Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title and version	**Grommets and adenoidectomy in children for otitis media with effusion (glue ear) v1.1**
Policy position	**Criteria Based Access**
Date of CCG recommendation	**December 2019, updated January 2021**[3]

Grommet insertion is a surgical procedure to insert small tubes (grommets) into the eardrum as a treatment for fluid build-up otitis media with effusion (OME) or glue ear, when it is affecting hearing in children. Glue ear is a very common childhood problem (4 out of 5 children will have had an episode by age 10), and in most cases it clears up without treatment within a few weeks. Common symptoms can include earache and a reduction in hearing. If the hearing loss is affecting both ears it can cause language, educational and behavioural problems.

Grommet insertion

The ICB funds surgery for the treatment of glue ear in children (under 12 years): when the criteria set out by the NICE guidelines are met:

- All children must have had specialist audiology and ENT assessment.
- Persistent bilateral OME over a period of 3 months.
- Hearing level in the better ear of 25-30dbHL or worse averaged at 0.5, 1, 2, & 4kHz
- Exceptionally, healthcare professionals should consider surgical intervention in children with persistent bilateral OME with a hearing loss less than 25-30dbHL where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.
- Healthcare professionals should also consider surgical intervention in children who cannot undergo standard assessment of hearing thresholds where there is clinical and tympanographic evidence of persistent glue ear and where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.
- The guidance is different for children with Down's Syndrome and Cleft Palate, these children may be offered grommets after a specialist multi-disciplinary team (MDT) assessment in line with NICE guidance.
- It is also good practice to ensure glue ear has not resolved once a date of surgery has been agreed, with tympanometry as a minimum.

This guidance only relates to children with OME and should not be applied to other clinical conditions where grommet insertion should continue to be normally funded, these include:

- Recurrent acute otitis media
- Atrophic tympanic membranes

Rationale

In most cases glue ear will improve by itself without surgery. During a period of monitoring of the condition a balloon device (e.g. Otovent) can be used by the child if tolerated, this is designed to improve the function of the ventilation tube that connects the ear to the nose. In children with persistent glue ear, a hearing aid is another suitable alternative to surgery. Evidence suggests that grommets only offer a short-term hearing improvement in children with no other serious medical problems or disabilities.

The risks to surgery are generally low, but the most common is persistent ear discharge (10-20%) which may require treatment with antibiotic eardrops and water precautions. In rare cases (1-2%) a persistent hole in the eardrum may remain, and if this causes problems with recurrent infection, surgical repair may be required (however this is not normally done until around 8-10 years of age).

Adenoidectomy - removal of adenoids for treatment of glue ear

Adjuvant adenoidectomy should not be routinely performed in children undergoing grommet insertion for the treatment of otitis media with effusion (OME).

Adjuvant adenoidectomy for the treatment of glue ear should only be offered when one or more of the following clinical criteria are met:

- The child has persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)
- The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion
- The child is undergoing grommet surgery for treatment of recurrent acute otitis media

This guidance only refers to children undergoing adenoidectomy for the treatment of glue ear and should not be applied to other conditions where adenoidectomy should continue to be routinely funded:

- As part of treatment for obstructive sleep apnoea or sleep disordered breathing in children (e.g. as part of adenotonsillectomy)
- As part of the treatment of chronic rhinosinusitis in children
- For persistent nasal obstruction in children and adults with adenoidal hypertrophy
- In preparation for speech surgery in conjunction with the cleft surgery team.

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:

Relevant OPCS codes:
D151 - Myringotomy with insertion of ventilation tube through tympanic membrane D151-53, D158-59
E20.1 Total adenoidectomy
E20.4 Suction diathermy adenoidectomy
E20.8 Other specified operations on adenoid
E20.9 Unspecified operations on adenoid
With:
D15.1 Myringotomy with insertion of ventilation tube through tympanic membrane
H65.2 Chronic serous otitis media
H65.3 Chronic mucoid otitis media
H65.4 Other chronic nonsuppurative otitis media
H65.9 Unspecified nonsuppurative otitis media
H66.1 Chronic tubotympanic suppurative otitis media
H66.3 Other chronic suppurative otitis media
H66.4 Suppurative otitis media, unspecified
H66.9 Otitis media, unspecified
H68.1 Obstruction of Eustachian tube
H69.8 Other specified disorders of Eustachian tube
H69.9 Unspecified Eustachian tube disorder

Key words: OME, otitis media with effusion, glue ear, grommets, adenoidectomy