

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
Related NICE guidance not included in CG60	
IPG328: Suction diathermy adenoidectomy Dec 2009	

Appendix 2

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

28June - 11 July 2011

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
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

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
		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

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
		<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

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Response
			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