Information Leaflet for parents

Ear Problems, Grommets and Adenoids

Revised January 2005
What are the adenoids?

The adenoids are lymphoid tissue, similar to the lymph nodes or 'glands' found in the neck, groin and armpit. The adenoids are high in the throat behind the nose and the roof of the mouth and are not visible through the mouth without a special instrument. The adenoids play a part in the development of immunity to infection.

Children who have their adenoids removed do not become more susceptible to infection; people live a normal life after this operation.

What problems can they cause?

If the adenoids are enlarged, your child may complain of a blocked nose, may snore and may be prone to ear problems.

These symptoms are common in childhood, becoming less troublesome as the child becomes older. However, if these problems occur regularly, it may be advisable for the child to have the adenoids removed.

What is glue ear?

The ear is divided into three parts, the outer, the middle and the inner ear. The Middle ear is a space behind the eardrum, which should be filled with air. During the act of swallowing, the air in the middle ear is replaced, via the Eustachian tube, which
connects with the nose. Glue ear is a build up of fluid in the middle ear air space. The cause of this is poor function of the Eustachian tube. There are a variety of reasons for this, including irritants, enlargement of the adenoids and infection.

**What effects can glue ear have?**

Glue ear can lead to varying degrees of poor hearing, as the passage of sound to the inner ear is affected by the presence of glue. Poor hearing may cause the child's speech and language development to be affected and may cause problems at school. The presence of glue in the ear can also cause pain in some children. If your child has persistent problems, placing grommets in your child's ears can help.

**Diagnosis**

A doctor will ask you questions about your child's symptoms and will examine your child. It is important for the doctor to take a detailed history to ensure that surgery is necessary. It is important to tell the doctor about any other medical problems that your child or your family has before the operation e.g. low blood counts, anaesthetic problems. A hearing test will then be performed, to assess the level of hearing and also to assess the movement of the eardrum.
Treatment

Middle ear and nasal problems are very common in childhood and often cure themselves over time. Avoidance of irritants such as frequent swimming in heavily chlorinated pools and exposure to cigarette smoke may help to speed natural recovery.

In some cases no treatment is necessary, but regular hearing tests and check-ups will be required.

Medication seldom helps long-standing glue ear, but maybe recommended in some cases.

Benefits of surgery

With a grommet in place the ear usually hears
normally and is free of earaches. A grommet is a small plastic tube, which helps to ventilate the middle ear and discourage the glue from forming. The grommet acts like an artificial Eustachian tube, equalising air pressure with atmospheric pressure.

Whilst most symptoms caused by enlarged adenoids will get better over time, removal of adenoids may help to unblock stuffy noses and prevent recurrent childhood ear problems.

**Alternative treatments**

The symptoms caused by enlarged adenoids are common in childhood, becoming less troublesome as the child becomes older, so waiting is always an option. However if these problems occur persistently, it may be advisable for the child to have the adenoids removed.

Hearing aids are another treatment for glue ear, but placement of grommets in the eardrums with adenoid removal if necessary, is the most commonly used treatment for children with persistent problems.

**The operation**

Your child will be admitted on the day of surgery and will probably stay in hospital for one night. You are
most welcome to stay with your child during the admission.

Before the operation nurses and doctors will see you and your child. If you have any concerns, please do not hesitate to mention them.

You are able to accompany your child to the anaesthetic room until they are asleep. A nurse from the ward will also be with your child so if you feel unable to go to the anaesthetic room your child will be with a nurse he/she knows.

When your child is asleep, a tiny cut is made in the eardrum. This is called a myringotomy. The glue is sucked from the middle ear. A grommet is then placed in the eardrum. The surgeon is also able to examine the adenoids and removes them through the mouth. The surgery takes approximately 30 minutes to perform. Don't forget though that your child will be away from the ward for longer than this, as it takes time to send them to sleep and wake them back up again. They are usually away from the ward for about 45-60 minutes.

**After the operation**

Your child will be given painkillers in theatre. They may experience a little discomfort for the next 24-48 hours, so we advise regular paracetamol/calpol if required. Sometimes you will see discharge from the ear for a couple of days. This is normal, do not however hesitate to contact us if you are worried.
Sometimes you will see a nasal discharge, which may have blood in it. If you are concerned at all please do not hesitate to contact us. If your child has a large bleed from the nose, please come to the Accident and Emergency department of the hospital.

**Risks and complications**

Whilst no operation is risk free the risk of serious complications is very small.

Loose teeth may be displaced during the anaesthetic or operation, but can normally be retained for the tooth fairy!

Occasionally bleeding can occur from the nose, if this happens in the hours following surgery then a further operation may be required to control it. Rarely bleeding occurs up to 2 weeks after leaving the hospital. This could indicate an infection where an admission to hospital may be required.

Children with grommets in place sometimes develop a runny ear. This can usually be dealt with by the G.P, who will prescribe drops or antibiotics. Sometimes it can become a persistent/recurrent problem and a return to the ENT clinic may be needed.

Grommets usually work their way out of the ear after 6-8 months and the eardrum heals. Sometimes they need to be removed under general anaesthetic, but
quite rarely. As the child grows, the size and function of the Eustachian tube should improve, so that the ear problems should decrease. However, if the fluid recurs, it may be necessary to insert another grommet.

The complications of grommets include scarring of the eardrum and perforations. These are uncommon but we recommend that you discuss the operation with the surgeon, ensuring that you understand the implications. It is rare for there to be serious long-term adverse effects.

**Caring for your child at home**

Some children complain of pain in their ears. This is quite normal and can be treated with Paracetamol/Calpol.

We would advise that your child remains off school or nursery for about one week after the operation.

- When washing your child’s hair it is advisable not to allow water into their ears
- When your child has grommets they should experience no problems on an aeroplane
- Your child is able to go swimming, but it is advisable for them not to dive underwater
Follow up

All children will be reviewed in the audiology and ENT department until their ear problems have settled.

Long term

• Most children grow out of the condition.

• About 20% of children will need second or subsequent grommet insertion.

• As with all medical conditions there is a small subgroup whose middle ear problems are worse than average and who may go on to develop long term ear disease. We hope to minimise this number with Out Patient follow up.

• For more information visit the following website www.medicdirect.co.uk
Please use this space to write down any notes or questions you might have
Further Information

If you have any concerns about your child's admission to hospital, please do not hesitate to contact Jo Williams. She is an Advanced Nurse Practitioner and will answer any questions or queries you may have. You can contact her, by phoning the hospital switchboard on

0121 333 9999 and ask them to bleep her on bleep 55183

Information can also be found on the Internet. For more information you may find this website useful

http://www.medicdirect.co.uk

Internet access is available in the Child and Family Information Centre. This is on the ground floor of the hospital near the Welcome Desk.