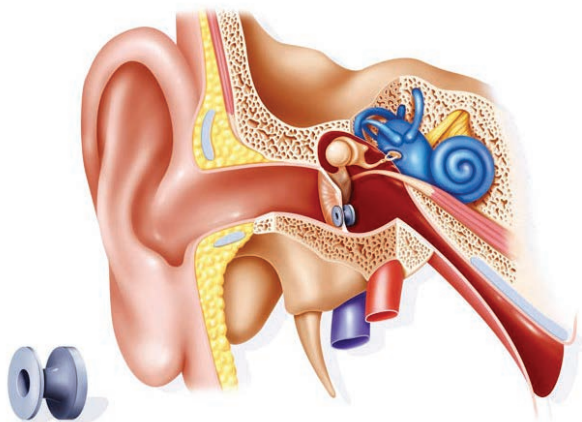


2 Grommets

A referral is made to the Ear, Nose and Throat (ENT) department in which the option for grommets may be offered at some point. Grommets are very small 'ventilation tubes' that are positioned in the eardrum under general anaesthetic. They allow air to flow in and out of the ear, which helps to prevent the build up of glue ear.

Grommets fall out by themselves over time and may stay in the ear drum from a few months to a year, and sometimes even longer in older children. Once the grommet/s have fallen out then glue ear may build up again, following which the process could be repeated.



3 Hearing Aids



Hearing aids work by making sounds 'louder' so that the sound can travel 'through' the glue ear. Your child may be offered one or two hearing aids depending upon the hearing test results.

An hour long appointment will be made to fit the hearing aid and discuss the care and maintenance of the device. Your child will also be referred to the Sensory Support service so that a Specialist teacher can come to see them (at nursery, home or school) to ensure the hearing aid is benefiting them as much as possible.

The information in this leaflet was compiled by
the Audiology Department, Trafford General Hospital.

Date of origin: 2015 Next review date: 2017

Glue Ear Information Leaflet



A Guide for Parents

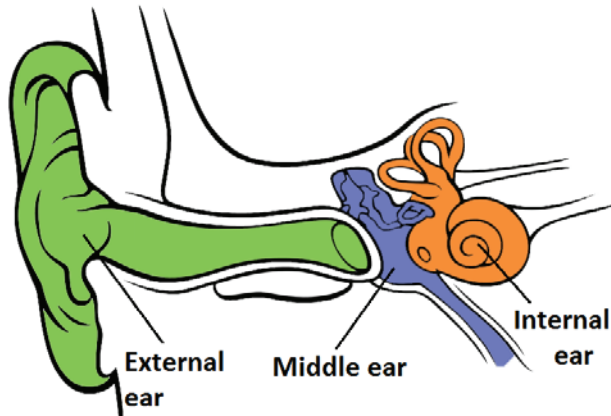
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What is 'glue ear'?

The ear is made up of 3 parts (outer, middle and inner). The middle part is usually filled with air so that it can function properly. Air is kept in this part by a tube (called the Eustachian tube), which runs from the middle ear to the back of the throat.



However in children this tube is narrower and angled slightly differently, so it does not allow air to flow into the middle ear as efficiently. Due to the lack of air, the cells which line the middle ear begin to produce mucus. This then blocks the sound from travelling through to the inner ear.



Who gets 'glue ear'?

It is very common in young children, but can happen in adults too.

Most children (around 80%) will have glue ear at some time, but it does not always cause problems. We only need to treat it if it is causing problems with hearing or speech.



What are the signs and symptoms?

- Poor listening skills
- Delayed speech development
- Inattentive and behaviour problems
- Recurrent ear infections
- Hearing fluctuation



Testing for glue ear?

Tympanometry– this test puffs some air in the ear canal and looks at how well the eardrum is moving. If there is fluid in the middle ear the eardrum will show very little or no movement.

Hearing test- A detailed hearing test can be used to help diagnose glue ear. Sometimes the mucus becomes very thick and this may affect your child's hearing. The type of hearing test performed depends upon the age of your child, however, all of our hearing tests involve playing games of some description. The hearing test is used to test the quietest level of sound that your child can hear at different pitches of sounds. All of the pitches tested are important to understand speech.



Communication Tactics

- Get your child's attention
- Face them, keeping eye contact
- If school aged, request they sit at the front of the classroom and inform teacher of their hearing difficulties
- Try to keep background noise to a minimum



What treatment options are there?



1 Watch and wait

Depending on the degree of hearing loss, there may be the option to 'watch and wait' for 3 months. This is because glue ear can clear up by itself with no need for intervention. If this option is given, it is very important that you follow the communication tactics listed above.

Sometimes, when the hearing test results show significant difficulties we may discuss the intervention options and 'skip' the watchful wait period. Interventions for glue ear are as follows:

