

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 be slowly 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 waiting.
- 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 for grommet insertion in children

- Persistent 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 worse than 20dB 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 a tympanic membrane retraction pocket should be under the direct guidance of a Consultant Otologist or ENT Consultant.

See the exclusion below regarding auditory brainstem response testing.

Shared decision-making

NICE guideline NG233 makes recommendations on the content of shared decisions regarding both grommets and adjuvant adenoidectomy.

This policy has been informed by

1. NHS England Evidence Based Interventions Programme - Grommets for glue ear in children.
2. NICE guideline NG233 (2023) Otitis media with effusion in under 12s.

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 25dB or worse
- For the instillation or 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.

Exclusion to policy on grommets for children and young people: auditory brainstem response (ABR) testing under general anaesthesia

There is an exclusion to the policy criteria for grommets in children under 18 when glue ear is identified during an ABR test under general anaesthetic and the ABR test indicates bilateral hearing loss. In this situation grommets may be inserted according to clinical judgement (i.e. without reference to thresholds for hearing loss) during the same period of anaesthesia. This is to avoid the need for a second general anaesthetic and ABR test after three months to determine worsening or unchanged hearing loss. This situation may occasionally arise because a child or young person is neurodiverse or is otherwise unable to cooperate with a routine hearing test.