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| Intervention | **088. Grommet insertion in children or adults** |
| For the treatment of | Otitis media with effusion-related hearing loss (glue ear) and other indications |
| Commissioning position | This intervention is commissioned in children under 12 years if the following criteria have been met:* Assessment (specialist audiology and ENT assessment, including clinical examination, a hearing test and typanometry) and reassessment 3 months later (unless they are experiencing hearing difficulties that significantly affect day-to-day living, in which case earlier intervention is funded) indicate:
	+ Persistent bilateral otitis media with effusion OR
	+ Unilateral hearing loss (if hearing is impacting daily living or communication) AND
* Advice has been provided on strategies to minimise the impact of hearing loss both at home and in educational settings AND
* Non-surgical management has been considered, such as air or bone conduction devices and /or auto-inflation AND
* The benefits and risks of grommets (perforation of the eardrum, localised atrophy, tympanosclerosis and infection associated with grommets) have been discussed with the child and their parents and carers, and a shared decision has been made on use.
* Adjuvant adenoidectomy has been considered (unless assessment identifies an abnormality with the palate)

(N.B. It is good practice to ensure glue ear has not resolved once a date of surgery has been agreed, using tympanometry as a minimum.)OR* Children who cannot undergo standard hearing assessments, where there is clinical and tympanographic evidence of persistent glue ear, and where the impact of the hearing loss on a child’s developmental, social or educational status is judged to be significant

OR* Children with Down’s Syndrome and cleft palate, who may be offered grommets after a specialist MDT assessment in line with NICE guidance.

This intervention is also commissioned in adults or children for: * Recurrent acute otitis media
* Atrophic tympanic membranes
* Access to middle ear for transtympanic instillation of medication

This intervention is also commissioned in adults or children over 12 years of age for:* Investigation of unilateral glue ear
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| Summary of Rationale | Reduced hearing levels, even for only short periods of time, can significantly impact a child's development. There is very low-quality evidence that early grommet insertion leads to improved final hearing thresholds in the short term when compared with monitoring and support. However, adverse events because of grommet insertion, such as ear drum perforation and otorrhoea, could result in later complications such as impacting the child's development. Therefore, it is important to weigh up the potential benefits of grommet insertion against the risk of these events. Where OME is not having an impact on the child's hearing, there is no urgent need to consider surgery, regardless of whether the OME is persistent or transient, in light of the risks associated with grommet insertion. Therefore, grommet insertion for children without hearing loss is not recommended.There is some evidence that adenoidectomy with or without unilateral or bilateral grommets reduces the presence or persistence of OME. If someone is already having general anaesthesia for grommets, the added risk of doing adenoidectomy at the same time is likely to be very small. However, adenoidectomy is likely to lead to velopharyngeal insufficiency or nasal regurgitation in children with an abnormality of the palate, so is not appropriate for this group |
| References | [NG233 Otitis media with effusion in under 12s (NICE)](https://www.nice.org.uk/guidance/ng233)[EBI Grommets for glue ear in children (AOMRC)](https://ebi.aomrc.org.uk/interventions/grommets-for-glue-ear-in-children/) |
| Effective from: | January 2025 |
| Policy Review Date | January 2028 |