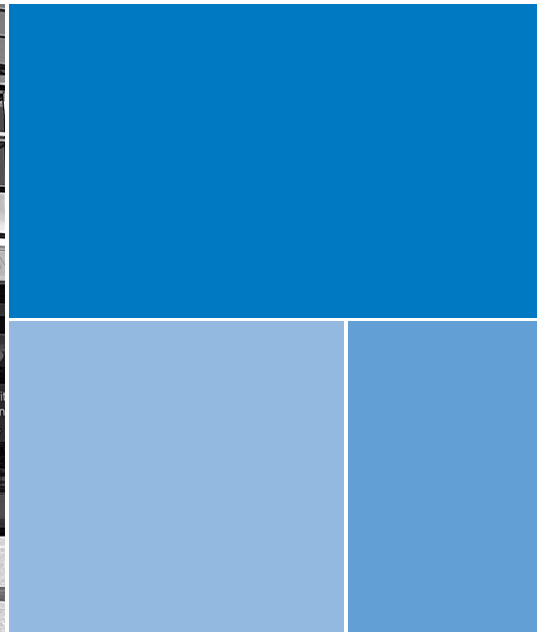




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Glue Ear A Guide For Parents



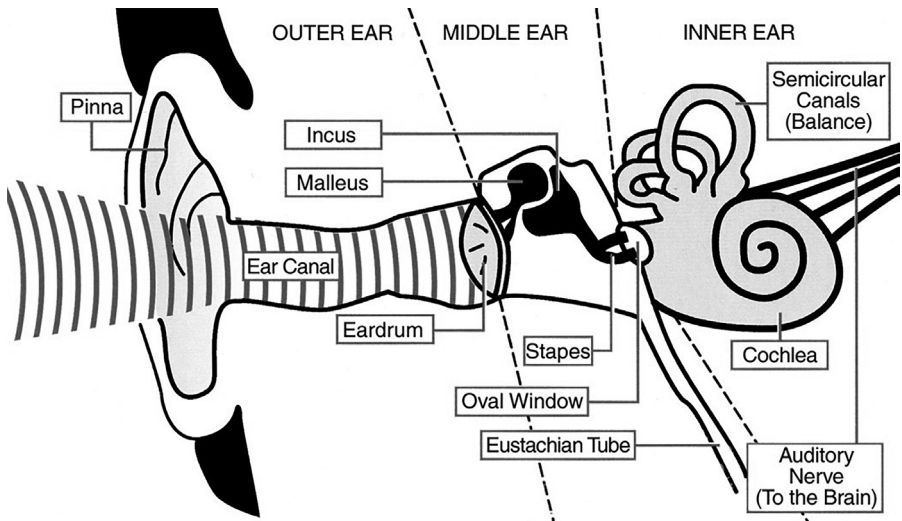
[Patient Information](#)

Introduction

Glue ear is a common condition, which affects many young children. It is estimated that one in five pre-school children have glue ear at any one time. Glue ear is usually a temporary problem that can resolve without intervention, however if it persists and it is causing problems then it can be treated successfully.

What is glue ear?

When a sound enters the ear, the eardrum vibrates to send the sound further up the hearing pathway. The space behind the eardrum is usually filled with air, to allow the eardrum to move freely. Sometimes this space fills with fluid. This happens when the tube that links the middle part of the ear to the back of the throat (the eustachian tube) becomes blocked and cannot pass air into the middle ear space effectively. This is more common in children as their eustachian tubes are shorter and more horizontal than in adults, which means they do not always work as efficiently.



When fluid is blocking the middle ear, it is harder for sound to travel through to the inner ear, making sound quieter and more difficult to hear. Glue ear can affect one or both ears and it can cause hearing to fluctuate, due to changes in the amount or thickness of the fluid that is present.

The medical term for glue ear is "Otitis media with effusion".

What causes glue ear?

Many things can contribute to glue ear, such as colds and flu, allergies and passive smoking. It's often, but not always, linked with ear infections.

Children with cleft palate, or a genetic condition such as Down's syndrome, may be more likely to get glue ear as they often have smaller eustachian tubes that don't function as well.

What are the symptoms of glue ear?

The following may indicate that your child has glue ear, however not all children will show all of these symptoms.

- Difficulty hearing e.g. not responding when called or asking for the television to be turned up
- Changes in behaviour
- Becoming tired and frustrated
- A lack of concentration
- Speech delay e.g. unclear speech or mispronunciation of words

How is glue ear diagnosed?

Your child will be seen by an "Audiologist" who will ask you questions about your child's hearing and carry out a hearing assessment. This will include examining your child's ears, assessing your child's responses to sounds and performing a quick test for the presence of glue ear by using a small tip placed in the ear (tympanometry). The Audiologist will explain all the results to you and discuss the management options available.

Management options

If your child has glue ear which is persistent, then your Audiologist will discuss the following management options with you.

Active monitoring or “watchful waiting”

As glue ear often gets better on its own, a period of “active monitoring” is advised initially. This means that your child will be seen for review of their hearing. Review appointments usually occur every 3-6 months and may continue for some time if your child’s glue ear continues to be present, but does not have a significant impact on their hearing ability.

Otovent

If your child is suitable, then your Audiologist may recommend that they try an Otovent. This is a device made up of a balloon and a nose piece, which your child gently blows through. It works by using pressure to open the eustachian tube. The device can be difficult for young children and therefore is only recommended for children over 4 years old. It is available to purchase from chemists and can also be obtained on prescription.



Connect

Attach the balloon to the nose piece. Hold the round part of the nose piece firmly to your nostril. Press the other nostril closed with your Index finger to prevent air flow on that side.



Inflate

Inhale deeply, close your mouth and gently but firmly inflate the balloon to the size of a grapefruit (10–12 cm). Once the balloon is inflated, swallow 1–3 times.



Repeat

Repeat the process on the opposite nostril. The procedure has worked when you hear or feel a small ‘pop’ in your ear.

<https://otovent.com/children/>

Grommets



Grommets are small plastic tubes that are put into the eardrum during a short operation, under general anaesthetic. They are inserted after the fluid from the middle ear has been drained away and they allow air to circulate. Grommets usually stay in place for 12-18 months, and they are eventually pushed out as the eardrum heals. If grommets are a possible option for your child, then you can be referred to see an Ear, Nose and Throat (ENT) doctor who will discuss the procedure and whether your child is suitable.

Hearing aids

Hearing aids can be used to help your child hear better while they have glue ear. There are different types of hearing aid available and your Audiologist can discuss which types of aid would be most suitable for your child. If your child has a hearing aid fitted then they will be seen regularly for review of their hearing. Eventually, when the glue ear has gone, your child will no longer need their hearing aid.

How can I help my child?

The following hearing tactics can be used to help your child hearing better while they have glue ear;

- Get your child's attention before speaking with them
- Make sure you face them directly when speaking
- Speak clearly, without shouting
- Try to keep background noise to a minimum, especially when holding a conversation

If your child is at school, you should tell their teacher that they have glue ear, so they can make adjustments to help them, such as a seat nearer the front of the classroom.

Frequently asked questions

Can my child fly with glue ear?

Children with glue ear are able to fly and generally do not experience problems. Eating and drinking during take-off and landing will help prevent discomfort and earache.

Is it okay for my child to go swimming?

If your child has glue ear and does not have grommets, then they can swim and bathe as normal. If your child does have grommets, then it is advisable to try and keep your child's ears dry by using ear plugs or a neoprene headband. Your child's ENT doctor can give you more advice on this if required.

Can complementary remedies help?

There is limited evidence to support the use of complementary therapies and at present the National Institute for Health and Clinical Excellence (NICE) **does not** recommend the following for Glue ear;

- Steroids
- Antihistamines
- Decongestants
- Antibiotics
- Homeopathy
- Crainal osteopathy
- Acupuncture
- Massage
- Probiotics
- Change the diet (for example reducing dairy)
- Immunostimulants

How does smoking affect glue ear?

Research has shown the children are more likely to suffer from ear infection and glue ear if they are often in a smoky environment. Parents should try to ensure their child's home is smoke free.

Further information

Further information can be found from the following:



www.nhs.uk/conditions/glue-ear



www.ndcs.org.uk/information-and-support/childhood-deafness/causes-of-deafness/glue-ear

Contact details:

If you would like to speak to an Audiologist then please contact us:

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Your Feedback We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

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Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

Support

We are compassionate, listen attentively and are kind to ourselves and each other

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The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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