

GROMMETS – For Adults and Children

CRITERIA BASED ACCESS

Grommets in children under 18

A grommet is a small tube that is inserted into the ear during surgery. It can help to ventilate the middle ear and maintain air pressure. 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 usually fall out. Grommet insertion may be used to treat conditions such as otitis media with effusion (OME), also known as glue ear. OME is quite common in young children and usually resolves spontaneously without the need for surgery.

For all children consider:

- A period of watchful wait.
- A balloon device (e.g., Otovent) during a period of monitoring, this is designed to improve the ventilation of the ear.
- A hearing aid as an alternative to surgery.

Criteria of grommet insertion in children:

- The persistence of bilateral OME and hearing loss over a period of at least 3 months before intervention is considered.

AND

- A confirmed diagnosis of persistent OME with a hearing level in the better hearing ear of 25 dBHL or worse on two separate occasions at least 3 months apart.
- Grommet insertion should be considered for recurrent acute otitis media (more than 6 episodes in 12 months) in the presence of persistent OME.
- The treatment of tympanic membrane retraction pocket under the direct guidance of Consultant Otologist.

This policy has been informed by

1. NHS England Evidence Based Interventions Programme (2018) Grommets for glue ear in children
2. NICE Clinical guideline CG60 (2008) Otitis media with effusion in under 12s: surgery

Grommets in adults aged 18 and over

Grommet insertion in adults is only indicated:

- In the presence of a persistent middle ear effusion (has lasted for at least 6 months) and hearing level of 25 dB or worse.
- For the instillation of intratympanic steroids or gentamicin for the treatment of a sudden sensorineural hearing loss or Meniere's disease under the direct guidance of a Consultant Otologist.
- For persistent (has lasted for at least 6 months) Eustachian tube dysfunction or retraction of tympanic membrane under the direct guidance of a Consultant Otologist. There is an expectation that grommet insertion will happen in the outpatient setting and under local anaesthetic.