



Glue Ear - treatments

This factsheet has been produced for parents and carers who have read a basic guide to glue ear such as Deafness Research UK's *Ear infections and glue ear in children* and who want further information about how glue ear is treated.

WHAT WILL HAPPEN AT THE DOCTORS?

If your family doctor suspects that your child has glue ear, (s)he will check your child's general health, ask about previous ear problems and current signs and symptoms such as hearing, and may look in the ears. It is unlikely that any treatment will be given at this stage, but, a hearing test may be arranged for your child while the doctor monitors the symptoms. This is because for at least half the children who have it, glue ear clears up naturally within three months and there are no effective or suitable treatments which a family doctor can provide during this time.

If the condition continues, the doctor will refer your child to an ear, nose and throat (ENT) specialist. Treatment will only be given if the glue ear causes significant symptoms for a prolonged period of time.

WHAT ARE THE TREATMENTS FOR GLUE EAR?

Medication

Antibiotics are not effective and therefore not justified in the treatment of glue ear although they may be prescribed in certain cases; antihistamines and decongestants are also of no benefit in treating the condition, and can cause side effects.

Where antibiotics are prescribed it is likely there has also been a recent ear infection. If they are given, it is important that your child completes the course.

Autoinflation

A first approach to treatment may be using a technique called autoinflation. This requires a child to blow up a special balloon through the nose. The purpose is to force open the Eustachian tube (the tube that connects the middle ear to the throat) and allow pressure in the middle ear to return to normal. One widely available product of this type is called Otovent®. The continued use of autoinflation over

several weeks has been shown to help some children; although it will not cure the underlying condition, it may prevent it from getting worse. Autoinflation is a 'low-tech' approach which is generally more successful with older children who are not well-established cases. It can be made into a game, but needs adult supervision and can require quite a bit of practice. If adopted, it is important to persevere.

Hearing aids

A hearing aid can help to treat the hearing loss associated with glue ear, and the communication and learning difficulties it can cause. However it will not treat the underlying condition. A hearing aid is often recommended as a temporary measure where a child has a definite hearing loss and the parents or carers do not like the idea of surgery.

However, the greater the hearing loss, the longer the glue ear is likely to persist. When considering a hearing aid, the child's likely willingness to co-operate should be considered and whether the school can offer support and understanding.

If a hearing aid is used willingly and successfully, it may be necessary to wean the child off it once the problem improves. Some clinics recommend hearing aids more readily than others and this will influence whether your child is offered one or not.

Operations

A small proportion of children, those who experience repeated or long episodes of glue ear, need to have grommets put in. However, this is a very simple procedure and is one of the most common operations for children.

Under a light general anaesthetic, a tiny cut is made to the eardrum. The 'glue' is sucked away and a miniature tube known as a grommet or ventilation tube is inserted into the small hole left by the cut. The grommet keeps the middle ear aired and healthy. This operation does not usually involve an overnight stay in hospital.

Grommets improve hearing immediately although it can take several weeks for related improvements in behaviour and development to take place. Grommets usually stay in place for between six and twelve months before falling out naturally.

When a grommet falls out, the small hole in the eardrum should heal quickly. For some children, the glue ear may return and another set of grommets may be needed.

The ENT specialist will advise on what to do while the grommets are in place. In most cases, children who have grommets can continue to go swimming but diving is usually discouraged. It is important to check with the specialist first. Hair washing advice may also be given.

The specialist may recommend removing your child's adenoid tissue at the same time as putting in grommets, especially if the child is prone to respiratory infections. This can help prevent the return of glue ear, and can help with other infections too. This procedure sometimes requires the child to stay in hospital overnight.

HOW LONG CAN GLUE EAR PROBLEMS CONTINUE?

Most affected children grow out of their glue ear by the age of eight or nine but, rarely, the effects last into adolescence. Most children who have grommets, only need one set, but some have several sets and a small number will remain long-term under a specialist. Rarely, a small hole can be left in the eardrum once the grommet has dropped out. Another operation is then required to close it.

WHAT CAN I DO TO HELP MY CHILD?

It is important to look out for signs that glue ear might be affecting your child. If you can describe the problems with convincing examples, it may help your child to get extra support, e.g. speech therapy or help at school. Putting special effort into involving your child in family conversations, for example at mealtimes, and in reading to them may make you more aware if your child does have these problems, and it will also help your child to improve his/her communication skills.

Children with poor hearing or speech may find it difficult to pick up information at nursery or school. You can help by spending extra time with your child at home talking together, or going over lessons to check they have understood what they did in class. Playing word games like I-Spy is fun for the family and may help your child's speech, language and reading.

It is important to remember that children with glue ear often feel frustrated and left out. This may, understandably, lead to behaviour that seems naughty. Try to deal with the cause of the problem first. For example, if your child has not done something (s)he was asked to do, check that (s)he has heard your initial instruction.

Finally, remind yourself (and others like teachers, or friends' parents) that your child may be missing out on many of the little things in life because of a hearing problem. You can try using the tactics in the Deafness Research UK guide *Communication tips for helping a child with glue ear*.

FURTHER INFORMATION

Other information on glue ear available from the Deafness Research UK Information Service includes:

Ear infections and glue ear in children: A guide for families - leaflet

Glue ear: A guide for teachers – factsheet

Glue ear: Spotting the signs - factsheet

Glue ear: Possible tests – factsheet

Communication tips for helping a child with glue ear - factsheet

If any of your questions concerning glue ear have not been answered, contact the Deafness Research UK Information Service for further assistance. Our Information team will either answer your enquiry directly or refer it to one of our scientific or medical advisers.

Open: 9.00 a.m. to 5.00 p.m., Monday to Friday (a message can be left at other times).

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or click the 'ask question' option from our website homepage:
www.deafnessresearch.org.uk

Deafness Research UK is the leading research charity for people with hearing and related ear problems.

It runs a wide-ranging research programme, which includes identifying the genes that cause different types of deafness, research into glue ear – the commonest cause of deafness in pre-school children, tinnitus (head noises which affect nearly 5 million people in the UK) and, ultimately, finding a cure for deafness through the regeneration or replacement of cells vital for hearing.

You can support us by making a donation or joining the Deafness Research UK League of Friends. For more information call us on 020 7833 1733 or write to:

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(Reviewed May 2009)