

Grommet Insertion

This leaflet explains more about grommet surgery, including the benefits, risks and any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is grommet insertion?

Grommet insertion is a procedure to insert a very small plastic tube(s), which sits in a hole in the eardrum. It lets air get in and out of the middle ear to keep the ear healthy.

In children, grommets are inserted under general anaesthesia (i.e. while asleep). For adult patients, grommets can be inserted either under local anaesthetic (awake) or under general anaesthesia.

Why is grommet insertion performed?

Grommets are inserted to relieve the problems related to a collection of fluid behind the eardrum (known as glue ear). This condition causes hearing loss and potentially speech delay in children. Glue ear is a common term used for this condition, which is more often seen in children compared to adults. The exact cause of glue ear is unclear.

Grommets can also be inserted to prevent recurrent middle ear infections (infections that occur behind the ear drum).

What are the risks?

Grommet insertion is a straightforward and safe operation. However, all surgical procedures have some risks:

- Most grommets are designed to sit in the ear drum for around 9-18 months. After this time, they naturally fall out (often without the patient noticing). When this happens, the hole in the ear drum usually heals up on its own.

- Sometimes a grommet may fall out prematurely and sometimes it may stay in the ear for longer than needed.
- In around one in every 100 patients, the hole does not heal; this is known as a perforation. If this causes problems, we can repair it later.
- After the grommets fall out, the glue ear may come back. In children, glue ear tends to get better as they get older, but some children need a second set of grommets after the first set falls out.
- Whilst the grommets are in place, there is a small risk of infection (usually resulting in a wet, discharging ear). This can usually be treated simply with ear drops.
- There is a small chance your hearing may not improve. It is extremely rare that the patient's hearing would worsen.

Are there any alternatives?

- Not all children need treatment for their glue ear. If their hearing impairment is very mild and they are having no problems in day to day life or at school, it may be appropriate to simply monitor the child's hearing over time.
- Using a nasal balloon (Otovent) to open the tube to the ear may help older children if used regularly.
- Adenoid surgery may help the glue ear get better and your surgeon may want to do this at the same time as putting in grommets. However, it is not a treatment for glue ear on its own.
- Not every child has to have surgery to manage glue ear. A hearing aid can also be used to treat the poor hearing and speech problems that are caused by the condition.

How can I prepare for surgery?

You will receive an appointment letter for pre-operative assessment nearer to the date of surgery.

You or your child will need to have had a hearing test three months before your operation. If you think you need another hearing test prior to the surgery, please contact the Admissions team. You will be given a leaflet or verbal information about the surgery including fasting on the day of surgery.

You will also receive a letter with the time and place of surgery. Patients can go home on the same day as having the surgery and adult patients will need another adult to take them home from the hospital.

If it is not necessary to have specific time off school or work if grommet insertion is the only surgery being performed. We only advise not returning to normal activity for at least 24 hours after a general anaesthetic.

Asking for your consent

It is important that you feel involved in decisions about your or your child's care. For some treatments, you will be asked to sign a consent form to say that you agree to the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during grommet insertion?

In children, grommets are placed in the eardrum under a short general anaesthetic (while asleep). In adults, the procedure can also be performed under local anaesthetic, using numbing cream and/or an injection.

The operation is carried out down the ear canal so there are no cuts to see on the outside of the ear. A small opening is made in the eardrum using a microscope to magnify the area and the fluid is sucked out of the ear with a fine sucker. The grommet is then placed in the opening in the eardrum. The procedure takes between ten and twenty minutes. In most cases, both ears have a grommet inserted at the same time.

Is there pain after grommet insertion?

Pain after grommet insertion is usually very mild. Paracetamol is usually enough to manage any discomfort.

What happens after the surgery?

The patient is monitored for a few hours after the surgery until safe to go home. Once fully awake after the anaesthesia wears off, patients can eat and drink normally. Hearing improvement may be noticed immediately after surgery, although sometimes it can take a few days to improve.

What do I need to do after I go home?

Patients can resume normal activities, but are usually advised to avoid swimming for around four to six weeks. There is a small chance that this may cause infection of the ear as long as the grommets are present. There are various ways to protect the ear from the water like using earplugs with a headband whilst swimming. However overall, the risk of infection from swimming is felt to be low. You can use cotton wool with a Vaseline coating to plug the ears while taking a shower or bath.

If there is an ear infection you may notice a yellow discharge from the ear associated with mild to moderate pain. Your GP should prescribe you antibiotic ear drops (such as ciprofloxacin) if this happens whilst the grommets are in place.

Will I have a follow-up appointment?

Yes, we will see you in six weeks and 9-12 months after the surgery. We will send you the appointment letter in the post.

Useful sources of information

You may visit www.nhs.uk , www.patient.info and www.entuk.org/grommets to read more about glue ear and grommet surgery.

Contact us

If you have questions or concerns, please contact your consultant's medical secretary on 020 8725 2052 or 020 8725 2493 or use the ENT secretarial email address: stgh-tr.entsecretariesadmin@nhs.net.

If you have more urgent concerns or feel unwell, see your GP, an urgent care service or your nearest Emergency Department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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