

Otitis media with effusion (OME), commonly known as glue ear, is the presence of fluid in the middle ear in the absence of infection. It can have a significant impact on children. This graphic summarises the recently updated NICE guidance, highlighting recent changes.

Orange boxes show changes between the new (2023) and previous (2008) NICE guidance

Guidance unchanged



## Concerns from parents/carers or professionals

### Presentation

Be aware that children with OME often present with any of the following features

### Common features

Hearing difficulties  
Delayed speech and language development  
Ear discomfort Tinnitus

### Also associated features

Behavioural problems; lack of concentration or attention  
Poor educational progress  
Balance difficulties Clumsiness

Guidance on presenting features is now split into two categories

Full guidance contains additional new advice

## Formal assessment

If OME is clinically suspected on the basis of the child's clinical history and assessment of the presenting features, refer for further hearing assessment

### Clinical examination, focus on:

Otoscopy Hearing testing Tympanometry  
General development General upper respiratory health

## Hearing loss support strategies

### All settings

Be close to and face the child when speaking to them  
Minimise background noise  
Use visual aids

### In education

Inform staff of hearing loss related to OME  
Ask if adjustments can be made in school eg, sitting near the front of class

### Prepare the child for

Interventions  
Ongoing management

OME with NO hearing loss  
No treatment

OME associated hearing loss confirmed  
Bilateral Unilateral

### Consider co-existing causes of hearing loss

Sensorineural Non-organic Permanent conductive

Offer

Consider

## Reassess hearing after 3 months

In children who are experiencing hearing difficulties that significantly affect day-to-day living, consider intervening earlier than the 3-month reassessment

Persistent bilateral hearing loss

Persistent unilateral hearing loss

Impacting daily living or communication?

No  
Yes

## Clinical management of hearing loss

### Consider devices

Hearing aids  
Auto-inflation  
Bone conduction devices

Adenoidectomy  
Not recommended in the absence of persistent and/or frequent upper respiratory tract symptoms

### Update

When planning grommets for management of OME  
Consider adjuvant adenoidectomy unless assessment indicates an abnormality with the palate

## Surgical intervention

Insertion of temporary grommets or ventilation tubes to ventilate the middle ear is recommended

Ciprofloxacin; Consider a single dose given intraoperatively during grommet insertion

Water precautions; Keep ear dry, avoiding swimming, taking care when bathing or washing hair for 2 weeks after surgery

Reassessment; perform a postoperative hearing test 6 weeks after surgery for OME:

Hearing loss resolved; discharge and:  
Consider follow up options

Hearing loss continues:  
Investigate and manage appropriately

### Do not offer

Antibiotics  
Oral or nasal steroids  
Decongestants  
Homeopathy  
Cranial osteopathy  
Acupuncture

