

Frequently Asked Questions

When will my child be discharged from hospital?

Your child will be discharged 2 hours after the procedure if grommet insertion alone is performed and 4 hours after the procedure if an adenoidectomy is also performed.

When can my child return to nursery / school?

If grommets alone are performed, your child can return to nursery/school safely the next day. If adenoidectomy is performed we normally suggest between 2 and 7 days off.

When can my child start swimming? Do we need to take any special precautions with bathing or swimming?

A large study conducted in the USA in 2014 showed that only very few children with grommets have problems with infections if they get their ears wet. We normally suggest no swimming for 2 weeks and then no particular precautions unless the child develops an infection. If a child is prone to ear infections then we advise using cotton wool mixed with vaseline applied to the bowl part of the outer ear whenever bathing/showering or swimming. A swimming cap or "swimmers bands" can help keep the "plug" in place when swimming. Alternatively a swimmers mould can be custom made via our audiology team.

How soon after surgery can we fly?

It is safe to fly after 1 week following adenoidectomy and almost immediately after grommet insertion. There should be no discomfort during flying as there is no need to equalise the pressures in the ear when a grommet is in place.

When will we be seen again?

A follow up appointment is usually made within 1-2 weeks of surgery.



This leaflet was produced by Mr Sameer Khemani, a private Consultant Surgeon specialising in Ear, Nose & Throat Surgery and Director of ENT Surrey. Mr Khemani has a specialist interest in the care of children with all forms of ear and hearing problems.

ENT Surrey provides the very best care to patients with a wide variety of problems of the Ear, Nose and Throat. We provide services to areas in Surrey and West Sussex.

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GROMMETS IN CHILDREN

This leaflet is designed to provide parents with background information about grommet and adenoid surgery in children. It contains information on the indications for surgery, alternative treatments and the risks of surgery.

Common questions about the post-operative care of a child with grommets are also answered. This leaflet is not intended as a replacement for the detailed discussion between you and your surgeon.



What are the reasons for inserting a grommet?

The main reason for inserting grommets in children is the build up of fluid in both ears behind the ear drum (glue ear). If the accumulation of fluid results in a persistent hearing loss, then it is worth considering grommet surgery. Glue ear is very common and many children will experience this to some extent after a simple cold or viral infection. Surgery is performed on those children who continue to have problems even after a period of waiting. Some children with hearing problems due to glue ear will also have a delay in developing speech and language skills and sometimes nursery or school will have concerns about the child's hearing.

Another reason for inserting grommets is if a child has recurrent episodes of ear infections (acute otitis media). These episodes are characterised by frequent bouts of high temperature, ear pain and sometimes ear discharge. Often children have been treated several times with antibiotics.

What is a grommet?

A grommet is a very small plastic tube that sits in the eardrum itself. It enables air to move in and out allowing the middle part of the ear (deep to the ear drum) to remain healthy.



Are there alternatives to surgery?

Alternatives to surgery include :

- A further period of active monitoring.
- Low dose long term antibiotics for recurrent infection.
- Using an otovent balloon (for more information see <http://www.gluear.co.uk>).

There is no evidence to support the use of any other treatments

How is grommet surgery performed?

The procedure is performed under a short general anaesthetic and lasts just a few minutes. Using an operating microscope and operating down the child's ear canal, the surgeon makes a tiny nick in the ear drum. Any fluid is suctioned out and the grommet is inserted. Some antibiotic drops are put into the ear at this time to reduce the chances of infection.

What are the reasons to also perform an adenoidectomy at the same time as grommet insertion?

When treating glue ear, an adenoidectomy at the same time reduces the chances of recurrence of glue ear (and the possible need for repeat surgery) from about 30% to around 14%.

When treating recurrent infection, grommets only reduce the chances of infection by about 50% but performing an adenoidectomy at the same time reduces the chance of infection by 80%.

What are the methods used by ENT Surrey for Adenoidectomy?

Our preferred method of adenoid surgery is to use Coblation[®]. Coblation[®] uses a special plasma derived from saline (salt water) to break down tissue in a very precise manner. The changes to tissue take place at around 40°C, resulting in very little heat transfer to the surrounding tissue, thereby reducing complications and pain. All patients are discharged on the same day just 4 hours after surgery.

How long do grommets last?

Grommets last anything between 6 and 18 months. Sometimes you may notice one after it falls out.

What are the risks of grommet surgery?

Bleeding

Any bleeding encountered will be very light after grommet insertion. Most of the time you will not notice anything more than a drop of blood. Bleeding after adenoidectomy is extremely rare because of the modern techniques used.

Infection

Infection is possible but unusual. If you notice yellow liquid leaking out of the ear, then an infection is the likely cause. Sometimes it can be sore and smelly. Antibiotic drops work very effectively at clearing up infections after grommet insertion.

Persistent Perforation

Rarely after grommets fall out, a small hole may be present in the ear drum. This may heal on its own and only very rarely needs a procedure to close it.