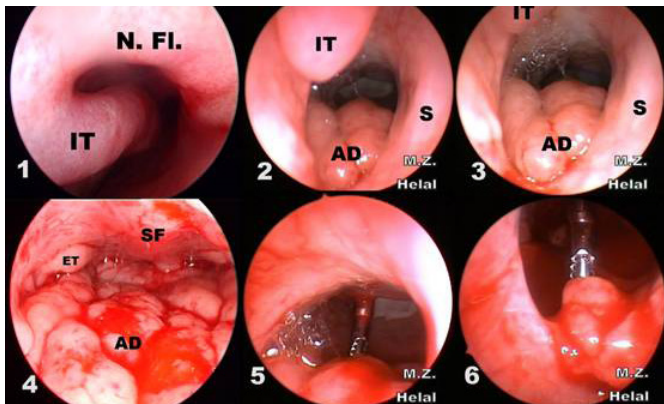


Glue ear

Your treatment options. Your second opinion.



What is Glue ear

Your child may be affected by a condition called glue ear that most commonly leads to hearing loss in one or both ears. While hearing loss is often not noticed and usually mild, in some children it may be severe and affect learning, development, behavioural and social skills.

Glue ear (also called Otitis media with effusion) occurs due to thick fluid collecting in the middle ear, which is made up of three tiny bones that carry sound to the inner ear. The thick fluid prevents these bones moving freely, which reduces your child's hearing.

The exact cause of this collection of fluid is unknown. It may be related to the Eustachian tube, which helps drain out fluid and mucous from the middle ear to the throat, but may stop functioning normally due to, for example, air pressure changes in the ear, colds and allergies. Glue ear is common, affecting one in five children aged one year and eight out of ten at least once by the age of ten.

Active observation

The initial treatment for children with glue ear may often be active observation, which involves your child not having oral decongestants and having regular check-ups for a 6-8 week period.

Your child's middle ear can get better over time by itself, enabling hearing to come back without treatment. It's estimated that just over half of children who don't receive treatment recover after three months and eight out of ten after nine months but they may have some deafness as a result.

An advantage of not having treatment may be avoiding the potential side effects of glue ear treatment that doesn't turn out to be necessary. An eight week limit is recommended because many parents may be concerned about hearing loss affecting their children for too long.

Medications

Medications such as antibiotics, antihistamines, and nasal steroid sprays usually aren't recommended for glue ear because they do not help to improve hearing and also have potential side effects. Some decongestants can provide short term relief.

Hearing aid

A hearing aid may help children where surgery is contraindicated, such as in children with Down's syndrome but this is very rarely indicated.

Surgical procedures

If your child still has glue ear in both ears after two months' active observation and also hearing loss is causing significant learning, development and social skills problems, a surgical procedure may be suggested to you.

Grommet insertion

A grommet is a very small tube inserted into your child's middle ear through a small cut in the eardrum to allow air to enter the middle ear to reduce hearing loss, while allowing the middle ear to return to normal.

Most grommets fall out after 6-12 months without causing pain, however one in three children may need them inserted again. Complications are uncommon, but they do occur including ear infection and perforated ear drum.

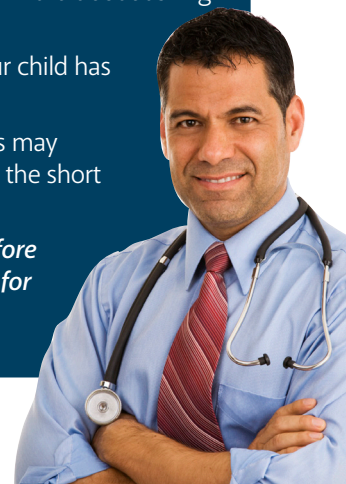
Grommets may often be suggested as the only procedure for your child. However, combining adenoid removal with grommets may also be suggested in some cases.

Healthy lifestyle

During active observation for glue ear, which involves no treatment and regular check-ups for three months, basic tips may help to make communications easier for your child:

- > Get your child's attention before you start talking.
- > Make sure you face your child as much as possible and keep eye contact.
- > Check that background noise is at a minimum.
- > Speak clearly, without shouting and maintain your normal rhythm of speech.
- > Reassure your child not to feel awkward about asking for things to be repeated.
- > Let carers and teachers know your child has a hearing problem.
- > Repeated episodes of hearing loss may affect schooling and education in the short and long term.

Always consult a medical expert before commencing a course of treatment for any medical condition.





Adenoid removal

Adenoids are glands located in the throat and may form part of your child's immune system that fights infection. Adenoid removal (adenoidectomy) aims to improve glue ear by helping the Eustachian tube to function normally.

Adenoid removal and medical research

When evaluating your child for adenoid removal and other treatments for glue ear, your treating medical specialist will take into account many factors.

Studies have found that combining grommets and adenoid removal may often be more effective than grommets alone for improving the hearing of children with glue ear.

However studies also show that combining grommets and adenoid removal may reduce the need for grommets to be inserted again and they may clear fluid away quicker compared to grommets alone during the 6-12 month period, although there may be no difference after 12 months.

Adenoid removal and risks

While complications following adenoid removal for children are uncommon, they do occur, including sore throat, infection and, a complication that requires emergency treatment, heavy bleeding which is very rare.

Understanding these risks for your child is important, particularly given the possibility that grommets and adenoid removal performed together may be no more effective than grommets alone for improving glue ear, particularly for hearing.

Adenoid removal and glue ear – the main points

- > If your child has glue ear still present after two months' active observation and severe hearing loss or less than severe hearing loss is causing significant learning, development and social skills' problems, you should discuss with your doctor or ENT Surgeon whether your child may need a surgical procedure.
- > If you're considering a surgical procedure, take into account the medical studies showing that combining adenoid removal with grommets may be no more effective than grommets alone for improving hearing and clearing away fluid, however they may help reduce the need for grommets to be inserted again.
- > If you're considering surgical procedures, also take into account that adding adenoid removal to grommets may increase the risk of complications, particularly heavy bleeding.

Would you like a second opinion?

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

If you want to know more about GPS² or have a general enquiry, please contact us on 1800 477 246 or email via contact@gps2.com.au

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