your child before an operation is considered

Most cases of OME will resolve of their own accord without the need for any treatment. If healthcare professionals suspect OME, they will observe your child closely over a period of 3 months before an operation is considered. This is called active observation.

Depending on the severity of the hearing problems, you and your child may require additional support during this time. You should be offered advice about ways in which you can help your child, including suggestions to help them at school and with any behavioural problems they may be having.

Treating OME with ventilation tubes

If the OME and hearing loss do not improve during the active observation period, an operation may be offered. However, if you feel the operation is not right or you don't wish your child to have it, your healthcare professional may offer a hearing aid as an alternative.

The operation involves inserting small ventilation tubes in the eardrum. These ventilation tubes are commonly called 'grommets', and they work by ventilating the middle ear. It is important to remember that ventilation tubes are not permanently fixed in place and do fall out in time.

Removal of the adenoids is sometimes done at the same time that ventilation tubes are inserted. This operation is usually performed for persistent or recurrent infections and blockage of the nose.

After ventilation tubes have been inserted, your child's hearing and general health will be checked by your healthcare professional.

Managing OME in children with Down's syndrome

If your child has Down's syndrome and OME, he or she should be cared for by a team of healthcare professionals with expertise in managing Down's syndrome. If your child has hearing loss, he or she should be offered a hearing aid.

Before deciding whether an operation to insert ventilation tubes is needed, your child should be assessed thoroughly. This assessment will take into account the severity of the hearing loss, your child's age and the potential difficulties associated with the operation.

Managing OME in children with cleft palate

If your child has a cleft palate, the use of ventilation tubes will only be considered after careful assessment of your child by the local hearing services in collaboration with the cleft palate team.

If the healthcare professionals looking after your child believe that ventilation tubes will be beneficial, they should be offered to your child as an alternative to hearing aids.

Questions about the operation and what happens next

- What will the operation involve? Will it be carried out under general anaesthetic?
- Are there any risks associated with this operation?
- How long will it take after the operation until my child's hearing improves? What should I do if it doesn't improve?
- Can my child swim or take baths and showers? Will it be safe for my child to fly?
- When will my child's hearing be re-tested after the operation? How long will the ventilation tubes stay in place?

Other treatments

In the past, a number of different treatments were used to treat OME. However, NICE has found no evidence to support their use in the management of OME. Therefore, your child should not be given antibiotics, antihistamines, decongestants or steroids to treat OME.

NICE has also found no evidence to support the use of complementary therapies such as homeopathy, cranial osteopathy, acupuncture and massage for OME. There is also no evidence that changes to the diet will improve OME.

For some children with OME, a procedure called autoinflation may be recommended during the period of active observation. This involves inflating a special balloon with the nose, which helps to drain excess fluid from the middle ear. However, the procedure can be difficult to perform and is therefore generally only used by children who are comfortable with it.

More information

The organisations below can provide more information and support for parents or carers of children with OME. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Cleft Lip and Palate Association (CLAPA), 020 7833 4883 www.clapa.com
- Down's Syndrome Association, 0333 1212 300 www.downs-syndrome.org.uk
- National Deaf Children's Society, 0808 800 8880 (also Minicom) www.ndcs.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.