

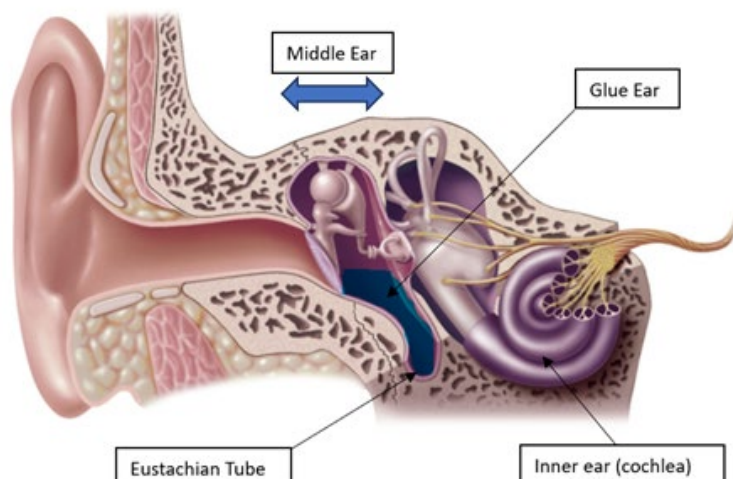
Patient information

Glue Ear in Children

What is Glue ear?

Glue ear is often the term used to describe a collection of fluid that fills the middle ear space behind the eardrum. Medically, this is usually referred to as Otitis Media with Effusion.

Glue ear is very common and 80% of children will experience it at some point. It is usually temporary; however, some children experience it for extended periods of time.



What causes glue ear?

For our ears to work properly, the middle ear space needs to be full of air. Air travels to the middle ear via the Eustachian tube which runs from the back of the throat. This tube is narrower and more horizontally positioned in children compared to adults, making it more prone to becoming blocked.

If the Eustachian tube is blocked, air cannot enter the middle ear. This initially turns the middle ear into a negatively pressurised pocket. The cells lining the middle ear then produce a fluid which becomes trapped, filling the middle ear space. This can thicken over time.

Glue ear is often more common in children who have regular coughs, colds and/or allergies. Being formula fed, sucking a dummy, having a high sugar diet and being exposed to passive smoking can also increase the likelihood of Glue ear. Medical conditions such as cleft palate and Down's syndrome are associated with Glue ear due to anatomical factors that affect Eustachian tube function.

How does Glue ear affect children?

Having a fluid-filled middle ear often makes it harder for sound to pass from the outer ear to the inner ear (the cochlea). This results in the sounds being heard quieter. Children may mishear what people say or appear to ignore. They may have to concentrate to hear which can result in them becoming more tired. When Glue ear impacts a child's hearing for an extended period, it can affect their speech development and clarity. Some children may find their ears uncomfortable or experience ear infections. Some may also become unsteady or appear clumsy.

How do you test for Glue ear?

An Audiologist or Doctor will examine your child's ears to look for any areas of concern. Tympanometry, which is a quick and painless test, will be performed to check how well your child's eardrum is moving and if Glue ear is present. A hearing test is also often performed. The effects of Glue ear on hearing can vary between children and may fluctuate with time.

How is Glue ear managed?

Glue ear will usually resolve by itself within 3 months and therefore a follow-up appointment is often recommended after this time.

Where possible, encourage your child to blow their nose daily as this can help the Eustachian tube open and allow air into the middle ear space. If your child can manage to blow their nose, try using an Otovent autoinflation balloon daily. An Otovent can be purchased from pharmacies or online.

Whilst Glue ear is present, it is especially important to use good communication tactics when speaking with your child. This includes facing them, using visual clues, minimising background noise, and speaking to them in a clear voice. You can also try using the free HearGlueEar app to help monitor their hearing at home.

If your child's Glue ear has not cleared after 3-6 months, they may be referred to the Ear, Nose and Throat department for further assessment and management. Management can include ventilation tubes (grommets) or the use of temporary hearing aids.

Sources of information

<https://www.hearglueear.co.uk>

<https://www.ndcs.org.uk>

<https://www.nhs.uk>

<https://patient.info>

<https://www.otovent.co.uk>

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your audiologist or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Lisa Ireland, Paediatric Audiology Specialist Nurse

Mr Madi Yousif, ENT Consultant

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery - Paediatric Audiology

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