

Policy title	Grommet insertion in adults v1.1
Policy position	Criteria Based Access
Date of Forum recommendation	September 2019

Criteria for the funding of grommet insertions in adults:

- 1) Otitis media with effusion (OME) that meets the following criteria:
 - a. Persisting after a prolonged period of watchful waiting/active observation of at least 4 months, (NB watchful waiting is not appropriate if malignancy suspected)
 - b. There is a definitive diagnosis of OME and
 - c. It persists;

OR

- 2) Severe pain-due to air pressure changes when flying or in hyperbaric treatment. The severity and frequency of flying should be discussed with the patient and balanced against the possible complications associated with grommets;

OR

- 3) Re-insertion of ventilation tubes- where it has been inserted and fallen out- a 2nd or 3rd grommet may be inserted if they still meet one of the above criteria.

OR

- 4) The patient has severe retraction of the tympanic membrane, if the clinician feels this may be reversible and reversing it may help avoid erosion of the ossicular chain or the development of cholesteatoma.

NB: Patients who do not meet the above criteria may be considered on an individual basis where the GP/Consultant believes exceptional circumstances may exist. In patients who suffer from subjective feelings of pressure or eustachian tube dysfunction-like symptoms, treatable underlying causes should be ruled out.

Rationale:

There is no obvious reason to suppose that treatment of middle ear effusion in adults with proven hearing loss and tympanometric evidence of middle ear effusion will be less successful than similar treatment in children, for which there is considerable evidence of effectiveness, although specific evidence in adults is lacking.

National guidance advises that management of adults with symptoms that might be diagnosed as Eustachian tube dysfunction (ETD) should focus on determining first the correct underlying cause. There is a high level of uncertainty about the cause of symptoms sometimes attributed to ETD in the absence of proven hearing loss and tympanometric evidence of middle ear effusion.

The aim in adults as far as glue ear is concerned is to treat glue ear (if it is recurrent and does not resolve after active observation). Watchful waiting is not appropriate in instances where an underlying pathology (under lying malignancy) is suspected. An important second consideration is that of whether the glue ear is unilateral or bilateral. Unilateral glue ear in children rarely causes developmental problems and may not require surgical treatment immediately. However unilateral hearing loss in adults can cause a disability and may require intervention.

Grommets are also inserted for a variety of other indications though because of the disparate nature of the symptoms and underlying diagnoses there is no scientific evidence relating to these. The emphasis should be on making the correct specific diagnosis rather than hoping that a grommet will improve symptoms in the absence of a clear diagnosis. The lack of evidence of efficacy of grommet insertion in the absence of clear evidence of hearing loss and middle ear abnormality must be carefully discussed by the treating consultant and the patient as part of the consent process.

Although there is not much literature evidence for grommet use to help manage symptoms of pain associated with pressure change in flying and hyperbaric treatment, grommets can be thought of as effective since a working grommet is bound to prevent the pressure gradient in the middle and outer ear. The severity and frequency of flying should be discussed with the patient and balanced against the possible complications associated with grommets.

References:

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NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

OPCS codes:

D151 - Myringotomy with insertion of ventilation tube through tympanic membrane D151-53, D158-59

Key words: Grommets, Eustachian tube dysfunction