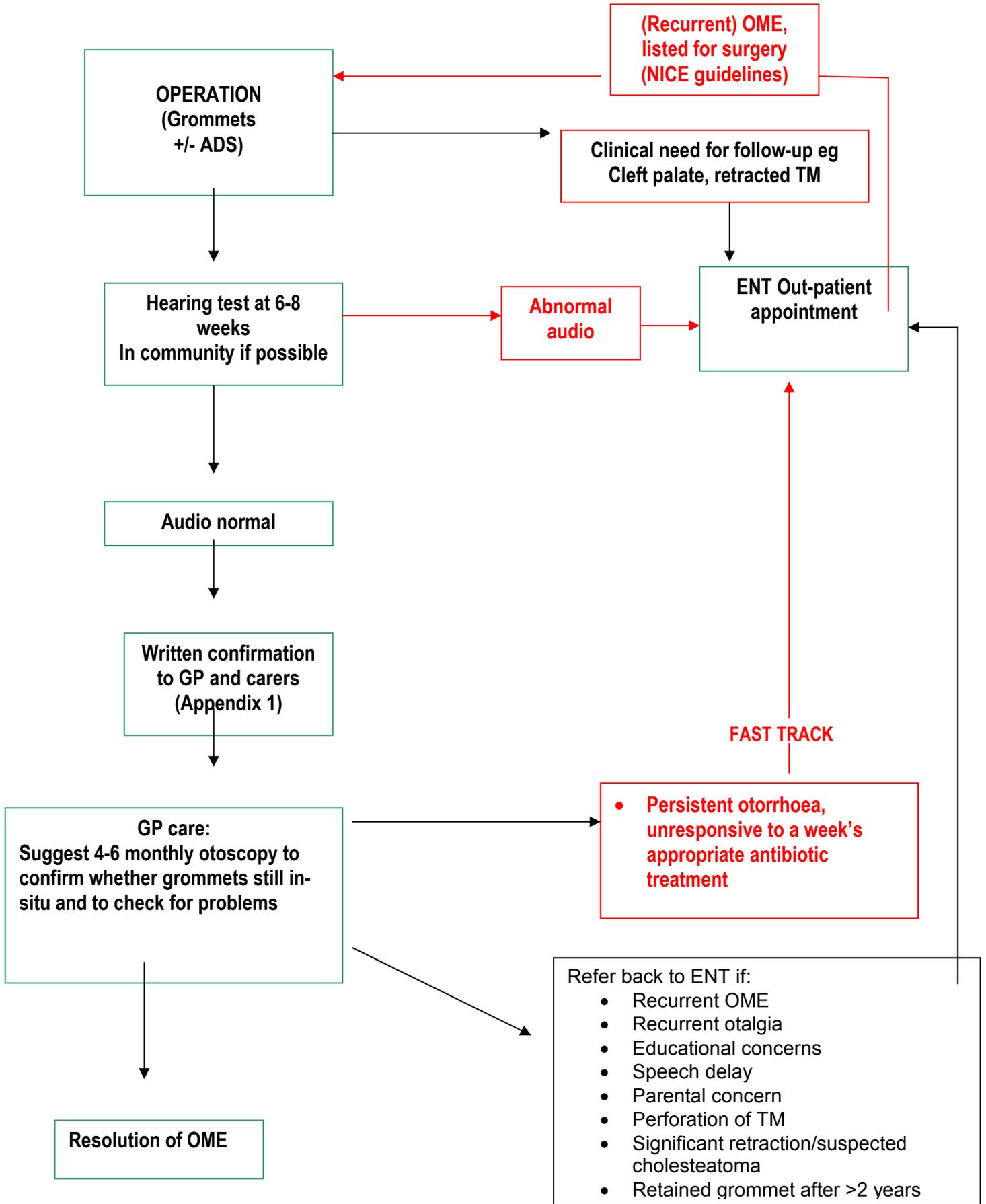


**POST OPERATIVE PATHWAY – GROMMET INSERTION**



Dear Doctor

The above pathway was originally agreed with GP leads in 2004. It is intended to reduce unnecessary hospital visits for children and their carers, and improve access to specialist care for those who need it. In summary, for routine patients, regular hospital follow up has been replaced by a single post-operative hearing test, backed up by clear guidelines as to when and how to refer back into the hospital outpatient system. Those children identified as requiring long-term follow up beforehand eg cleft palate children and those with retraction pockets will continue to be followed up in the ENT clinics.

The revised pathway is summarised above. Parents/carers are given advice sheets as below (appendices 2 & 3). All children will be seen for a hearing test approximately 6 weeks post-operatively so as to ensure that we have a clear idea of the hearing whilst the grommets are in-situ. This is to provide reassurance to parents/carers that the hearing is normal and to exclude the rare case where there is a permanent underlying hearing loss. Wherever possible the hearing test will take place in the community. The test will be arranged by sending a copy of the discharge letter to the audiology department/community audiology as appropriate. After the hearing test the notes will then be passed to the relevant consultant. Once the child has had a normal hearing test a confirmatory letter will be sent out (Appendix 1) and the child will be discharged from hospital follow up (unless indicated clinically). If the hearing test is abnormal an outpatient appointment will be arranged.

Approximately 13% of children with grommets develop otorrhoea<sup>1</sup>. All parents/guardians will be given an advice sheet detailing what to do in such a case (Appendix 2) and a letter to bring with them should they need to see you because of this problem. There is a 'fast-track' mechanism for the child to be seen as an emergency by the ENT team should otorrhoea fail to settle with appropriate treatment.

Recurrent OME develops in a significant proportion of children once grommets have extruded<sup>2</sup>. ENT review can be arranged for any child whose parents or teachers are concerned about hearing loss, educational or behavioural difficulties attributed to deafness, frequent recurrent severe otalgia, otorrhoea or any other development which gives cause for concern.

**Referral back to ENT can be arranged by telephone contact with the relevant ENT secretary, or by direct contact with the consultant (telephone, email, letter or Chose and Book)**

**If a child needs to be seen urgently then referral can be made via the on-call ENT SHO/F2 as well as by any of the above methods.**

**In addition the ENT consultants encourage informal contact for advice, including via the Choose and Book advice system**

Please feel free to contact any of us in the ENT department should there be any concerns either with this pathway or with individual cases.

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<sup>1</sup> McLeland CA. Incidence of complications from tympanostomy tubes. *Arch Otolaryngol.* 1980; 106:97-99.

<sup>2</sup> Maw AR. Development of tympanosclerosis in children with otitis media with effusion and ventilation tubes. *J Laryngol Otol.* 1991; 105: 614-617.

**APPENDIX 1: Letter to patients and parents, to be given out by audiologist at time of post-operative hearing test**

Dear Parent/Guardian

The hearing test carried out today on:

Has shown normal hearing. No further routine ENT clinic appointments are planned but a letter will go to your doctor from the Consultant.

You doctor will also be able to contact the Consultant looking after your child to arrange for him/her to be seen as urgently if any problems develop which your GP is unable to sort out.

If you become concerned about your child's ears or hearing please contact your GP in the first instance.

Signed

Audiologist

Date

## APPENDIX 2: Letter for GPs/Parents

### Letter for GPs/Parents

Persistent discharge from an ear with a grommet in place is a sign of infection. It is not the grommet 'doing its job' and draining fluid from the ear. These infections should be treated. **Please take this letter along to your GP if your child develops a runny ear for more than 48 hours.**

Dear Doctor

Thank you for seeing this child who has developed a runny ear after grommet insertion. Please would you take a swab for microbiology (if possible) and prescribe a one week course of Otomize spray, one puff tds to the affected ear(s), together with the oral antibiotic of your choice, if felt necessary.

If the discharge fails to settle after one week or if there are features which concern you then please refer back to the ENT department; either by telephone to the ENT secretaries, directly to the consultant (phone, email or letter), via Choose and Book or the on-call ENT SHO (01228 523444) depending on degree of urgency; to arrange for the child to be seen as either an emergency or at one of the ENT clinics.

With thanks for your help

N J Murrant  
D R Clark  
A K Robson  
R A Cathcart

ENT consultants NCUH

Contact Nos.  
012288 814206 (NJM)  
01228 814208 (DRC)  
01228814718 (RAC)  
01228 814207 (AKR)

### Appendix 3; Advice sheet for parents at time of discharge Advice sheet for parents after grommet insertion

Dear Parent / Guardian

Your child has just undergone an operation which we hope will improve his/her ear problems.

After the operation we will arrange for a hearing test to make sure that the hearing is alright. An appointment will be sent out after a few weeks. If the hearing test is OK and if there are no other problems then we will not need to drag you all the way back to the clinic. Some children with less straightforward ear problems will still have to come back to the clinic for check ups.

If your child develops an infection, it will almost certainly show itself with a discharging ear. Most infected grommets are not painful and the child is usually well. If your child does develop a runny ear then please see your GP. There is a separate letter which we will give you to show to your GP if your child's ear is running. If the treatment your GP prescribes does not sort the problem out, then your doctor will arrange an early hospital appointment.

The grommets will come out on their own and in a proportion of children the ear problems may come back. If your child develops further problems then your GP will arrange for him or her to be seen in the hospital outpatient department.

Until the grommets have come out **please try to keep water, especially soapy water, out of the ears**. A plug made with cotton wool, smeared with Vaseline is as good as anything, but you can buy silicone ear plugs over the counter or on-line.

Swimming pool water does not contain soap and ear plugs are not absolutely necessary for swimming. If you would prefer that your child did wear some form of ear protection in the pool then Velcro headbands (together with silicone ear plugs) are reasonably effective eg Earwraps ([www.barworthmedical.co.uk](http://www.barworthmedical.co.uk)) or Ear Band-it headbands via Amazon.co.uk **Your child may go back to swimming after 4-6 weeks but no jumping in, no diving and no swimming underwater** because even with ear protection, water will still get into the ear.

These water precautions are in an effort to prevent infection and will need to be continued until the grommets are out.

You will probably not know when the grommets have come out as they are so small. The average length of time for a grommet to remain in place is 6 months. The best way to check is to ask your GP to look at the ears after 4-6 months to see if you still have to be careful around water. If the grommets are still in place then another quick look in a further 6 months should be arranged and so on until the grommets have come out of the ear drums.

Rarely grommets seem to be stuck in the ear drum and fail to come out. If the grommet is still in place after 2 years you should ask your doctor to send you back to the ENT department. Another rare complication of grommet insertion is that when the grommet comes out of the ear drum, the hole that it was sitting in fails to heal up, leaving a perforated ear drum. Again if this happens your GP will arrange for a referral back to the ENT department.

Most children do not have problems after grommet insertion but if you have any concerns please ask your doctor to check the ears and refer back to the ENT department if necessary.

N J Murrant, D R Clark, R A Cathcart, A K Robson, ENT consultants, North Cumbria University Hospitals