

PATIENT INFORMATION

Glue Ear

Paediatric Department

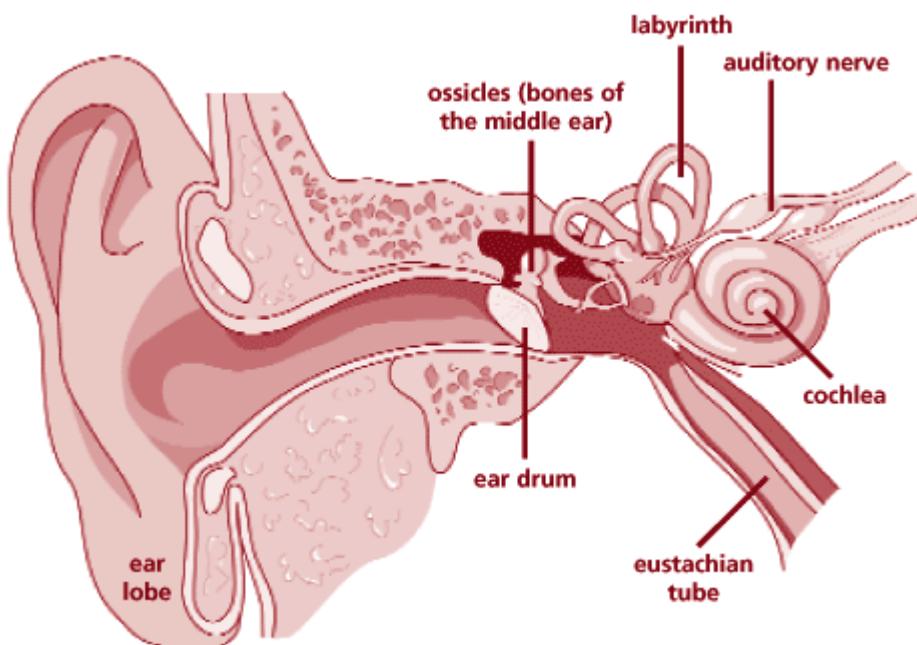
INTRODUCTION

This leaflet explains about glue ear and what to expect when your child comes to Southport and Ormskirk NHS Trust.

HOW DO WE HEAR?

The ear consists of three parts, the outer ear, the middle ear and the inner ear.

Sound waves enter the ear canal and cause the eardrum to vibrate. The sound then passes through the middle ear via the three small bones of hearing (ossicles), on to the inner ear which is filled with fluid. The movement of the fluid in the cochlea stimulates the hair cells inside it to trigger a nerve impulse which is carried to the brain by the auditory nerve. The brain then interprets these nerve impulses as sound.



WHAT IS GLUE EAR?

Glue ear is a very common condition affecting children. It is also called 'otitis media with effusion', which means the

middle ear contains fluid. It occurs when a sticky fluid (glue) builds up inside the ear. This can affect hearing because the parts of the middle ear cannot move freely, although the level of hearing loss is mild to moderate, rather than severe or profound.

WHAT CAUSES GLUE EAR?

We are not exactly sure what causes glue ear, but doctors believe it is connected to the Eustacian tube not functioning properly. The Eustacian tube usually keeps the air pressure on both sides of the eardrum equal. If the tube is blocked, this causes the air pressure inside the middle ear to drop. Fluid drains from the surrounding tissue to fill up the middle ear. With time, this fluid becomes sticky and stops the eardrum and ossicles vibrating as they should.

Problems with the Eustacian tube may be caused by previous ear infection, smoke irritation or allergies. It is not caused by a build up of earwax or getting water in the ear after swimming or showering.

WHAT ARE THE SYMPTOMS?

The first symptom parents tend to notice is that their child's speech and language development is behind his or her peers. This can be caused by any form of hearing loss but glue ear is the most common form affecting children. You may also notice your child seems not to be listening to you or has the television at a constant high volume. If you are at all worried about your child's hearing you should contact your GP.

Occasionally, children with glue ear have a mild earache, but this is more common with ear infections. Glue ear is not

an infection and the fluid building up in the ear rarely contains germs.

HOW IS GLUE EAR DIAGNOSED?

The doctor will start by looking inside your child's ear to see if there is any visible blockage of the ear canals and to check the appearance of the eardrum. This will be followed by some hearing tests to see whether there is any hearing loss and if so, whether it is caused by glue ear. One of these tests (tympanometry) tests the mobility of the eardrum and can give an indication of whether glue is present.

Your child may already have been diagnosed by the time you visit Southport and Ormskirk Hospital, or the audiology doctors may diagnose it here.

HOW COMMON IS GLUE EAR?

It is an extremely common condition, which usually tends to affect children under the age of seven, most commonly between the ages of two and five. However, some children have 'recurrent' glue ear which means it returns after treatment over a period of some months or years. This can lead to problems in speech and language development, due to hearing problems.

Some children develop glue ear after a cold so it can be more common during the winter months. It is also more common in boys than girls, but at present, we do not know why.

HOW CAN IT BE TREATED?

If a child has an isolated case of glue ear, it may clear up by itself. However, if it persists and starts to affect their speech,

language or schooling, the doctor may suggest treatment using grommets, which are inserted during an operation.

THE OPERATION

What are grommets and what does the operation to insert them involve?

Grommets are tiny tubes, which are inserted into the eardrum. They allow air to pass through the eardrum which keeps the air pressure on either side equal. The surgeon makes a tiny hole in the eardrum and inserts the grommet into the hole. The grommet usually stays in place for six to twelve months and then falls out. This is normal and will not affect your child. Around 1 in 3 children will need further grommets.

Are there any risks?

Every operation carries some risk of infection and bleeding, but as the hole in the eardrum is tiny, this risk is very much reduced. Around one in every 100 children may develop a perforated ear drum. If this persists it can be repaired later. Every anaesthetic carries a risk, but this is very small. Modern anaesthetics are very safe and your child's anaesthetist is a very experienced doctor who is trained to deal with any complications.

Are there any alternatives?

For persistent glue ear, grommets are the treatment of choice. Medical treatment with decongestants or steroids has not been shown to be particularly effective unless there are signs of infection or allergy. Antibiotics can help but only in the short term.

What happens before the operation?

You will already have received information about how to prepare your child for the operation in the Welcome to our hospital booklet and your admission letter.

The doctors will explain about the operation in more detail, discuss any worries you may have and gain your consent for the operation. Another doctor will also visit you to explain about the anaesthetic.

If your child has any medical problems, particularly allergies, please tell the doctors about these. Please also bring in any medicines your child is currently taking.

What happens afterwards?

After the operation, your child will return to the ward to fully wake up from the anaesthetic. Once he or she feels comfortable and has had a drink, you will be able to take your child home.

Going home

Your child's ear may ooze or bleed a little for a day or two after the operation. This is normal and should recover within a few days. You should clean any discharge from the outer ear, but do not attempt to clean inside the ear.

If your child has mild earache, which is quite common, you should give him or her pain relieving medications like paracetamol or ibuprofen according to the instructions on the bottle.

Your child should avoid water getting into his or her ear for six weeks or so after the operation. A follow up appointment will usually follow in 6 months. You will be given advice on this before leaving hospital based on what your surgeon recommends post operatively.

If you go swimming after 6 weeks, avoid putting your head under the water. It is possible to get a swim plug from the Audiology Department for a small charge.

You will need to take care during hair washing, bathing and showering. It can help to put a large piece of cotton wool with Vaseline® on it into your child's outer ear. Do not insert it into the ear canal itself, as this could prove difficult to remove.

The doctor may prescribe ear-drops for your child. If so, please follow these instructions for inserting them:

- Check the instructions on the bottle
- Lay your child on the bed with the ear needing ear drops facing upwards
- Pull the top of the ear gently backwards and squeeze the prescribed amount of drops into the ear canal
- Press your finger over the ear canal and gently push four or five times
- Your child should stay lying on the bed for a few minutes.

WHAT IS THE OUTLOOK FOR CHILDREN WITH GLUE EAR?

Once glue ear has been diagnosed and treated, the outlook is very good. Most children with speech and language delays catch up and go on to have a normal school life. A small proportion of children may need extra help from a speech and language therapist.

NOTES

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

MATRON

A Matron is also available during the hours of 9.00 to 5.00 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

Persistent high temperature and/or pain – please contact the telephone numbers given for advice.

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

Your own GP –
Children's Ward, ODGH (01695) 656912/656393
Children's A&E, ODGH (01695) 656674

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111
Stop Smoking Helpline (Sefton) - 0300 100 1000
Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

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FOR APPOINTMENTS

Telephone (01695) 656680
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Please remember to complete the **attached Friends and Family Test**.

Alternatively, you can complete the *Friends and Family Test* on-line by going to:
southportandormskirk.nhs.uk/FFT
Thank you

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