

Shared Decision Making – glue ear

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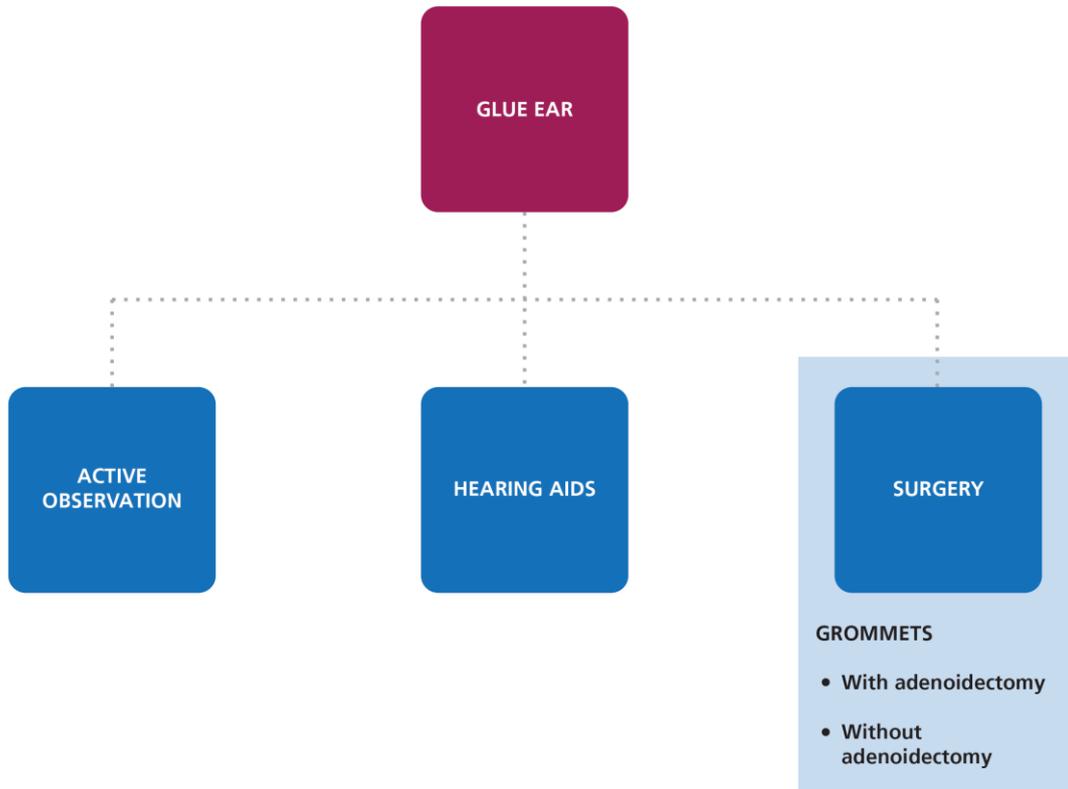
Deciding what to do about glue ear

This short decision aid is to help you decide what to do about your glue ear. You might also hear this condition called otitis media with effusion.

This short decision aid is for children with glue ear aged 12 years and under, and their parents or carers. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are three main options for treating a glue ear. The choices are:

- Active observation, where your doctor or audiologist (a person who checks hearing) might check your condition about every three months to see if it's improving, staying the same or getting worse. If there are no problems with your glue ear, you won't need to see your doctor or audiologist so regularly. Instead, they will ask you to come back to see them if any problems arise. You might also see a speech and language therapist on a regular basis.
- Hearing aids, which are small electrical devices that you wear on your ear to help you hear.
- Surgery, which means having an operation to put a tiny plastic tube (grommet) into your eardrum. You may also have an operation to take out your adenoids (small lumps of tissue at the back of the nose).



What are my options?

	Active Observation	Hearing Aids	Surgery
What is the treatment?	<p>Where your doctor or audiologist (a person who checks hearing) might check your condition about every three months to see if it's improving, staying the same, or getting worse. If there are no problems with your glue ear, you won't need to see your doctor or audiologist so regularly.</p> <p>Instead, they will ask you to come back to see them if any problems arise. You might also see a speech and language therapist on a regular basis.</p>	<p>Are small electrical devices that you wear on your ear to help you hear.</p>	<p>This means an operation to put a tiny plastic tube (grommet) into your eardrum. You may also have an operation to take out your adenoids (small lumps of tissue at the back of the nose).</p>

	Active Observation	Hearing Aids	Surgery
What is the effect on hearing?	<p>Children who have active observation are likely to get improved hearing over time, if their glue ear clears up.</p> <p>About 50 in 100 cases of glue ear will clear up without treatment within three months.</p>	<p>About 98 in 100 parents of children with glue ear say their child can hear better with hearing aids.[13] This number is from a small study of 48 children so it may not be relevant to all children with glue ear.</p>	<p>Most children with glue ear who have grommet surgery have some improvement in hearing immediately after the operation. The amount of improvement varies a lot. Most children with glue ear who have grommet surgery have small,</p>

	<p>About 95 in 100 cases of glue ear will clear up without treatment within one year.[11]</p> <p>On average, children with glue ear who have active observation hear as well as children who have grommet surgery, one year after treatment.[12]</p> <p>In a small number of children, long-term, untreated glue ear can cause permanent loss of hearing.[12]</p>		<p>noticeable improvement in their hearing of around 12 (decibels) dB three months after surgery. Six to nine months after surgery, this improvement in hearing decreases to about 4 dB. [12] After one year, children with glue ear who have grommet surgery hear the same as those who have active observation.[12]</p>
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	Active Observation	Hearing Aids	Surgery
What is the effect on school and learning?	<p>On average, children who have active observation do as well with language development as those who have grommet surgery.[14]</p> <p>Children who have active observation before grommet surgery do as well at school and with learning and development as those who have grommet surgery without any delay.[15]</p>	<p>About 3 in 10 parents of children with glue ear say hearing aids improve their child's speech.[16] About 6 in 10 parents say hearing aids improve their child's concentration.[16]</p> <p>This information is from a small study of 39 children so it may not be relevant to all children with glue ear.</p>	<p>On average, children who have grommet surgery without any delay do as well at school and with learning and development as children who have active observation before surgery.[15]</p>

	Active Observation	Hearing Aids	Surgery
What is the effect on your activities?	Glue ear can cause ear pain when you go swimming or travel in a plane. You can still swim and fly if you're having active observation.	Glue ear can cause ear pain when you go swimming or travel in a plane. You can still swim and fly if you use hearing aids. If your hearing aid is not waterproof, you will need to take it off before swimming.	You can swim from around two weeks after having grommet surgery. But you should avoid diving or swimming below the surface of the water. Having grommet surgery will relieve the pressure in your middle ear. This may make travelling in a plane less painful.

	Active Observation	Hearing Aids	Surgery
What are the side effects and complications?	Active observation is unlikely to cause side effects or complications. But long-term, untreated glue ear can cause permanent loss of hearing in a small number of children.[12]	Some children who use hearing aids find them uncomfortable, get whistling noises and feedback. But hearing aids shouldn't cause these issues if they are well fitted by a good audiologist.	Grommet surgery may cause ear pain that lasts for a few days. Other problems that can be caused by grommets include ear infections, a hole in the eardrum that doesn't heal, scarring of the eardrum, and bleeding from the ear. Adenoid surgery may cause a sore throat that lasts for a few days. This is rare. Temporary side-effects and complications include bleeding,

			infections, bad breath, blocked nose, change in voice, earache, damage to teeth, and stiff jaw.
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	Active Observation	Hearing Aids	Surgery
What is the time you spend in hospital or on treatment?	<p>If you choose active observation, you might need to see your doctor or audiologist about every three months. If there are no problems with your glue ear, you won't need to see your doctor or audiologist so regularly.</p> <p>Instead, they will ask you to come back to see them if any problems arise. You might also see a speech and language therapist on a regular basis.</p>	<p>If you choose hearing aids, you will need check-ups to be sure the hearing aid fits the ear properly and is working well to improve hearing. You are likely to have several checks with an audiologist and may also have one or more checks with your doctor. The number of checks needed may depend on age and how much hearing has been lost.</p>	<p>If you choose surgery, you will need to go into hospital for your operation. You can usually go home the same day you have grommet and adenoid surgery. You will need to go back to hospital for a check-up between six weeks and three months after the operation.</p> <p>About 34 in 100 children who have grommet surgery need to have the operation again within two years of the first operation.[17]</p> <p>About 87 in 100 parents say they have to take their child to the doctor less often after grommet surgery.[18]</p>

What are the pros and cons of each option?

Children with a glue ear, and their parents and carers, have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for glue ear:

- Are they willing to wait and see what happens to their glue ear?
- Do their hearing problem upset them a great deal?
- Are they willing to consider having an operation?
- Are they willing to take the risk of side effects or complications from treatment?
- How important is it to them that their glue ear doesn't affect their performance at school?

How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

References

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