

GROMMETS

This information leaflet is to support your discussion with your Specialist.

This leaflet will explain how your ear works and what grommet insertion may do for your condition. Before you agree to any treatment, you will always have an opportunity to discuss the procedure and raise any concerns or questions.

HOW DOES THE EAR WORK?

The ear consists of the outer, middle and inner ear. The outer part of the ear is covered by skin which forms the covering to the ear canal and the eardrum. The middle ear is covered by mucus producing membrane (mucosa), which produces a liquid. The inner ear is surrounded by bony covering which is very hard (the hardest bone in the body). This contains a sensitive mechanism for hearing and balance and these structures are both linked.

Sound travels through the outer ear and reaches the eardrum causing it to move or vibrate. This vibration is then transferred through the smallest bones of the body (the ossicles) which are found in the middle ear area. The vibration is then passed to the inner ear structures where nerve cells are stimulated.

The middle ear chamber of the ear may become filled with liquid (glue ear). This liquid can cause difficulties in the transmission of sound from the eardrum to the inner ear. This causes a conduction hearing loss or deafness. This means that the sound that is travelling in the air does not get to the inner ear very easily.

DOES MY CHILD HAVE TO HAVE GROMMETS?

Glue ear may settle on its own. This may take some time. We normally observe children for three months because approximately 50% of children will get better over this period of "watchful waiting". If after three months there is still fluid behind the eardrum, we may discuss with you the option of grommet insertion. If the glue ear is not causing any problems and the hearing is within the normal range, no further intervention or operation may be needed. If there are recurrent infections, poor speech and hearing difficulties, then it may be better to put grommets in.

You may change your mind about the operation at any time, and signing a consent form does not mean that your child has to have the operation.

CAN ANYTHING ELSE HELP?

Some doctors may use nose drops or nasal sprays to see if they help. Steroid-containing nasal sprays may help some children if they are able to use them. The long-term use of antibiotics and antihistamines does not generally tend to improve this type of condition. Other alternative treatments do not seem to be helpful.

Taking out the adenoids may help the glue ear get better and your Surgeon may explain the nature of this surgery to you if it is to be performed under the same anaesthetic.

A hearing aid can sometimes be used to treat poor hearing and speech problems that are caused by the glue ear. This would mean that your child does not require an operation, and will require the use of a hearing aid on a daily basis.

IS THERE ANYTHING I CAN DO TO HELP?

Try to help your child with his or her hearing difficulty. Speak clearly and wait for your child to answer. Ensure that school teachers and educational professionals are aware of the hearing and speech issues. It may be helpful for your child to sit at the front of the class.

HOW IS GROMMET INSERTION SURGERY DONE?

Your child may be admitted to the hospital either the night before or on the morning of the surgery. It is unusual to have an admission the night before but this may be necessary if your child has other medical needs.

A general anaesthetic is used to make your child fall asleep for the whole procedure. The operation is undertaken through the ear canal and so there will be no cuts visible on the outside of the ear. A small plastic tube a grommet- is inserted through a very small hole that is made in the eardrum. The grommet will lie in the eardrum and there may be some bleeding noticeable for a day or two after the procedure from the ear canal. It will be important to use ear drops to help settle down this bleeding and to stop the blood clot that forms from blocking the grommet.

WHAT TO EXPECT AFTER THE OPERATION

There may be a little bit of bleeding on the pillow after the operation but this usually settles. You may require ear drops to help settle any discharge that is building up. There may be a little bit of discomfort in the ears but this normally settles with simple painkillers. Your child should be able to go home the same day of surgery. There are no stitches to be removed and there are no other special follow up requirements. Your child will be seen in the ENT Clinic after the surgery to ensure

that the position of the grommet is maintained and that the hearing is normal. Do follow the aftercare instructions cited below.

Your child may find that the noises and your speech is very loud and they may find this disturbing until they become used to it.

WHAT ABOUT EAR INFECTIONS?

Most people with grommets do not get ear infections. If you see a yellow fluid coming from the ear, this may suggest infection. You may need to visit your General Practitioner or the ENT Doctors to have some drops prescribed for use in the ear. This normally settles the infection quickly.

HOW DO I LOOK AFTER MY CHILD'S EARS?

After grommets have been inserted, you must keep the ears dry. Whenever your child has a bath or a shower, they must not allow soapy water into the ear canal. Any fluid that enters the ear canal may go through the grommet causing discomfort, pain and possibly a discharge. Use cotton wool coated with Vaseline as an earplug to help reduce the risk of this.

If your child wishes to swim, they can do so after few weeks when they have recovered from the surgery. The hole in the grommet is too small to let water through unless there is soap in the water or if they have submerged the head under water. If your child is swimming, they must ensure that they do not dive into the water as this may cause water into the middle ear through the grommet and this may in turn lead to discharge, infection or pain.

HOW LONG WILL MY CHILD BE OFF NURSERY SCHOOL?

Your child should be able to go back to normal activities the day after the operation.

THE RISKS AND COMPLICATIONS OF SURGERY

There are some risks that you must be aware of before giving consent for this treatment. These potential complications are rare. You should consult your surgeon about the likelihood of problems in your case.

This is not a comprehensive list of the complications associated with surgery but does cover most problems including rare ones associated with this procedure. If you wish to discuss further specific issues, please do not hesitate to do so with your doctor.

Infection:

This may occur immediately after surgery or at any time while the grommet is in place. If this occurs, the ear is likely to discharge. Your child will require antibiotics for this and the grommets may respond to a course of antibiotic ear drops.

Obstruction:

The grommets may become blocked by wax, blood or dry discharge. This may stop the grommet from functioning properly. Your child may require ear drops for further surgery to treat this.

Perforation :

Grommet insertion may result in a permanent hole or (perforation) in the eardrum. There is a very low risk of this with grommet surgery around 1%. The risk is higher in those with long-term ear drum ventilation tubes (T-tubes). This may result in the need for further surgery to repair the hole.

Bleeding :

Significant severe bleeding is very, very rare.

Others :

Damage to the facial nerve or the middle ear ossicles (small bones for hearing) is very, very rare.

WHAT ELSE SHOULD I KNOW ABOUT GROMMETS?

Grommets allow the middle ear to equalise pressure. This means air travel is safe with grommets in place as long as they are not obstructed.

We normally check your child's hearing after grommets have been put in to ensure that hearing has improved or returned to normal.

Sometimes when grommets fall out, they may leave a small hole behind. This usually heals with time. It is very rare to have to operate to close this hole. There can also be some scarring left on the eardrum when the grommet falls out. This does not usually affect hearing.