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Otitis media with effusion in under 12s

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Otitis media with effusion: the care you should expect

Otitis media with effusion (OME, also known as ‘glue ear’) is a build-up of fluid in the middle ear that affects many children early in childhood. It usually occurs after a cough or cold, or occasionally can develop after an ear infection, and it can affect one or both ears. Some children with OME have no symptoms, but in others it can cause ear discomfort, tinnitus (buzzing or ringing sounds in the ear), or temporary hearing loss. How much and for how long hearing is affected can vary. When present, this hearing loss can lead to behavioural problems, issues with speech and language development, and difficulties in social situations such as joining in conversations.

OME often clears up on its own in a few weeks or months. There are things that can help with the symptoms such as hearing aids, but sometimes surgical treatment is needed.

We want this guideline to make a difference to children under 12 with OME, and their parents and carers, by making sure:

- OME is correctly assessed and diagnosed, and reassessments are done if needed
- under 12s with OME and their parents and carers are given the right information to help them understand the condition and how it can come and go, so they can choose the most suitable care options
- parents and carers get advice on day-to-day strategies they can use, both at home and in school, to help minimise the impact of hearing loss on their child
- hearing loss is treated with the most suitable type of hearing aid or device
- children with OME and their parents and carers understand the benefits and risk of surgery, and can make an informed choice about whether to have it.

Making a decision about glue ear if your child has hearing loss

NICE has produced a decision support tool: making a decision about glue ear if your child has hearing loss on behalf of NHS England. It is available on the NHS England website.

This tool can help you decide between treatment options.

It is for parents or carers of children younger than 12 years who have glue ear with hearing loss. You can go through it and use it to help you talk to your child's care team. Your child's care team includes people from different health professions and specialties who help to manage your child's glue ear, for example, audiologists, surgeons and other ear specialists.

Making decisions together

Decisions about treatment and care are best when they are made together. Your health and care professionals should give you clear information, talk with you about your options and listen carefully to your views and concerns.

To help you and your child make decisions, think about:

- What matters most to you and your child – what do you want to get out of any treatment, care or management option?
- What are you or your child most worried about – are there risks or downsides to the treatment, care or management options that worry you or your child more than others?
- How will the treatment, care or management option affect you and your child's day-to-day life?
- What happens if your child does not want to have a treatment, care or management option?

If you need more support to understand the information you are given, tell your healthcare professional.

Read more about making decisions about your care.

Where can I find out more?

The NHS website has more information about OME.

The organisations below can give you more advice and support.

- Ewing Foundation, info@ewing-foundation.org.uk, 07778 599939
- Glue Ear Together, getintouch@glueeartogether.org.uk
- National Deaf Children's Society, ndcs@ndcs.org.uk, 020 7490 8656

NICE is not responsible for the content of these websites.

To share an experience of care you have received, contact your local Healthwatch.

We wrote this guideline with parents and carers of children who have been affected by OME and staff who treat and support them. All the decisions are based on the best research available.

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