



Clinical Thresholds

Condition or Treatment	Myringotomy (insertion of grommets)
Commissioning Threshold	<p>Referral to secondary care for children should only be made if there are any of the following circumstances:</p> <ul style="list-style-type: none"> • Hearing loss of greater than 25 decibels • Persistence of otitis media with effusion for longer than 3 months • Proven persistent hearing loss, detected on 2 occasions separated by 3 months or more (results of formal testing should be included in the referral letter) • Suspected language or developmental delay • Signs or symptoms that may make diagnosis difficult, or are a cause for concern
Referral Guidance	<p>If the request meets the identified criteria the referral form needs to be completed and submitted via RSS.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;">Referral Form</p> </div>
Effective from	April 2013
Summary of evidence / rationale	<p>Evidence suggests that grommets only offer a short-term hearing improvement in children with simple glue ear (otitis media with effusion or OME) who have no other serious medical problems or disabilities. No effect on speech and language development has been shown.</p> <p>Glue ear is the build-up of thick fluid behind the ear drum. It is a common childhood disorder, affecting one or both ears, and is the major cause of transient hearing problems in children.</p> <p>The insertion of grommets (ventilation or tympanostomy tubes) into the ear drum is a surgical treatment option commonly used to improve hearing in children with bilateral glue ear as unilateral glue ear results in a minimal, if any, hearing disability.</p> <p>A review (see reference) found that in children with bilateral glue ear, that had not resolved after a period of 12 weeks and was associated with a documented hearing loss, the beneficial effect of grommets on hearing was present at six months but diminished thereafter. Most grommets come out over this time and by then the condition will have resolved in most children.</p> <p>The review did not find any evidence that grommets help speech and language development but no study has been performed in children with established speech, language, learning or developmental problems. Active observation would appear to be an appropriate management strategy for the majority of children with bilateral glue ear as middle ear fluid will resolve spontaneously in most children.</p>
Date	October 2014

Review Date	October 2016
Contact for this policy	Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net

References:

1. Grommets (ventilation tubes) for hearing loss associated with otitis media with effusion in children March 2010 The Cochrane Library
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001801.pub3/pdf>