

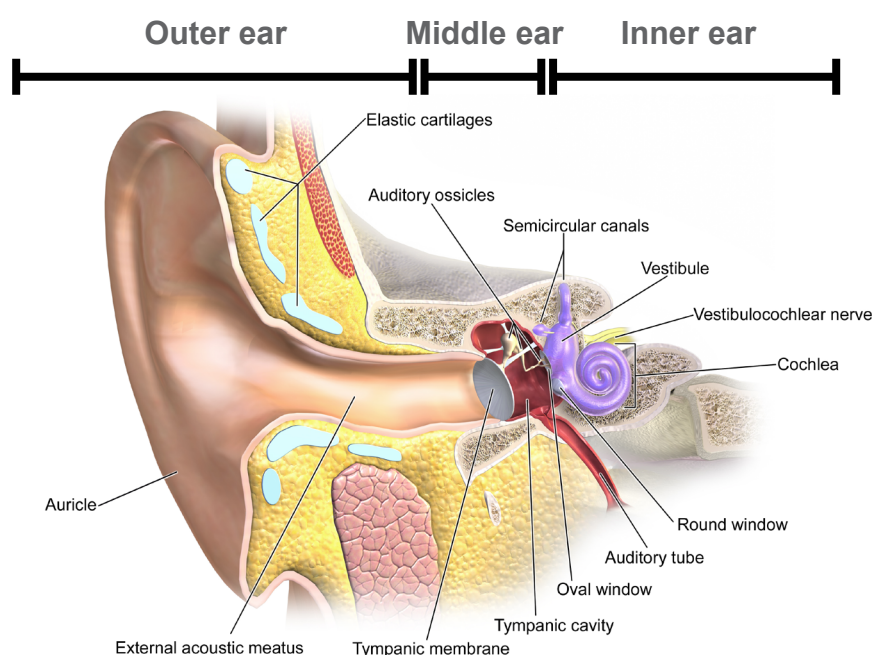
Patient information factsheet

Glue ear in children

We have written this factsheet to give you more information about glue ear in children. It explains what glue ear is, the symptoms to look out for and how it is treated. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of our team.

What is glue ear?

In a normal ear, sound waves produce vibrations of the eardrum, and are transmitted to the inner ear by a series of three bones (the ossicular chain). The inner ear converts these vibrations into electrical impulses which travel along the nerves to the brain.



The middle ear is a cavity which is usually filled with air. Air enters the middle ear through a narrow tube called the Eustachian tube, which connects to the back of the nose (near the adenoids). Sometimes the Eustachian tube does not work correctly and fluid collects in the middle ear. This is called glue ear. This glue ear can stop the three small bones (ossicular chain) and eardrum from moving as freely as they normally would.

Is glue ear a common condition?

Four out of five children will experience glue ear before they are four years old. However, not all children with glue ear will have difficulty hearing.

Around half of children with glue ear will recover without treatment in about three months. Glue ear can come back, but most children outgrow it by the time they are about eight years old.

What are the symptoms of glue ear?

The most common symptom of glue ear is temporary hearing loss. It can affect both ears at the same time.

Other symptoms may include:

- earache or ear pain
- hearing sounds like ringing or buzzing (tinnitus)

What causes glue ear?

The Eustachian tube is narrow in children and easily becomes blocked. Many things can contribute to glue ear, such as colds and flu, allergies, large adenoids and passive smoking.

What treatment is available for glue ear?

Many cases of glue ear will get better without treatment in about three to four months. For this reason, glue ear treatment is not recommended unless your child has a hearing loss that lasts longer than three months.

If your child's condition does not improve on its own, then we may suggest one of the options below.

Continue monitoring the condition

If your child does not seem to be suffering as a result of glue ear, you can continue to wait to see if they grow out of it without any treatment. This is suitable in cases where glue ear is not causing a significant hearing loss in both ears.

Your child's hearing will usually be checked every three to six months. Most of the time glue ear gets better on its own. However, if the condition does not improve, we may refer your child to the ear, nose and throat (ENT) department to check the health of their ears.

During this waiting period, we may talk to you about using an Otovent, which is a device your child can use to try to clear the fluid. These can be bought online or at a pharmacy, or can sometimes be prescribed by a doctor.

Surgery

Your child's ENT doctor may suggest surgery if the glue ear is persistent and affecting your child's hearing or speech progress. There are two common operations for glue ear:

- Grommet insertion
This involves inserting a very small plastic tube through the eardrum, which allows air into the middle ear. Grommets usually fall out after around six to 12 months, allowing the eardrum to heal over. Unfortunately glue ear can come back once the grommets have fallen out. If the glue ear does keep returning, repeated surgery may not be appropriate.
- Adenoidectomy
This involves removing the adenoid tissue to improve the drainage of the middle ear by the Eustachian tube.

Hearing aids

We may suggest temporary hearing aids if glue ear is affecting your child's hearing and surgery is not planned. Hearing aids may be the preferred option in:

- young children
- children who have tried grommets in the past
- children who are prone to glue ear and may not be suitable for surgery, such as children with Trisomy 21

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As glue ear tends to cause hearing loss which varies over time, your child will need to attend appointments every three to six months to have their hearing measured and their hearing aid(s) adjusted.

What signs should I look out for?

Your child's hearing may be affected by glue ear if:

- you have to raise your voice for your child to hear you
- your child's speech is not developing normally
- your child seems frustrated (throwing temper tantrums) or withdrawn

Is there a medicine for glue ear?

Lots of medications have been tried to treat glue ear, but none have proved to be helpful. We can give you advice about managing your child's condition.

Should I inform my child's school?

You should tell your child's school, nursery or any other carer about your child's diagnosis of glue ear. They will be able to make some changes to help with your child's hearing, such as making sure your child sits at the front of the class. For the safety of your child, it is important that all teachers and carers are aware.

What can I do to help my child?

- Make sure you have your child's attention before you speak to them.
- Try not to speak from behind your child.
- Speak clearly and loudly (there is no need to shout).
- Ask your child to repeat instructions back to you to check they've heard you.
- Try to reduce any background noise, such as the television, when talking to your child.

Contact us

If you have any questions or concerns, please contact us.

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The Royal South Hants Hospital
Brintons Terrace
Southampton
Hampshire
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Telephone: **023 8120 2997**

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Useful links

National Deaf Children's Society

Helpline: **0808 800 8880**

Website: www.ndcs.org.uk

Action on Hearing Loss

Helpline: **0808 808 0123**

Website: www.actiononhearingloss.org.uk

ENT UK

Website: www.entuk.org

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