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Information Regarding Ventilation Tubes (Grommets)

Reasons for having the operation

Persistent fluid in the middle ears causing hearing loss +/-speech delay
Recurrent middle ear infections not controlled with antibiotics
Prevention of damage to the eardrum or middle ear by Eustachian tube dysfunction

Results

Excellent, in particular for improving hearing and controlling ear pain

Nature of the operation

Your child will be admitted to hospital on the day of surgery
The operation is done under general anaesthetic
The operation normally takes about 1/2 an hour, and is done using an operating microscope to place a tube into the ear drum to allow air into the middle ear.

The child will be able to eat and drink when fully awake and he/she will normally be able to go home after 2-3 hours.

Side-effects and Risks

Pain. This is minor and requires only paracetamol.

Ear discharge. This may occur with a cold when the nose is also running. If the ear discharge does not settle with the cold, antibiotic ear drops may be required.

Discharge may also occur if dirty water gets in the ear. For this reason care with water entering the ear canal is recommended for the bath. Showering is not usually a problem.

Ear plugs are not usually required for swimming unless the child is diving deep under water or is in the water for prolonged periods.

Early/late tube extrusion. The tubes are pushed out of the ear by the skin of the ear drum, usually after 6-18 months. In less than 5% of patients the tubes may come out earlier or fail to come out by themselves, requiring another anaesthetic to remove them.

Recurrence of middle ear fluid/infection. The tubes allow air into the middle ears until the Eustachian tube function has adequately developed. 20-30% of children may require more than one set of tubes.

Perforated ear drum. After the tubes come out, a hole may be left in the ear drum in 1-2% of patients. This may cause problems with infections or hearing loss and may require surgical repair when the child has grown out of ear problems, usually 6-8yo.

Other rare possible complications. Problems such as displacement of the grommet into the middle ear, damage to the middle ear bones, hearing loss and general anaesthetic complications have been reported in very rare instances.

Check-up

An appointment should be made to see me in my office 1-2 weeks following surgery. I will then see the child every 6-12 months until the tubes have come out and the ears are healthy.

Adenoids

If discussed prior to the operation, the adenoids may be removed as well insertion of the ventilation tubes to reduce the likelihood of further ear problems requiring another set of grommets when the current set extrude. (The adenoids are like tonsil tissue at the back of the nose, next to the Eustachian tubes). Adenoidectomy is done through the mouth after putting the grommets in.

There is a small risk in some children of hypernasal speech once the adenoids are removed, which usually resolves spontaneously or with some speech therapy.

There is a <1% risk of persistent bleeding at surgery, which may require a pack to be inserted into the back of the nose. This then requires a second anaesthetic to remove it in the next day or so.

Adenoidectomy is also done as a day case, with observation of the patient for 3 hours after surgery prior to discharge.

