

Referral Support Service

ENT

ENT06

Hearing Loss in Children (Glue Ear)

Definition

This guideline describes referral for the most common cause of sustained hearing loss in children, otitis media with effusion (glue ear). Sensorineural hearing loss in children is more likely to be diagnosed through the neonatal screening program.

Exclude Red Flag Symptoms

- Congenital cholesteatoma
- Foreign bodies in the external auditory canal
- Children with Down's syndrome or cleft palate

Management

Children with sustained hearing loss need referral to the Paediatric audiology service

- **Refer after 6 weeks** of reported deafness. *Usual wait time is 6 weeks therefore testing is done at 3 months in line with national guidance.*
- If hearing loss is causing significant functional impairment you can refer immediately and do not have to wait 6 weeks.
- Consider a 6 week trial of treatment of nasal disease (rhinitis or infection) if indicated, prior to referral (**Intra-nasal steroid +/- antibiotic** as appropriate)

When to refer to ENT rather than the paediatric audiology service

Children with additional problems such as rhinitis, blocked nose, snoring, should be treated in primary care first and then referred to ENT if hearing loss persists at 3 months.

Children with obstructive sleep apnoea symptoms should be referred to ENT immediately. Under the Choice agenda children can be seen wherever parents choose. Although under 2s will be operated on in Leeds, It is ok if they are assessed in York first as most children do not need surgery. Where they do York will refer onto Leeds.

Referral Information

Information to include in referral letter

- How the hearing loss affects the child, *where the child is really struggling an earlier appointment can be arranged*

Responsible GP: Dr Daniel Kimberling
Responsible Consultant: Frank Agada
Responsible Pharmacist: Laura Angus

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- The duration of the hearing loss
- If you think the child may have extra difficulty wearing headphones and responding to sound e.g. has learning difficulties, please note it in the letter. *Testing with extra staff and equipment will be arranged.*
- Relevant past medical / surgical history
- Current regular medication
- Smoking status

Patient information leaflets/ PDAs

<http://www.patient.co.uk/health/glue-ear>

References

NICE [Surgical management of OME](#) February 2008

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