

## Useful Information

If there are any agencies or contacts that you have found helpful you may find it useful to write down details below:

Ward F63 phone number 0191 5699763

We hope you have found this booklet useful during your hospital stay.

This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

[www.sunderland.nhs.uk/chs](http://www.sunderland.nhs.uk/chs)

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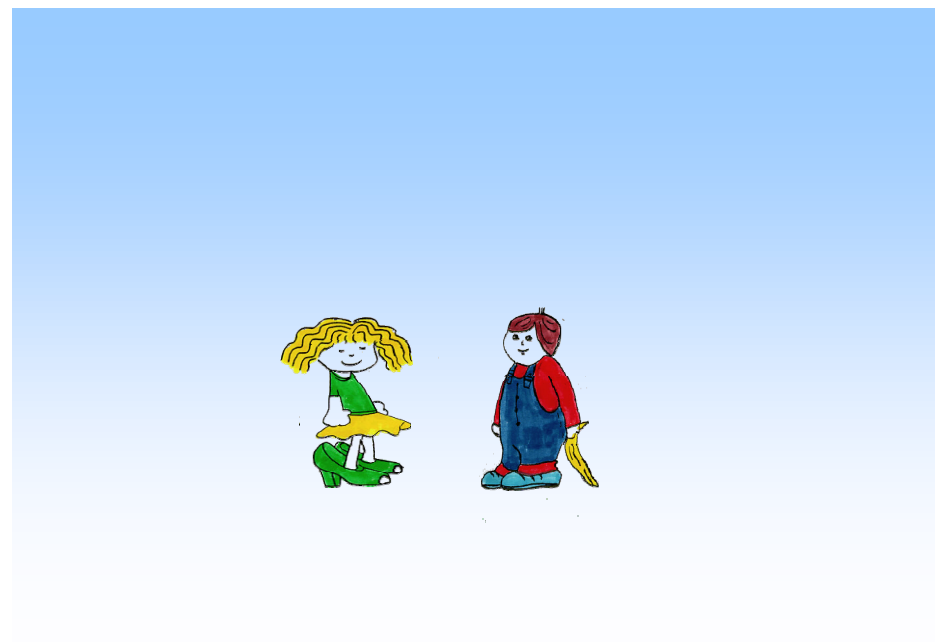
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## INSERTION OF GROMMETS

### PATIENT AND CARER INFORMATION LEAFLET



Directorate of Paediatrics

Sunderland Royal Hospital

**How long does the grommet remain in place?**

Most grommets fall out by themselves. Depending partly on which type of grommet is used, it may stay in for six months, a year or longer.

**How will I know when the grommet has come out?**

You may find the grommet in your child's bed or in their clothes, but it is so small that often it falls out without you knowing. Your child's GP will be able to tell you if the grommet has come out.

**Will more grommets have to be inserted?**

Not usually, but in some children the glue ear may come back again as soon as the grommet falls out. This happens to one child out of five who has grommets put in. Your child may need more grommets until they have grown out of the problem.

A microscope is used to see the eardrum and then a tiny cut is made in the eardrum. A fine sucker a little like a vacuum cleaner is used to remove the fluid behind the eardrum. The grommet is then put in so it sits in the hole in the eardrum.

### **What happens after the procedure?**

Your child will be taken to the recovery room for a while until they are fully recovered from the anaesthetic.

You are sometimes asked to go along and wait with them.

A nurse will escort you both back to the ward where your child will be monitored until they are discharged home (this will be no sooner than 2 hours from returning to the ward).

### **Caring for your child after the operation.**

- Your child can eat and drink normally.
- You do not need to keep your child off school.
- When bathing your child and washing their hair, water must be kept out of their ears, you can use cotton wool moistened with Vaseline to plug the ears.
- Your child must avoid the swimming pool for 2 weeks following the operation and even then they must not dive or jump into the pool or swim under the water.
- You must not try to clean inside the canal but you may carefully clean the outside of the ear.
- You must not poke anything into the ear canal especially cotton wool buds.
- It is fine to fly in an aeroplane with grommets.

### **Follow up appointment**

The nurse on discharge will let you know if you need a further appointment and tell you whether you need a hearing test. The ward staff will make the appointment, which will be sent to you in the post.

### **What is glue ear?**

Some people get fluid behind the eardrum. This is sometimes called 'glue ear'. It is very common in young children but can also happen in adults too. Most children will have glue ear at some time.

Normally the space behind the eardrum (called the middle ear) is full of air. It is connected to the back of the nose by a tiny tube. This tube allows air to pass in and out of this space. If this tube does not work properly the space fills up with fluid. This fluid can be thin and watery or thick and sticky.

When the fluid is present it can stop the eardrum from vibrating properly and can cause problems with hearing. Fluid behind the eardrums can also make the ears more prone to infections.

We don't know exactly what causes glue ear. In some children large adenoids can cause the tubes to be blocked.

Glue ear tends to get better by itself but this can take a while. If the glue ear is not causing your child any problems, we can wait for it to settle by itself. We only need to treat it if it is causing problems with hearing or speech, or if it is causing lots of ear infections. Treatment usually requires an operation when your child will have grommets put in their ears.

### **What is a grommet?**

A grommet is a very small plastic or metal tube that sits in a hole in the eardrum.

### **What are the benefits?**

The grommet allows air to get in and out of the space behind the eardrum. This keeps the ear healthy.

## What are the risks?

There are very few risks related to this operation.

### • General anaesthetic

There is always a very small risk of a serious reaction or complication associated with a general anaesthetic whatever the procedure. Please let us know if anyone in the family has had a problem with anaesthetics

### Risks during the procedure

Very rarely the grommet is not inserted

### Risks after the procedure

- There may be slight bleeding or discharge from the ear(s) during the first 24 hours after the operation. This is normal but if it continues contact your child's GP.
- There is a chance your child could develop an infection in their ear. You must contact the GP if there is a smelly discharge from the ear.
- Your child may have some earache after the operation but this should get better within 24 hours. You can give them a paracetamol such as calpol and disprol to relieve this, but please do not exceed the normal dose. If the pain persists for more than a few days, or gets worse, then contact your child's GP.
- Occasionally your child may complain of a sensation of popping, clicking or fullness in the ear – try not to worry as this is in no way harmful.

- Sometimes when a grommet comes out, a small hole is left in the ear drum (called a perforation). This usually heals up with time and we rarely need to operate to close the hole.

### Are there any alternatives?

Some doctors may use nose drops or antibiotics to see if they help. A hearing aid can be used to treat the poor hearing and speech problems that are caused by glue ear. This would mean your child would not need an operation.

There is no evidence that alternative therapies improve glue ear.

### What happens before the procedure?

It is important you follow the written instructions on the admissions letter about how to prepare your child for their operation. This includes the times after which they should not eat and drink. To make your child's operation as safe as possible we may have to cancel the operation if your child is not fully prepared, or had anything to eat or drink.

On admission your child will be asked to change into their pyjamas and a name bracelet will be provided which they need to wear at all times.

A ward nurse will take your child to theatre and wait with you until the anaesthetic nurse comes, you will be able to accompany them into the anaesthetic room while your child goes to sleep. You will then be asked to leave the anaesthetic room and wait on the ward until your child is ready to be brought back from theatre.

### What happens during the procedure?

The operation takes about 30 minutes but you should expect your child to be away from the ward for a bit longer as they spend some time in recovery. Your child will be asleep under a general anaesthetic when the operation is performed.