

## PATIENT INFORMATION

# Glue Ear and Your Child

### Introduction

Glue ear is a common childhood condition. It can cause a temporary and variable hearing loss which if present over a prolonged period of time may affect your child's speech, behaviour and learning.

Most children will grow out of glue ear by 7 to 8 years of age, but a small number will continue with the condition through their teenage years. In some cases, glue ear can develop unnoticed and is not associated with pain or ear infections. If unrecognised, your child may be labelled as difficult or naughty.

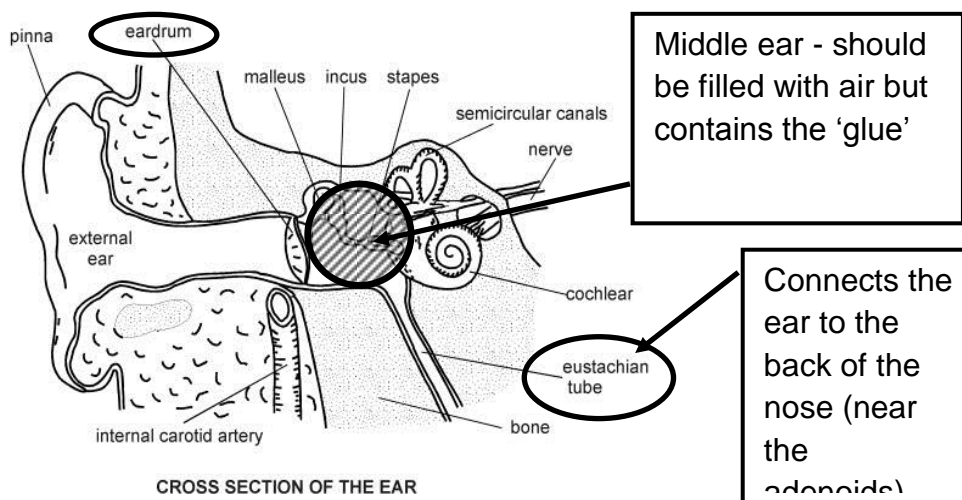
Think of glue ear if your child:

- Mishears or ignores people.
- Has problems with listening or concentration
- Shows a change in behaviour.
- Has speech problems
- Is experiencing difficulties in school or nursery
- Has problems with their balance or is clumsy
- Has frequent colds or ear infections

### What is Glue Ear?

The middle ear is the space behind the ear drum. It is normally filled with air and sound can pass freely through it to the inner ear (the cochlea). Sometimes, due to problems with the Eustachian tube, the middle ear space becomes filled with fluid (catarrh) and the hearing is muffled.

The fluid can vary in consistency, and at times becomes thick and sticky (hence the term glue ear). The glue can come and go causing the hearing to vary, and your child may notice popping noises in their ears.



CROSS SECTION OF THE EAR

## What can be done?

- **Wait and see.** A large number of children with glue ear get better on their own within a few months; therefore a period of watchful waiting is advised. Usually advice is given on coping with the hearing loss and a repeat hearing test is offered in 3 months.
- **Medical treatment.** Research has shown that the following are of no benefit in glue ear and are not recommended; steroids, antihistamines, decongestants, antibiotics, homeopathy, cranial osteopathy, acupuncture, massage, probiotics, change in diet (e.g. reducing dairy products) immunostimulants.  
“Autoinflation may be considered during the active observation period for children with OME who are likely to cooperate with the procedure”
- **Surgical treatment.** If the glue ear is persistent over three months and your child is experiencing problems with speech, education or behaviour the doctor may discuss further treatment options such as grommets.
- These are small plastic tubes that are put in the eardrum under a short general anaesthetic; the grommets allow the glue to drain normally and while they remain in place the hearing is usually normal. If your child also has symptoms of a blocked nose we may consider removing the adenoids from the back of the nose, which can help reduce the risk of glue in the future.
- **Hearing aids.** Occasionally a child may not be suitable for grommets or their parent/carer does not want this option. In these cases, the hearing loss associated with glue ear can be managed with the use of temporary hearing aids.
- **Certain children,** such as those with Down’s syndrome or Cleft palate, are prone to problems with glue ear and in these cases hearing aids may be a better long-term option.

This leaflet has been written by the ENT Department, Torbay Hospital and produced with reference to the NICE guidelines on the surgical management of O.M.E. (Glue Ear) [www.nice.org.uk](http://www.nice.org.uk)

Other useful websites: [www.entuk.org.uk](http://www.entuk.org.uk) [www.ndcs.org.uk](http://www.ndcs.org.uk)

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.