

What are grommets?

Grommets are plastic/synthetic tubes that are surgically placed in the ear drum to allow the middle ear to drain and ventilate.

They are typically used for two indications:

- Recurrent middle ear infections
- Relief of glue ear (fluid behind the ear drum) to restore a hearing loss

Why do young children experience ear infections?

Most children experience ear infections, with most being in the first 6 to 12 months of life and up to 80% by the age of 3. About a third of children experience recurrent ear infections.

The causes in every child are different but they are:

- Eustachian tube dysfunction (almost universal but improves with time)
- Immature immune system (gets better with time)
- Exposure to tobacco smoke
- Exposure to viral infections (contact with other children)
- Pacifier use
- Genetic predisposition
- Allergy
- Gastroesophageal reflux (e.g. bottle feeding in flat position)
- Immune deficiency (very rare)
- Craniofacial deformities, cleft palate, or syndromes (very rare)

What are the benefits of grommets?

In children with recurrent middle ear infections, grommets:

- reduce the impact of middle ear infections in that painful ear infections characterised by high temperatures and/or vomiting are converted to ear infections that are allowed to drain into the ear canal and come out as a controlled discharge
- thus, grommets prevent recurrent uncontrolled infection related perforations of the ear drum as well as other rare complications of infections
- allow children to hear better during middle ear infections and in between infections so as to aid their overall speech and language development
- may reduce the frequency of ear infections

Bottom line is that viral upper respiratory tract infections with associated ear infections are part of growing up and developing a healthy immune system. Your GP and ENT surgeon will advise of any treatments if required to reduce the impact so as not to hamper growth, development and speech/language.

What are the risks of grommets?

The procedure to insert grommets is very safe but like any procedure can include complications. The most common are:

- blockage and/or falling out early
- persistent discharge from grommets
- residual perforation after grommets fell out (more likely in long term grommets as well as large grommets)
- scarring and/or thinning of the ear drum

Rare risks are documented clearly in the College of Surgeon's handout supplied to you.

What can I expect in the first week after surgery?

- Minimal ear pain that can be remedied with simple over the counter pain relief
- "Sensitive ears"
- Bloody discharge that lessens every day in some children

Are there any precautions regarding grommets?

Even though large scientific organisations such as the Cochrane Review and the American Academy of ENT do not recommend routine water precautions based on a low rate of water related infection (1%), most Australian ENT surgeons do recommend keeping the ears dry due to the fact that young children in the hot climates of Australia do indeed go swimming very frequently.

We recommend keeping the ears dry with ear plugs and/or swimming cap when swimming. If there is no head submersion during baths then ear plugs are generally not required, the same goes for showers.

Why are my child's ears discharging after grommet insertion and what can be done?

This is usually due to an active middle ear infection (either from a cold/flu or water exposure). It is a common phenomenon after grommet surgery occurring transiently in 15% of children and on a recurrent basis in 7% of children.

In the case of a sequelae from a viral infection, the grommets are doing their job, and treatment should be sought after if the discharge persists for more than 2-3 days.

Treatment for a discharging ear can be sought from your GP and/or ENT surgeon in the form of:

- Keeping the ears dry
- Antibiotic ear drops such as Ciloxan (usually 1st line treatment)
- Obtaining an ear swab on first contact with health practitioner
- Regularly mopping up the discharge with tissue spears
- Oral antibiotics (usually 2nd line)

What happens if the grommets fall out and how will I know?

Grommets eventually do need to fall out otherwise your child may be at risk of a residual perforation (hole in the ear drum). This may be in the form of a new one-sided bloody discharge and/or ear infection. Alternatively, the grommets can fall out and sit in the ear canal only to be found to be the case by the GP.

Your ENT surgeon will make an assessment as to whether the grommets need to be reinserted and this is on a case-by-case basis. Ideally the requirement for future grommets lessens with time as children grow and their immune systems develop.