

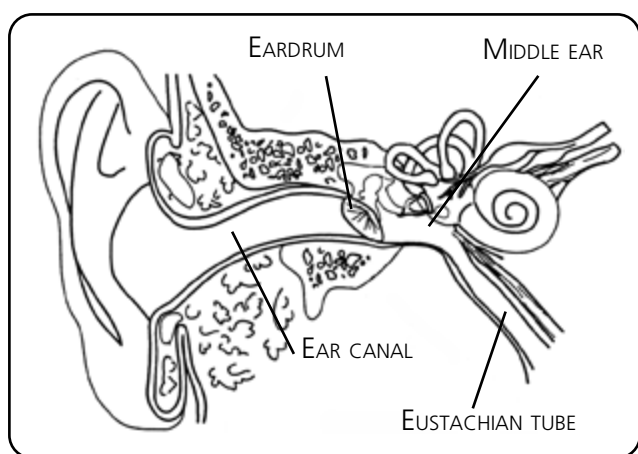
Grommets

INTRODUCTION

The operation to insert grommets is the most frequent operation performed in childhood and this information leaflet answers the questions most commonly asked about it.

Why do we insert grommets?

There are a number of reasons for inserting grommets, but in childhood they are usually inserted because of glue ear or frequent middle ear infections.



Glue ear is a common condition in childhood and it causes a hearing loss as a result of fluid accumulating in the middle ear (behind the eardrum), usually without any pain. The severity of glue ear varies and may be an intermittent problem. Glue ear occurs if the Eustachian tube, which passes from the back of the nose to the middle ear, is not working sufficiently well to ventilate the middle ear adequately, allowing fluid to collect in the middle ear. Most children will grow out of their problems if left untreated but there may be a long period when their hearing is

reduced. Grommets allow air into the middle ear so that fluid does not accumulate and cause a hearing loss.

If grommets are inserted for middle ear infections they allow the infection to drain away, which usually results in less pain and fever, though antibiotics may still be required.

What does the operation involve?

You may have been asked in the outpatients clinic, or will be asked on the day of your operation, to sign a consent form giving the surgeon permission to perform your child's surgery.

The operation is performed under a short general anaesthetic and will usually be as a day case, unless performed with another procedure. The ear is examined under the microscope and a small incision made in the eardrum so that the fluid behind the drum can be removed with a sucker. The grommet is inserted into the hole to keep it open and allow air to pass from the ear canal into the middle ear.

Sometimes, following the operation, a short course of ear drops is given, though this is not always necessary.

Other operations

Other operations such as adenoidectomy or tonsillectomy may be performed at the same time as grommets are inserted. If this is the case, a longer hospital stay may be required and convalescence may be lengthened.

What are the risks of a general anaesthetic?

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risks of in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye damage, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

AFTER THE OPERATION

What care is required after the operation?

Once your child has recovered from the anaesthetic, he/she will be allowed to go home. Pain is not expected, though some children get mild earache and Paracetamol (Calpol) may be required.

There is often some discharge from ears during the first week after grommets are inserted, and this may occasionally be bloody. This discharge is nothing to be worried about, but if it fails to settle, becomes dirty or smelly, or is associated with pain and temperature, there may be an ear infection and you should consult your general practitioner as antibiotics and ear drops may be required.

What happens to the grommets?

Grommets will usually come out of the eardrum on their own and do not require removal. The time scale for this is very variable, usually between 6 and 18 months, depending on the type of grommet. When the grommet comes out, the eardrum quickly heals.

What problems can occur following the operation?

Problems are rare following the insertion of grommets, but the more important ones are mentioned here.

- A grommet may become blocked and fail to work. If this happens, it may need replacing.
- A small proportion of children will get a persistent or frequent discharge from their ears following the operation. If this does not respond to treatment with ear drops or antibiotics, the grommets may have to be removed.
- As the grommet comes out, the drum heals behind it. Very occasionally healing may fail, leaving a persistent perforation of the eardrum. This rarely causes any problems as the small hole will work in much the same way as a grommet, allowing air into the middle ear. At a later stage the hole can be repaired to give an intact eardrum which will allow normal swimming and diving activities.
- It should also be remembered that any general anaesthetic carries some risk, but with modern techniques and agents, this is minimal.

Will we be seen at the Hospital again?

Your child will have to attend for one visit following the operation. This will usually be 6-12 weeks after surgery and will either be a visit to the outpatient clinic or an appointment for a post-operative hearing test, to ensure the grommets are working.

Will more grommets be required? Alternatives to surgery

By the time the grommets come out, most children will have grown out of their problems. A few children have further problems when their grommets are out and, if this is the case, your general practitioner may re-refer the child for a further set of grommets.

What about swimming?

Swimming is not usually a problem, though an infection can occur if water passes through the grommet into the middle ear. This is unlikely to happen if swimming is restricted to the surface, but diving and underwater swimming should not be allowed as the pressure may force water through the grommet. If persistent pain or discharge occur, see your general practitioner. Ear plugs are not necessary unless swimming causes discomfort or infection.

Are there any problems with air travel?

When grommets are in place and working, there will be no problems with the pressure change associated with air travel, as air can pass freely through the grommet into the middle ear.

What should be done if there are problems?

If you think there is a problem, contact your general practitioner. Problems are usually minor and he/she will often be able to sort them out. If there is a need for further specialist care, this will be arranged.

The alternative to having grommets is a 'watch and wait' approach. The majority of children with glue ear will grow out of the problem within a few years. This has the disadvantage of a prolonged period of reduced hearing or recurrent ear infections, but for people with mild problems is a sensible alternative. This option would normally have been considered before deciding to insert grommets.

Hearing aids can be used as an alternative to grommets in some cases of glue ear, and your doctor may discuss this with you.

Benefits

- To improve hearing, reduce pain from recurrent ear infection.
- To improve adverse changes in the eardrum, i.e. scarring and perforation.

This information can be offered in other formats on request, including a language other than English and Braille.

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