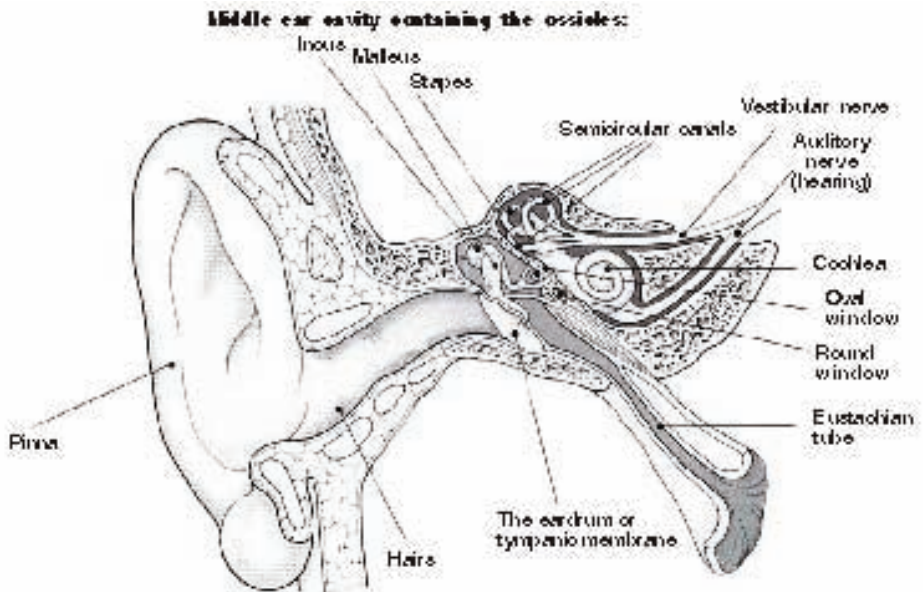


Glue ear



The ear



When sounds enter the outer ear they cause the eardrum to vibrate. Three small bones in the middle ear cavity transmit these vibrations to the inner ear. Here, they are turned into electrical impulses that travel along the hearing (auditory) nerve to the brain, which then interprets the information, allowing us to hear. The Eustachian tube connects the middle ear to the back of the nose and lets air into the middle ear, keeping it ventilated.

What is glue ear?

Glue ear is the most common cause of hearing loss in children. It is caused by fluid building up in the middle ear space behind the eardrum of one or both ears. This often happens after a cold, when the Eustachian tubes can become blocked with mucus. To begin with, the fluid is often thin and runny but it may become thicker, like glue. The fluid stops the eardrum and ossicles moving freely and a hearing problem may result. In most cases glue ear clears up without complications. However, if it does persist it may cause medical, educational or behavioural problems.

What are the effects of glue ear?

Your child:

- doesn't hear properly and may misunderstand
- has the volume on the television or radio louder than normal
- may appear inattentive or daydreaming
- talks more loudly than normal, although some children talk less
- speaks less clearly or mispronounces words
- becomes quiet and withdrawn
- has slower speech and language development
- may watch your face when you speak (lip reading).

Your child's hearing may vary from week to week. Not hearing clearly can frustrate a child, leading to changes in behaviour and temper tantrums, especially when they are tired.

What can be done about glue ear?

Initially, your child will be seen by an audiologist who will examine your child's ears and carry out a hearing test. If hearing loss is persistent for more than three months, with an associated handicap, the audiologist will refer on to an ENT surgeon to consider whether your child needs treatment.

Treatment can be either hearing aids or surgery (to insert grommets). The ENT surgeon will help you decide which treatment is best for your child.

How do grommets help?

Some children benefit from an operation to have grommets fitted. Grommets help to get air into the middle ear, preventing fluid from building up. The ENT specialist may also recommend removing the adenoids at the same time as putting in the grommets. This can help prevent the return of glue ear, and it may help with colds and other nasal symptoms.

What does the operation involve?

Under a general anaesthetic, a tiny cut is made in the eardrum and any fluid is drained away. A miniature tube called a grommet is inserted through the hole to keep the middle ear ventilated.

Grommets improve hearing immediately and usually stay in place for between six months and a year. When they fall out, the small hole in the eardrum usually heals quickly. For many children, only one set of grommets are needed.

What happens afterwards?

Following grommet insertion, **keep soapy water out of the ear**. Wash hair using a shower, rather than by 'head dunking' in the bath. If this is insufficient to keep water out of the ear, use ear plugs (or cotton wool coated on the inside with Vaseline).

There is no medical evidence that swimming with grommets leads to more ear infections. We recommend that you/your child does not swim for the first two weeks following grommet insertion. After this, you/your child may go swimming, but do not dive or swim underwater.

Is surgery the only option?

An alternative to surgery is the use of a hearing aid. These are provided free of charge through the NHS. If a child has hearing loss in both ears it is quite common to wear a hearing aid in each ear, giving an improved sense of direction. Hearing in stereo also helps improve understanding of speech. If you choose hearing aids to treat the hearing loss, regular audiology follow-up appointments will be required to check the hearing and aids, every three to six months.

Most children recover from glue ear by themselves, but it sometimes takes a few months. Almost all children will have outgrown glue ear by the age of ten. The older the child, the more likely the condition will resolve itself quickly.

What follow-up is required?

We recommend a hearing test to ensure the hearing has improved as expected. You will be sent an appointment with the audiologist for this test around six weeks following surgery. After this there is no need for follow-up until the grommets have fallen out (after about one year).

Around a year following surgery, we will arrange an audiology check-up to check the grommets and hearing. The audiologist will then either discharge you/your child or refer you back to the ENT department.

What should I look out for?

If you are worried about your child's hearing, you can contact the audiology department yourself to have this checked (we will give you the contact details). If you are worried about infection with discharge from the ear, see your GP to request treatment with antibiotic drops. If this does not settle the infection your GP should refer you back as a 'new patient' to the ENT surgery department.

How can I help?

Remind everyone regularly that your child's hearing may be less than perfect. The following tactics may be useful:

- attract your child's attention before telling them something
- talk face to face, down at their level if possible
- cut down on background noise (turn off the TV or radio)
- speak a little slower and clearly, making sure your face is not in the shadow, but don't shout or make exaggerated mouth movements
- make instructions short and simple
- tell your child's teacher or playgroup leader that he/she has glue ear. Ask if they can sit closer to the teacher and bring all the
- points above to their attention.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

