

GROMMETS

Indications

- To ventilate the middle ear space in patients (children or adults) with persistent fluid in the middle ear.
- To ventilate the middle ear in children with recurring ear infections.
- To ventilate the middle ear space in patients with chronic obstruction of the Eustachian tube (the tube which ventilates the middle ear).
- To aid in the treatment of chronic Meniere's Disease to facilitate installation of ear drops.

Options

In case of recurring middle ear infections, the only alternative is to treat with repeated doses of antibiotics. In cases of persistent middle ear effusions, the only alternative is to wait for spontaneous resolution or a trial of steroid medication.

Procedure

The procedure is usually carried out as a day case and maybe done under Local Anesthetic in adults. In either case it is preferable that the patient comes into hospital fasting (nothing to eat or drink for six hours prior to the procedure). The Procedure is done through the ear canal and there are no external cuts or excisions. A small hole is made in the eardrum, the fluid is removed by suction and the ventilation tube is inserted.

The patient returns to the Recovery Rooms, there is usually some mild degree of discomfort and that can be relieved by a simple pain reliever such as paracetamol or codeine.

Children are cranky for an hour or so after the procedure and on occasions they may vomit.

Patients are usually eligible to go home in one to two hours following the procedure.

In the majority of cases, children and adults return to normal activity the following day. The grommet stays in position for a period of nine months to one year and then extrudes spontaneously into the ear canal.

In the interim period it is essential that the ear is waterproofed or middle ear infections with ensue. A cotton wool bud coated with Vaseline or individualised ear plugs should be inserted into the ear canal when showering, bathing or swimming.

In about 20% of cases (children) a discharge may occur from the ear following insertion of insertion of grommets. This is usually the fluid that was collecting in the middle ear space which continues to extrude through the grommet. In this case, you should contact the Surgeon because ear drops will be required to resolve the infection to prevent blockage of grommet.

A small amount of blood in the ear canal is not usual following grommet insertion but this should not persist and if it does, you should contact the surgeon.

Complications

- **Purulent Discharge**

If water contaminates the middle ear purulent discharge will occur. You should contact the Surgeon as antibiotic drops will be required to resolve the infection.

- **Severe Hearing Loss**

An extremely rare complication of grommet insertion is damage to the bones of hearing or inner ear resulting in significant hearing loss.

In less than 1% of cases, when the grommet comes out, a small perforation may be left in the center of the eardrum.

- **Scarring of the Eardrum**

It is not unusual for scar tissue to form around the point of grommet insertion. This is usually of no clinical consequence and does not result in any permanent hearing problems.

It should be noted in certain children especially in children with allergies or cleft pallet recurring middle ear fluid may require further grommet insertion. In other words healthy children about 1 in 3 will require further grommet insertion.

Teaching Hospital

It should be noted in a teaching hospital, the procedure maybe carried out by a Specialist Surgical Trainee under the supervision of the Consultant.

Medications on Discharge

Prescribed by Anaesthetist

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