



Glue ear

Glue ear is a common childhood condition in which the middle ear becomes filled with fluid. It is generally temporary, is more common during the winter months, and can resolve by itself.

What is glue ear?

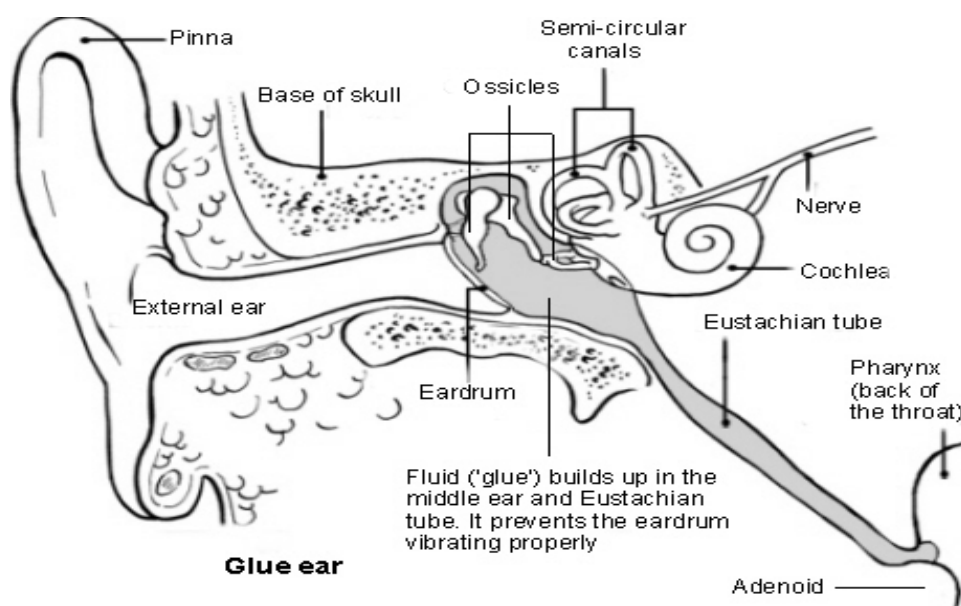
Glue ear is a condition that affects many young children. It is estimated that one in five children around the age of two will be affected by glue ear at any given time. It can affect one or both ears at a time. Glue ear is usually a temporary condition that most children grow out of.

In about 50% of cases, glue ear will

spontaneously resolve over three months and

this percentage rises over 12 months so no intervention is needed. However, it can be treated successfully if it persists and is causing concerns or problems.

When a sound enters the ear, the eardrum moves back and forth to send the sound further up the hearing pathway. The space behind the eardrum is filled with air to allow the eardrum to move freely. Sometimes, fluid collects in this space. This happens when the tube which connects the middle part of the ear to the back of the throat (eustachian tube), which keeps this space filled with air, does not work as well. This is more common in children as their eustachian tubes are shorter and more horizontal than in adults, making them less efficient in aerating the middle ear. Glue ear can be particularly common following a cold. The fluid makes it more difficult for the eardrum to move, which may muffle some sounds. The medical term for glue ear is otitis media with effusion.



What are the symptoms of glue ear?

When a child has glue ear their hearing may change from day to day or be poor all of the time. In many cases children will only have a mild hearing difficulty and some children will hear at near normal levels. However, some children will clearly be struggling to hear and it might feel similar to

what you experience when you put your fingers in your ears. The fluid itself is not harmful; however it can sometimes cause an ear infection. In such cases, treatment with antibiotics may be advised.

There are a variety of symptoms of glue ear; however, not every child will show all of them. They include:

- Difficulty hearing e.g. asking for the television to be turned up, asking for things to be repeated.
- Speech delay e.g. unclear speech, mispronouncing words, talking too loudly or talking less.
- Changes in behaviour e.g. difficulty concentrating, being irritable or withdrawn.

Diagnosis

Following a referral by your GP or Health Visitor, an appointment will be made for you to attend an Audiology or Ear Nose and Throat (ENT) clinic so that your child's hearing can be assessed. We will also carry out a quick test to see whether there is any fluid behind your child's eardrum. This involves resting a small probe in the ear to see how well the eardrum is moving. It is not painful. If fluid is found and following discussions with you, the most appropriate way of managing the fluid will be decided upon.

Management options

The following options may be discussed with you by the Audiology and ENT doctor:

'Watchful waiting': For most children, a period of **'watchful waiting'** is advised, once the glue ear has been diagnosed. This means that your child is called back in a few months to re-check hearing and to see whether the fluid has cleared or not. The time of year is likely to affect how quickly this happens. Glue ear is more likely to resolve during the summer months when your child is less likely to catch colds. The ENT doctor and audiologists involved will take into account this and other factors when deciding how long to wait before other treatment options are considered. These include how well your child is hearing at home or at school, whether your child is prone to frequent ear infections and whether his/her speech is developing properly. The ENT doctor will also consider whether there are any harmful changes to the eardrum (this is quite rare).

Grommets: Grommets are usually very successful in the short term at managing glue ear or frequent ear infections. A grommet is a miniature tube which is inserted into the eardrum after the fluid behind it has been drained away. The grommet helps to keep the space behind the eardrum free from fluid and well ventilated. The grommet usually stays in place for an average of nine months and is eventually pushed out as the eardrum naturally heals up. The ENT doctor will discuss with you whether grommets are suitable for your child. The operation is very common and safe. A light, general anaesthetic and usually a day in hospital will be required. A few weeks after the operation, an appointment will be made for you to have your child's hearing checked again and for the ENT doctor or specialist audiologist to check on your child's progress. They may also suggest removing your child's adenoids at the same time as putting in the grommets. This may help stop the glue ear returning and can help prevent frequent colds or other infections.

Hearing aid(s): Hearing aids are a temporary but effective way to help your child hear those sounds s/he is missing at home or in the classroom, because of glue ear. Once the glue ear clears hearing aids should no longer be required. A hearing aid consists of an ear mould, which sits inside the outer part of the ear, and the hearing aid itself, which connects to the ear mould and sits over the back of the ear. As hearing levels can fluctuate with the presence of glue ear, your child's hearing will be tested at their hearing aid fitting appointment, before the decision to go ahead is made. When a hearing aid is fitted, the audiologist will spend time with you and your child to help you understand how to use and look after it. Regular appointments are arranged to monitor your child's progress with the hearing aid as well as ensuring its continued appropriateness. Additional professional support is provided to ensure your child gets the most from their hearing aid both at home and at school.

Referral to Speech and Language: If you and/or any professionals have concerns regarding your child's speech and language development, the clinician may signpost you to the speech and language hub. For further information about speech and language, the CYPIT toolkit is a useful language development tool:

<https://cypf.berkshirehealthcare.nhs.uk/our-services/children-and-young-peoples-integrated-therapies-cypit/speech-and-language-therapy/>

What can I do to help?

There are lots of ways that you can help your child to make the most of their hearing when it is poor. Here are some of them:

At home

- Attract your child's attention before speaking to them e.g. call their name.
- Make sure they can see your face when you are speaking to them.
- Speak clearly and don't shout.
- Keep background noise to a minimum
- Be patient as not hearing can lead to frustration for the child
- Inform nursery and school to be aware of the glue ear
- Sitting the child close to the front within a classroom environment, will be beneficial

Here are some suggestions of other ways that you can help your child:

- Not smoking in the house. There is a link between passive smoking and glue ear in children.
- There are a range of alternative treatments available for the treatment of glue ear, however there is currently limited evidence to support their effectiveness. If you are interested in finding out more, speak to your ENT doctor or GP.

Find out more on middle ear congestion and glue ear

Visit www.nhs.uk and type 'glue ear' in the search facility. You will find plenty of useful information and a well explained animation on what glue ear is, what causes it, and how it is treated: www.nhs.uk/conditions/glue-ear/pages/introduction.aspx

If you have any further questions, please contact:

The Audiology Department on tel: 0118 322 7238

Email: audiology.royalberkshire@nhs.net

Website: www.royalberkshire.nhs.uk/services-and-departments/audiology/childrens-hearing-services

Useful organisations

The National Deaf Children's Society

Ground Floor South, Castle House, 37-45 Paul Street, London, EC2A 4LS

Information: **020 7490 8656** Fax: **020 7251 5020** Helpline: **0808 800 8880**

E-mail: helpline@ndcs.org.uk Website: <http://www.ndcs.org.uk>

RNID

RNID, 9 Bakewell Road, Orton, Southgate, Peterborough, PE2 6XU

Information Line: 0808 808 0123 Textphone: 0808 808 0123 SMS: 07360268988

E-mail: contact@rnid.org.uk Website: <https://rnid.org.uk>

To find out more about our Trust visit www.royalberkshire.nhs.uk

If you would like this leaflet in other languages or formats (e.g. large print, Braille or audio), please contact the Audiology Department.