

Otitis media with effusion in under 12s

Decision table

NICE guideline tbc

Supplement 4: Decision table

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*These supplements were developed by
NICE*

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3 **Table 1:** Information on management options for otitis media with effusion (OME) for children, parents and carers

Questions	Monitoring and support	Hearing aids	Grommets
<p>What is the intervention?</p>	<p>Your child will have check-ups during the 3-month review period to monitor changes in their OME. During this time it may resolve on its own, or if it worsens another management option may be advised.</p> <p>During this period you can actively support your child at home and at nursery or school by using simple strategies to help them to hear and listen more effectively, for example getting your child’s attention first, being close to them, speaking clearly and reducing background noise.</p> <p>Autoinflation devices may also be recommended as part of monitoring and support if your child has no ear pain and is able to coordinate use.</p>	<p>Hearing aids make sounds louder and clearer, reducing the impact of hearing loss. There are 2 different types of hearing aids available: air conduction or bone conduction.</p> <p>Air conduction hearing aids are usually worn behind the ear and deliver sound into the ear canal.</p> <p>Bone conduction devices are worn on a headband and transmit sounds using vibration through the bones of the skull.</p> <p>Both types are removable.</p>	<p>Grommet insertion is an operation done under a general anaesthetic, so your child is unaware for the whole procedure.</p> <p>A small cut is made in the ear drum and the fluid behind the ear drum can be drained. A very small hollow tube is placed across the ear drum to allow air to pass through into the middle ear and equalise the air pressure.</p> <p>Over the following weeks or months, the grommet will fall out as the ear drum grows and the ear drum will heal itself.</p>
<p>How effective is the intervention?</p>	<p>In some cases OME can resolve within a few weeks or months.</p> <p>Monitoring can help form a better picture of hearing loss impact, and identify any patterns to changes in hearing, to inform choices for other interventions when OME does not resolve in the short term. Support strategies can help to alleviate the</p>	<p>Hearing aids allow your child to hear quieter speech when set up and used correctly. Some types of hearing aids may be less effective if hearing levels change, which can occur with OME.</p>	<p>Grommets can give an immediate improvement in hearing initially, although grommets often become less effective at 6 to 9 months.</p>

	frustration and fatigue of listening to muffled sound, promote good communication and help engagement.		
How soon can the intervention take place?	Information on strategies can be provided straight away, and this can be shared with teachers or carers outside of the family at nursery, school or at home.	Your child may need an initial audiology appointment to fit the aid or device, and explain to you and your child how to use and maintain it.	Grommet insertion operations are subject to hospital waiting lists, which can vary locally. Hearing aids may be considered in the interim in the case of longer waits.
What day to day issues are there for children and parents or carers?	Support strategies work best when they are used consistently, at all times and across all settings. People caring for or teaching your child need to correctly understand your child's hearing levels and how they might change over time (better and worse), and how to best use effective strategies to help your child cope.	Hearing aids need to be put on daily and removed for sleep: some older children will be able to do this themselves, but younger children may need help. Periodic changing of batteries, charging, and cleaning are needed. Air conduction hearing aid molds need replacing as your child's ears grow, and the tubing replaced when it deteriorates. Children may take time to get used to the device, with regular close attention from parents needed to ensure proper usage.	After the grommet operation your child will not be aware that they have a grommet in their ear, and no daily maintenance is needed. However, water precautions (such as avoiding swimming, and taking care when bathing or washing hair) should be considered for 2 weeks after a grommet operation.
What are the risks or complications involved in the intervention?	With a mild or moderate hearing loss, your child will still respond to many environmental sounds and to speech but they may not be hearing all of the sounds of speech clearly. Careful monitoring and discussion between parents and carers and healthcare professionals is needed. This is to ensure that reduced hearing is not adversely impacting on your child's speech and language development, and	While hearing aids can help your child's hearing loss, hearing loss may fluctuate in OME so the hearing aid's settings may sometimes need to be changed. The batteries and small components in hearing aids can be choking hazards, or cause a risk of serious harm to the bowel if swallowed. Some children may not tolerate some types of hearing aids, and a change	A very small number of children have a hole left in the ear drum after the grommet falls out, which may need surgical repair at a later date. A very small number of children may continue to have hearing loss after a grommet operation. Grommets can fall out too quickly, or in some cases remain in place for much longer than usual. Occasionally, a surgeon may consider removing them

	<p>that decisions to intervene further can be made at the right time.</p> <p>OME can also fluctuate, and parents and carers need to be mindful hearing can periodically worsen.</p>	<p>of type used may be needed. Some children may not tolerate either type of hearing aid.</p>	<p>after a long period of time so that the ear drum can heal.</p> <p>Children are slightly more prone to getting ear infections or ear discharge when they have grommets, and these may need antibiotic treatment.</p> <p>There is a small risk to health from the procedure, as it is surgery done under general anaesthetic.</p>
<p>What follow-up appointments are involved</p>	<p>There is often a 3-month period between hearing tests while healthcare services establish whether the OME may resolve on its own, or other interventions are needed.</p>	<p>Regular hearing aid checks will be needed, but the frequency will depend on the individual needs of your child and type of hearing aid.</p> <p>Air conduction aids may need more frequent appointments for new mold impressions to be made as your child's ears grow.</p>	<p>Follow up with a postoperative hearing test usually takes place 6 weeks after surgery for grommets. Follow up with a hearing test 1 year after surgery may also be advised.</p>