

Myringotomy with or without grommets *(page 1 of 2)*

Why does my child need this operation?

- Your child has a hearing loss due to the presence of fluid or glue in the middle ear cavity.

Or

- Your child is getting recurrent middle ear infections that are not responding to treatment.

These conditions are due to poor function of the eustachian tube, which connects the middle ear to the back of the nose. The eustachian tube may be prevented from functioning normally by many causes, such as, large adenoids, allergy, or infection of the nose and sinuses.

What happens during the operation?

While your child is asleep under a general anaesthetic, the surgeon will make a small hole in the ear drum. Any fluid/glue will be sucked out of the middle ear through the hole. After this a hollow plastic tube (grommet) is inserted into the ear drum to ventilate the middle ear.

If the middle ear is dry, it may not be necessary to insert the grommet. In this case the opening will close over naturally in the course of the next few days.

What are the possible complications of this operation?

Infection – in the first day or two you might notice a little bloodstained discharge. If this persists the ear could be infected, and you should visit your GP who can give appropriate treatment. Very occasionally after the insertion of grommets, recurrent infection may necessitate their removal.

Scarring – of the ear drum may occur, particularly after multiple operations.

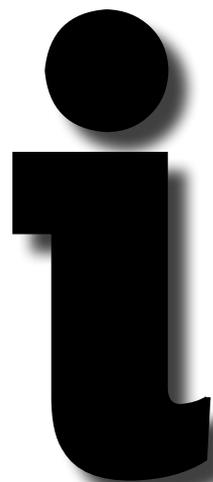
Persistent perforation of the ear drum – there is an enormous variation as to how long the grommets stay in position, but they generally fall out between 9 and 12 months after insertion. The ear drum almost always heals but very occasionally there may be a persistent perforation (hole). This may require an operation to close the perforation when your child is older and might result in episodes of infection while present.

ENT Department:

01722 336262 ext 2121 or 2209

Sarum Ward:

01722 336262 ext 2560



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

What alternatives are there to the operation ?

In established glue ear no medical treatment has been shown to be effective. In many cases, glue ear improves without any treatment over time.

How will my child feel after the operation?

For the first few days your child may notice clicking or popping sounds in the ears, and the ears may feel a little uncomfortable.

What precautions need to be taken after the operation?

Keep the ears dry, for example, using cotton wool and Vaseline each time the hair is washed. Your child should not swim until the first out-patient visit, when further advice will be given.

Will the glue come back after the operation?

Most children will get better after the operation. If the fluid comes back, grommets or tubes which stay in longer can be inserted if necessary. Further treatment including removal of the adenoids or medical treatment for allergy, may also be necessary.

How long will my child stay in hospital?

The procedure is done as a day case.

How long should my child stay away from school?

Apart from the day of the operation, there should be no loss of time from school.

Who should I contact if I am worried about my child?

If you have are worried about your child after their operation, please use the contact numbers at the bottom of the page, contact your child's GP or NHS Choices on 111.

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