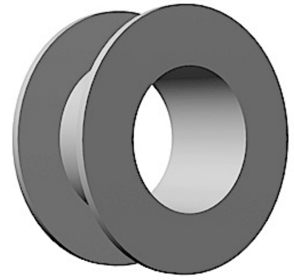

# Grommets

**The Recovery**
The recovery from grommets (middle ear ventilation tube insertion) is usually uneventful. Hearing should be normal immediately after the surgery. If hearing impairment was contributing to a speech delay, notable improvement in speech takes a 3-4 months. Showering or washing hair with a cup in a bath is fine. Please avoid swimming for 1month.

It is normal for your child to:
- be unsettled and irritable for the first 48hrs after the anaesthetic
- be little sensitive and sore in the ears for 2 days
- Have some minor blood staining in the ear canal. The prescribe drops will help to rinse this out.

**Time Off**
I recommend planing for 2 days off school or daycare. *Please ask for a certificate if needed.*

**Post Op Medications**
I advise paracetamol and/or Ibuprofen (nurofen) as required. You can purchase these over the counter from your chemist.

Ciloxin ear drops will be prescribed in the majority of patients. Please instil 3drops 3 times daily for 3 days as per the label. Press over the ear canal with your finger after putting the drops in to ‘pump’ them into the ear and through the drum. It is normal to taste the ear drops in the back of the throat.

**Post Op appointment:**
I will see you in 1month in my office to check the tubes are in a good position and not blocked. A further appointment will then be made in 12months.

## What to expect over the next 12months…

•Hearing should remain normal.
•Ear infections should stop or significantly reduce.
•The grommets are expected to fall out within 9-18months. Kids or their parents will rarely notice if/when this has happened and will typically need to rely on either the GP or me looking in the ear to let you know if it’s still there.
•For the majority of children (80%), a single set of grommets are all that is required. In 20% of kids however, once the tubes fall out the same issues may recur (middle ear fluid with hearing loss and or recurrent ear pain or infections). These kids may need to be referred back for more grommets +/- adenoidectomy if not already done.
•If hearing impairment was contributing to a speech delay, improvement in speech is expected to be noticeable within 3-4months - if not then a hearing test should be completed and speech therapy should begin.
•I don’t routinely plan hearing tests after grommets go in unless you have ongoing suspicions of hearing loss.

**Water Precautions**
This is a controversial topic among ENT surgeons. Approximately half advise water precautions and half don’t. I personally DO recommend water precautions as at the least it does no harm. However - if this causes significant stress or anxiety in the child/family then precautions can be omitted.

The theory behind avoiding water in the ear canals is that water (which may contain bacteria) can penetrate through or around the grommet, get under the ear drum and can trigger an infection, cause pain, or even vertigo if the water is cold. Fluid is more likely to go through the grommet if there is detergent in it, if the child is a few feet underwater or gets a direct splash from the side that gushes down the ear canal.

My philosophy is that if a simple measure can avoid this then it makes sense to protect against it. An excellent plug is made by FLO Tek, branded as “Putty Buddies”. These are best coupled with a wetsuit headband called an “Ear Band” to stop kids pulling out the plugs. Both can be found online. Blutac is a cheap alternative, as are silicone plugs which chemists stock. I advise water precautions in pools but the shower or sitting in a bath is fine.

**Grommet Problems - Ear Discharge 10%**
One in ten children with a grommet will develop a discharging ear at some stage over the 12months that their tubes remain. This is especially the case with very young kids (1-2yr olds) and usually happens during a major head cold with an associated snotty nose. The good news is the grommet allows the fluid buildup to leak out - meaning there's typically no pressure or pain. Kids are usually a little irritable and annoyed by the wet blocked ear and its obviously frustrating and a bit socially awkward to have mucous streaming from your childs ear!

While oral antibiotics (such as amoxycillin syrup) are indicated for kids with a middle ear infection without a grommet, for kids with grommets - ear drops (CiproHC) are more effective and reduce systemic antibiotic exposure. Some GP's are not aware of this - feel free to politely show them this handout if they require persuasion. This is available on my website geelonghn.com.au if you lose this.

My advice for managing a discharging ear is:
1) Head to the chemist and buy some Hydrogen Peroxide 3% (available without prescription), a small syringe and some cotton buds/Q-tips. Please fill your script for Cipro HC drops (I'll provide this at todays appointment. Gp's can do this script also if you lose it). Plain Ciloxin 3% drops are an alternative if the HC variety is not available/out of stock.
2) Clear as much discharge from the ear as you can with cotton buds or small twisted up 'tissue spears'.
3) Drop about 1ml of Hydrogen peroxide 3% down the ear canal then plunge your finger into the ear hole (with a glove if you'd prefer) - this will fizz and bubble and draw the debris from the deep ear canal to the surface. It is not painful but the sound can be scary for kids - try to reassure them the fizzing noise if normal. Again clean with cotton buds.
4) Finally apply 3-4 drops of Cipro HC to the canal and again plunge your finger into the ear - imagine you're trying to pump the drops thru the hole in the grommet and into the middle ear. Your child may taste the drops - that's normal.
5) Do this 3 times a day for a minimum of 3 days (if the discharge stops quickly) and a maximum of 7. If after 1 week If the discharge persists please continue just using the hydrogen peroxide daily to keep the ear clean and please attend your GP or try to get in to see me. I'd advise a swab be taken of the discharge, and once the result is thru an oral antibiotic can be prescribed in addition to the regular hydrogen peroxide based on the culture and sensitivities of the swab.

**The grommet blocks with a plug of dried mucous 5%**
I will usually pick this up at the 1 month post op appt - if this is the case it is usually salvageable by instilling 1ml of Hydrogen Peroxide 3% for 5minutes then firmly pumping a finger into the ear canal.

**The grommet falls out too soon 5%**
This is disappointing but does occur particularly in patients with a very thin or scarred drum. I try to avoid reinserting a single grommet and ideally wait for the second one to extrude first. While at least one grommet remains in the hearing will be normal.

**The grommet doesn't fall out 2%**
If it remains in the drum for over 3years and definitely if over 4 years then I should discuss the option of removal under a GA.

**The Grommet causes inflammation of the ear drum/granulation tissue 2%**
Occasionally the ear drum will react to the grommet as a foreign body and in its attempt to expel the tube it can develop a low grade chronic discharge often with some brown staining or even fresh blood in discharge. Steroid containing drops (Cipro HC) usually settle this down, if not I can suck out the granulation in my office and fix the issue. Rarely the tube needs to be removed to deal with this issue.

**A tympanic membrane perforation occurs 1-2%**
This happens in 1-2% of kids after their grommets fall out and should be recognised by your GP or by me at followup appointments. If this occurs you child will definitely need to plug the affected ear whenever they swim. /There is a variable effect on hearing depending on the size and location of the hole. An Audiogram to check the hearing is therefore sensible. I will likely advise repair of this with a "Myringoplasty" but this is a reasonably significant operation and I'd ideally wait til a minimum or 10 or even 12yrs of age before doing this. This is so your child has well and truly grown out of the time of life when middle ear issues remain common, and also to ensure they are mature enough to cope with post operative care (stitches, wound dressings, suction ear cleaning etc).

***I realise there's a lot of information in this handout.***
***Please take your time to read this and keep it for future reference as this information may help answer any burning questions and provide advice if something unexpected happens.***

***All the best***
***Nick Agar***
***ENT Surgeon***