

What are grommets?

Grommets are tiny plastic tubes, inserted into the eardrum to relieve glue ear. Glue ear is a common childhood condition where the middle ear becomes filled with fluid. Most cases of glue ear do not require treatment as the condition will improve by itself, usually within three months.

Treatment is usually only recommended when symptoms last longer than three months and the hearing loss is thought to be significant enough to interfere with a child's speech and language development. For children with recurrent severe middle ear infections, tiny grommet tubes may be inserted into the eardrum to help drain fluid. These tubes are called grommets.

Grommets are inserted under general anaesthetic, which means the child will be asleep and won't feel any pain. The procedure usually only takes about **15 minutes** and the child should be able to go home the same day. A grommet will help keep the eardrum open for several months.

As the eardrum starts to heal, the grommet will slowly be pushed out of the eardrum and will eventually fall out. This process happens naturally and should not be painful. Most grommets will fall out within **6 to 12 months** of being inserted. Some children will need another procedure to replace the grommets if the child is still experiencing problems.

Patient eligibility criteria:

The patient's local NHS commissioning organisation will **ONLY** fund surgical treatment for children from age 3 to 12 years if the patient meets the following criteria:

- children with on going glue ear over a period of 3 months, with a hearing level in the better ear of 25–30 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz, **OR**
- children with on going glue ear over a period of 3 months with a hearing loss less than 25–30 dBHL, where the hearing loss is impacting on a child's development.

Once a decision has been taken to offer surgical intervention for glue ear in children, the insertion of grommets is recommended. Children who have undergone insertion of grommets for glue ear should be followed up and their hearing should be re-assessed.

The clinician in charge of the care of the patient's specific condition, usually a hospital doctor, can assist the application, if there is exceptional clinical need for the treatment to be funded. The patient's clinician must evidence clinical exceptionality and must be supported by the patient's local NHS commissioning organisation. See separate leaflet for more information on Individual Funding Requests (IFRs).

Advice and further guidance:



For more information search for 'glue ear' at www.nhs.uk

Or to read the 'glue ear decision aid' visit sdm.rightcare.nhs.uk

Treatment policy for patients covered by NHS Solihull, Birmingham CrossCity and Birmingham South Central Clinical Commissioning Groups.