

Grommets (ear ventilation tubes)

Information for Parents

What are Grommets?

Grommets are small plastic tubes that are placed in a hole in the eardrum. They allow air to get in and out of the ear and keep the ear healthy. They help children to hear normally and have fewer infections.

When do we use Grommets?

1. Glue ear and reduced hearing.

Some children are prone to a condition called glue ear. In this condition fluid ("glue") collects behind the eardrum. Persistent glue ear is associated with hearing loss and delay in speech and language development in children.

Draining the fluid and placing grommets improves the hearing. In most cases the hearing returns to normal straight away. In turn this usually helps speech and language development.

2. Recurrent ear infections

Some children suffer from recurrent middle ear infections. Often these are treated with antibiotics. If they are still a problem then placing grommets will usually reduce the frequency of infections. If a child develops an ear infection when grommets are present the infection takes a different pattern as the ear can drain freely. An ear discharge is noticed by the parent, often without pain or fever. Antibiotics are usually indicated.

Do you need to take them out?

Grommets come out on their own. This is usually 9-12 months after they are put in. The exact time they fall out is quite variable as it is determined by the natural growth of the eardrum.

Does my child have to have Grommets?

Glue ear tends to get better as the child gets older. In some children this takes a long time. We tend to watch children for the first 3 months and then consider grommets if the problem still persists.

Are there alternatives?

Prolonged courses of antibiotics have shown some benefit for hearing loss related to glue ear but the problem often recurs when the antibiotics are discontinued. Other medical treatments such as decongestants, steroids and antihistamines have been shown not to be helpful.

A hearing aid can be used to treat the hearing loss associated with glue ear. This would mean your child could avoid an operation.

Removing the adenoids helps the ears and reduces the chance of a child needing further grommets. It may be recommended at the time of grommet insertion. It is often not recommended however for children under three with uncomplicated glue ear.

Can Grommets be harmful?

The surgery is usually very straightforward and problems are rarely encountered. A very small percentage of children (around 1%) may develop a perforated eardrum following grommets. If this causes problems it can be repaired. Remember that all children having grommets have significant ear problems and some of these would develop eardrum perforations even if they did not have grommets.

What can I do to help my child?

Let nursery or school teachers know if your child has a hearing problem. It may help for them to sit at the front of the class. Once the grommets are in then the hearing usually returns to normal.

The Day of the Operation

Eating and drinking

Your child will have to have nothing to eat and drink for a few hours before the operation. You will be given instructions with regard to this.

Before the Operation

You and your child will be seen by the anaesthetist and the surgeon. The surgeon will explain the procedure once again and ask you to sign a consent form.

What happens during the Operation?

The operation involves a short general anaesthetic. Using a microscope a tiny hole is made in the eardrum (a "myringotomy"). The fluid is sucked out and the grommet is placed in the hole to keep it open.

What happens after the operation?

Pain Medication

Grommets are generally not very painful and simple painkillers such as paracetamol (calpol) are usually sufficient.

Going Home

Around three or four hours after the operation, when your child has woken up and had something to eat or drink then they can go home. The paediatric nurses will help decide exactly when your child has recovered enough to go home.

Water Precautions

After the first two weeks your child can go swimming without ear protection. They should however avoid swimming deep underwater as the extra pressure can force water through the small hole in the grommet.

All the time your child has grommets they should try and keep soapy water out of the ears. This means wearing ear protection when shampooing their hair. Earplugs can be bought from a pharmacy or made from cotton wool and Vaseline. They keep some water out but no earplug is perfect.

For the first two weeks after the operation you should try and keep water out of your child's ears while the grommets heal into place. This means wearing an earplug when bathing or showering and avoiding swimming for the first two weeks.

Ear discharge

A little discharge from the ears is common in the first few days after grommets have been placed. Later on, if your child develops an ear infection yellow fluid will come out of the ear. The infection drains through the grommet and often the child is well with no pain or fever. Antibiotics from your doctor will treat the ear infection.

Back to school or Nursery

If your child has just had grommets (without adenoid or tonsil removal at the same time) they can go back to school or nursery the following day.

Follow up appointments

Your child will be seen in the clinic around two weeks after the operation and then each six months for monitoring until the grommets come out. When the grommets come out the majority of children have grown out of the glue ear and do not have further problems. In a small number the problems return and further treatment can be considered.