

Children's audiology

Glue ear

Information for patients, relatives and carers

Introduction

Glue ear is a build-up of fluid in the middle part of the ear. It can limit the eardrum vibrating freely in response to sounds. Glue ear usually clears up with no long-lasting effects. If it continues to be a problem, medical intervention may be needed.

Hearing and glue ear

The ear consists of three parts:

- the outer ear
- the middle ear
- the inner ear

See Figure 1.

All parts play a significant role in how well we hear.

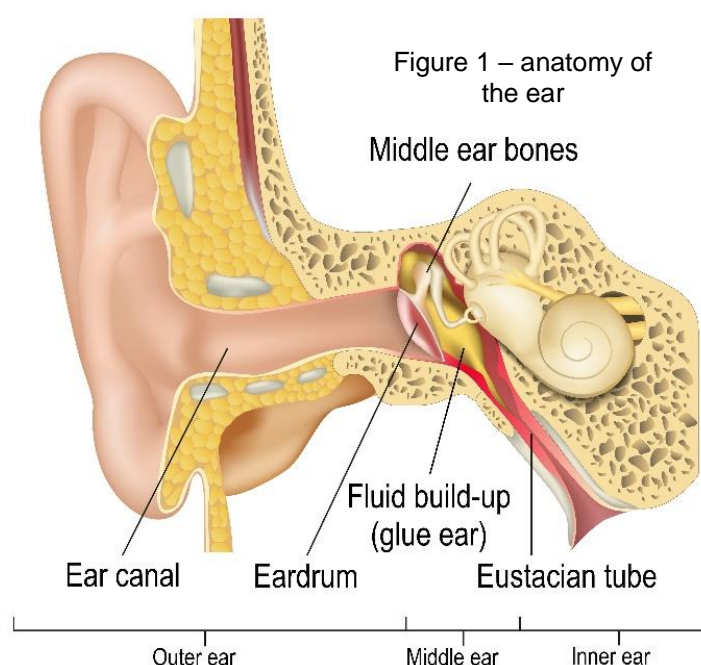
Glue ear is a build-up of fluid in the middle ear (behind the eardrum).

Usually, this space is filled with air allowing the eardrum to move freely in response to sounds.

Air normally travels to the eardrum and middle ear via the Eustachian tube. This is a tube connecting the ear to the nose and back of the throat. In children, this tube is narrower and horizontal. It is prone to getting blocked. When this occurs, it reduces the ease of airflow in the middle ear space. This can lead to a build-up of fluid in the middle ear. The fluid can become thicker, like glue, and it can affect hearing.

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

About half of children with glue ear will get better and they will do so without treatment. Glue ear can come back, but most children outgrow it by the time they are about eight years old.



Symptoms of glue ear

Glue ear affects children in different ways. You may notice some of the following. Your child may:

- experience different degrees of **hearing loss**, which can vary from mild to severe
- appear **distracted** or prone to daydreaming
- **turn up the TV** or ask for repetition more than usual
- have **speech delay**
- have repeat **ear infections**, which can cause discomfort and pain
- become **quiet and withdrawn**, because of hearing difficulties
- have **difficulty concentrating**, making them more tired by the end of the day
- have problems with their **balance**

Common causes of glue ear

- nasal congestion
- frequent colds or flu – glue ear is more common in winter
- allergies or hay fever
- enlarged glands at the back of the throat near the opening of the Eustachian tube (adenoids)
- passive smoking
- sinusitis
- recurrent ear infections

How can glue ear be treated and managed?

Glue ear generally clears up by itself. So, treatment is not needed at first. Instead, a few months (usually 3 months) is allowed to observe any change. This is called '**watchful waiting**'.

During this waiting period, we may suggest the use of the Otovent balloon. This is a device your child can use to try to clear the fluid. You can buy this online or over the counter at a pharmacy.

If the glue ear continues, your child may need to be seen by the ear, nose, and throat (ENT) department. There, they will discuss surgical choices. These include grommets, tonsillectomy or adenoidectomy, or both.

Grommet insertion

Grommet insertion is usually simple. It is carried out under general anaesthetic. A small cut is made in the eardrum. The fluid ('glue') is drained, and a small ventilation tube called a **grommet** is inserted. In some cases, the adenoids are also removed to improve the drainage of the Eustachian tube.



What happens afterwards?

Grommets usually fall out after 6 to 12 months. The glue ear often clears up by this time. The eardrum normally heals quickly after the grommet falls out.

Temporary hearing aid

We may suggest a temporary hearing aid if the glue ear is affecting your child's hearing and surgery is not planned. A temporary hearing aid 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

What else can parents do?

- get your child's attention before speaking to them
- speak clearly and loudly, but do not shout
- allow your child to clearly see your face
- reduce any background noise when possible
- ask your child if they need repetition. Encourage them to ask for repetition when needed
- tell those involved in your child's care (school/nursery) of their diagnosis of glue ear
- ask the school to sit your child closer to their teacher
- teach and encourage your child to blow their nose

And remember...

- glue ear is very common in children, especially between the ages of 2 and 5 years
- dulled hearing may affect education and behaviour
- if you have any questions that this leaflet has not answered, please ask the doctor at your child's next audiology appointment

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:
Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street, London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

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imperial.communications@nhs.net

Wi-fi

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