



A general anaesthetic requires your child to be starved beforehand. On the day of the operation  
..... (date) your child should not  
have anything to eat (including chewing gum), or milk to  
drink from ..... (time).

They may have only water or weak squash up to  
..... (time). If breastfeeding, the last breast feed can  
be given at ..... (time).

If you do not follow these instructions your child's  
procedure may be delayed or even cancelled.

# Insertion of grommets

## Information for parents

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This leaflet aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.

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### What is a grommet?

A grommet is a tiny, plastic tube shaped like a cotton reel that is placed in the ear drum to allow air into the middle ear, behind the ear drum, and drains any fluid which might be in the middle ear.

### Why does my child need it?

Your child has a condition called 'Otitis Media with effusion' or glue ear, which means the middle ear contains fluid. This can affect hearing because the bones of the middle ear cannot move freely. Some children need grommets due to recurrent ear infections, and it is not uncommon to have a combination of the two.

### How long do they stay in?

The grommet usually stays in place for several months and then falls out into the ear canal. Occasionally, the grommet has to be removed surgically. In a small group of patients the grommet has to be re-inserted later.

### Alternative treatments

For persistent glue ear, grommets are the treatment of choice. Medical treatments with decongestants or steroids have not been shown to be particularly effective unless there are signs of infection or allergy. Antibiotics can help but only in the short term.

### How is the procedure done?

Grommets are put in under general anaesthetic. The doctor will make a small cut in the eardrum and insert the grommet. This is a small operation, and your child should be away from the ward for about 30-60 minutes.

### What are the risks?

Every operation carries some risk of infection and bleeding, but as the hole in the eardrum is tiny, this risk is very much reduced, and rarely more than a few drops of blood are seen. Around one in every 100 people may develop a perforated ear drum. If this persists it can be repaired later.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel or be sick. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

### What shall I bring?

Some children find it reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into.

### What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic.

If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (LMX4 local anaesthetic) applied to

the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

### What happens afterwards?

After your child has had their operation they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Some children can wake up crying because of the strange environment. It does not mean they are in pain. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery - medicine can be given to relieve this if the vomiting persists.

### When can we go home?

This is done as a day case so your child may go home when both you and the staff are happy that your child has recovered sufficiently. They should be alert and comfortable and must have had something to eat and drink before we will allow them home.

## Advice at home

- Your child may need regular Paracetamol, e.g. *Calpol*, after the operation. Follow the instructions on the packet.
- When you wash your child's hair, it is a good idea to make a waterproof seal by putting Vaseline on a ball of cotton wool to plug the entrance to the ear canal to stop soapy water from getting into the ears.
- Your child may have a discharge from the ear. If this doesn't improve after two days, contact your GP.
- Your child may have popping or clicking noises in their ear. This is not harmful and will resolve.
- Do not attempt to clean the ear by poking anything down inside.
- It is safe to travel by air when grommets are in place.
- Some children need ear drops at home. We will advise you if this is necessary for your child.
- Grommets usually fall out by themselves anytime from two months to two years after insertion. The average time is nine months.
- Your child should avoid swimming for 2 weeks. When swimming, avoid diving into the

water, as the water pressure can dislodge the grommets.

- A follow up appointment with a hearing test in ENT/Paediatric Audiology will be arranged for your child.

## Are there any complications?

It is normal to have a small amount of clear discharge from the ear for 24 hours after surgery. If this carries on after this time, or if it becomes blood stained or smells you should contact your GP as it may have become infected and need treatment.

## More information

Visit our website

[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

## Contact us

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