How can you help

- Make sure you speak clearly and loudly to your child (you do not need to shout) and make sure you have their attention when talking to them.
- Try to reduce background noise when talking to your child e.g. turn off the television.
- Make sure other people who may be with your child are aware of the problem e.g. other family members, playgroup staff, etc.

What to look for in the future

- Is your child experiencing difficulties hearing in everyday life?
- Is your child’s speech developing normally?
- Is your child behaving in a way that could be due to their hearing difficulties e.g. frustrated (temper tantrums) or withdrawn (“in a world of their own”)?

If you would like to rearrange your child’s appointment please call:

0333 202 1065
InHealth Group, Paediatric Audiology, Ashurst Child & Family Centre, Lyndhurst Road, Ashurst SO40 7AR
ih.paediatricaudiology@nhs.net

InHealth Group, Beechwood Hall, Kingsmead Road, High Wycombe, HP11 1JL
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GLUE EAR
OME – Otitis Media with Effusion
How can you help?
Information for parents
The normal ear

Sound waves produce vibrations of the eardrum which are transmitted by a series of three bones to the inner ear. Here, complex processes convert these to impulses which travel along the auditory nerve to the brain.

The three small bones lie in the middle ear which normally contains air. Air enters this part of the ear by the Eustachian tube which is a narrow tube passing to the back of the nose, near the adenoids.

About glue ear

Glue ear is a very common condition

Four out of five children will have had at least one episode of glue ear before they are four years old.

The fluid behind the eardrum varies from thin and runny to thick and sticky like glue.

The effect on your child’s hearing will be variable.

It will often get better by itself once the Eustachian tube is no longer blocked.

Almost all children outgrow glue ear by the age of eight years. Children under the age of five are the largest group affected.

• The Eustachian tube is narrow in children and becomes easily blocked
• It is often brought on by colds
• It is often associated with large adenoids
• It is associated with passive smoking

Management of glue ear

Watchful waiting

In many children glue ear resolves itself without treatment. It is reasonable to wait to see if this will occur provided your child is not suffering.

Surgery

If the glue ear persists and there is concern that it is causing your child problems then the option of surgical treatment may be considered.

The common operations that may be done for glue ear are:

Grommet insertion – this involves inserting a very small plastic tube through the eardrum, which allows air into the middle ear acting as a “Eustachian tube by-pass”. The grommet then usually falls out over the next few months, allowing the eardrum to heal over.

Adenoidectomy – this involves the removal of the adenoid tissue, which often improves the drainage of the middle ear by the Eustachian tube.

What is glue

When the Eustachian tube fails to work properly, fluid - “glue” - collects in the middle ear. The fluid stops the eardrum moving freely and this can affect hearing. Any hearing loss is usually temporary.

The Otovent

Otovent is a medical device which is a clinically proven treatment for reducing the symptoms of glue ear. It is suitable from 3 years of age and is available on prescription from the GP or online at www.otovent.co.uk.

Hearing Aids

If the glue ear is severe, you may want to consider a hearing aid to help during these times when your child is affected. It is important to hear well in order to develop good speech.