

# Information for patients and carers

## Grommets and Adenoid Surgery

A decorative graphic at the bottom of the page consisting of three overlapping, wavy horizontal bands in shades of blue, ranging from a light sky blue to a dark navy blue.

## Welcome to ENT (Ear, Nose and Throat)

This leaflet has been produced to answer questions you may have about having grommets and adenoid surgery and what to expect during your visit. If you have any other questions, please ask your surgeon or a member of the nursing team.

### What is glue ear?

Glue ear (otitis media with effusion) means that the area behind the eardrum, called the middle ear, contains a build-up of sticky fluid often described as glue. It is one of the most common childhood illnesses, affecting 1 in 5 pre-school children. Linked to infections, it is often temporary, but long-term glue ear can affect a child's hearing and speech development.

The eustachian tube is the "drainpipe" of the middle ear. When working normally, fluid drains down the eustachian tube to the back of the nose and allows air up behind the eardrum. If this is blocked, the air behind the eardrum is not replaced and fluid builds up. Because fluids cannot be compressed, sound waves do not vibrate the eardrum normally, and hearing is reduced causing some deafness. It is normal for this to happen after a cold, but the fluid will usually drain. When the fluid does not drain within three months, it is described as "glue ear".

### Why do people get glue ear?

Many things can cause glue ear, such as colds and flu, allergies and passive smoking and it is not always due to ear infections. In children the eustachian tube does not work as well as in adults because the muscles opening the tube work better as the skull grows. Large adenoids can also reduce eustachian tube working. In adults, glue ear can be due to problems in the back of the nose where the eustachian tube opens, or nasal and sinus problems.



## How will we test for glue ear?

The doctor will examine your ear and ask an audiologist to perform a tympanometry “Tymp” test, which is a test that measures how well the eardrum can move. If there is fluid behind the ear drum it will not move properly. A hearing test should also be done to check if the glue ear is affecting the hearing and by how much. These tests are very quick and do not hurt. The audiologist will have the results straight away and pass these to the doctor to look at.

## Why insert grommets?

The doctor may decide that you would benefit from grommets which will improve the drainage of the fluid and to allow air behind the eardrum. This will improve the hearing in the glue ear. Grommets are also useful to avoid repeated attacks of earache.

## What is a grommet?

A grommet is a tiny tube that is inserted through a small cut in the eardrum. The operation is quick, but you will need to have a general anaesthetic. Grommets do not last forever, and as the eardrum heals, it will push out the grommet into the ear canal and will usually fall out by itself. The grommet lasts for six months but some last much longer. "T tubes" are grommets that are designed to last much longer.

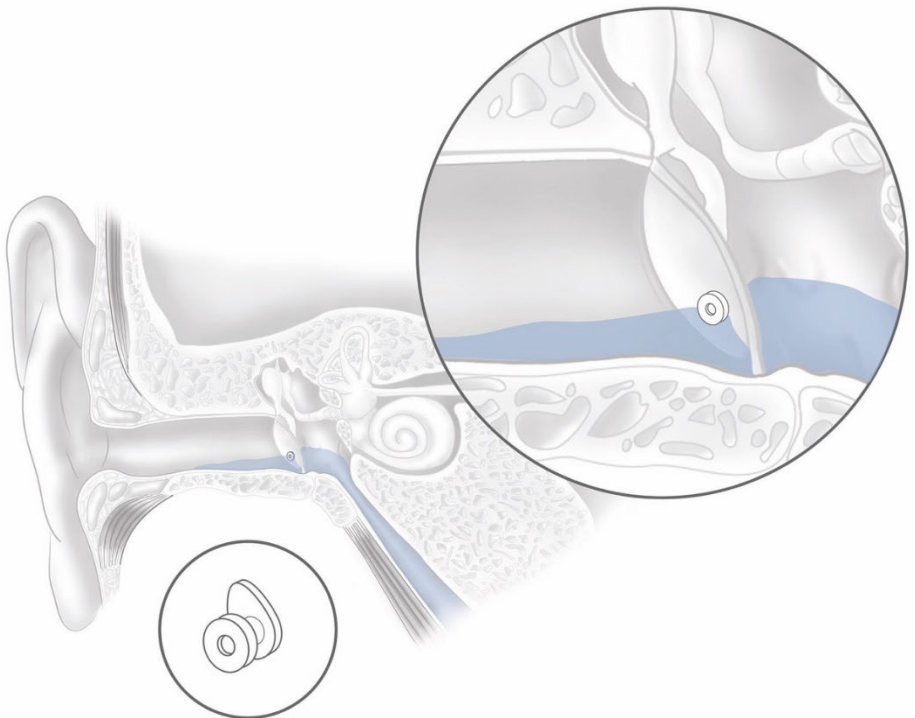


Image of a grommet

## What are the risks of a grommet insertion?

This surgery is very safe with very few problems. Some people will need to have the grommets replaced if the glue ear comes back. Some scarring of the eardrum does happen, but this does not damage your hearing. There is a risk that the eardrum may not heal where the grommet was inserted, and this is much more likely if T tubes are used. Some people get repeated ear infections with, or because of, the grommets and will need to have the grommets removed.

## What will happen if I do not have the operation?

If you decide not to have the operation, you will continue to have ear infections, and your hearing will get worse. The ear drum may become damaged which will cause both hearing and infections to get worse. Children may continue to have delayed speech and development due to muffled hearing or hearing loss. Children with glue ear may have balance problems. Infection can spread to the bone behind your ear causing mastoiditis (a serious bacterial infection), or to your brain, causing meningitis or a brain abscess. You may develop facial paralysis, and your facial muscles may become weak or appear to droop.

## How can I help the grommets work?

It is important to stop water getting into your ear wherever possible and you need to do this until the doctor tells you to stop. When you wash your hair, put a small cottonwool ball covered in Vaseline® into the ear to stop water getting in the ear canal. Do not lie down in dirty or soapy bathwater. You can still go swimming, but you must wear swim moulds or earplugs to stop water going into the ear canal.

It is important that if swimming, you do not dive deeper than two feet as the water pressure at that depth or deeper can force water through the grommet.

## **Why do we often recommend a Adenoidectomy when inserting grommets?**

Adenoids are small glands at the back of the nose. In young children they help fight germs. After the age of three years, the adenoids are no longer needed. Large adenoids are often associated with glue ear in children as they stop the eustachian tube from working properly. Removing the adenoids reduces the likelihood of having to repeat the grommet insertion. Your body can still fight germs without your adenoids and removal does not affect your immune system.

## **What will happen if I do not have the adenoids removed?**

If you decide not to have the adenoids removed, you may continue to have infections and have an increased risk of needing further grommet insertion.

## **What is an Adenoidectomy?**

Adenoidal surgery is done under a general anaesthetic which means you will be asleep during the procedure. The adenoids can be taken out through the nose or the throat, with no cuts or stitches on the outside.

An instrument is used to scrape (or curette) the adenoids from behind the nose. The operation takes about 10-15 minutes to perform. Very rarely there will be a bleed from the adenoid "bed" which will not stop. If this occurs, we will insert a "post-nasal pack".

This is a pack tied into the area behind the nose to make sure that the bleeding stops. Although this is distressing, it is almost always taken out the next day.

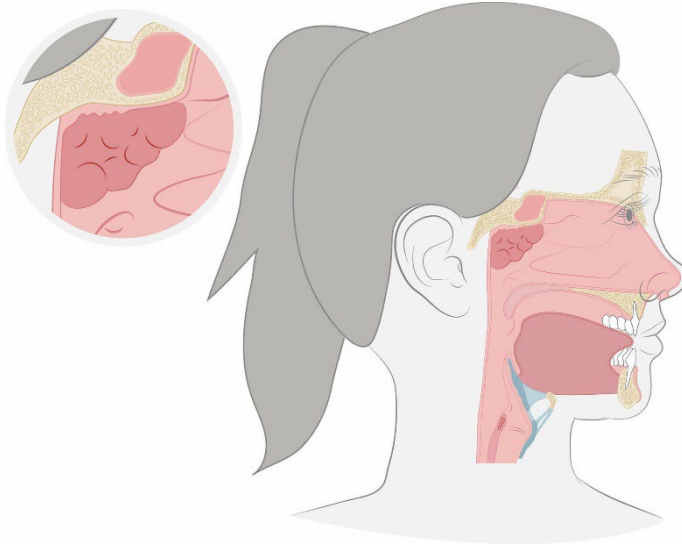


Image of enlarged adenoids

## What happens after the surgery?

After the surgery you will be taken to a recovery area to be monitored and once you are awake you will be taken to the ward. After a few hours when you have eaten and drunk you can usually go home. There may be times when the doctor might want you to stay overnight but this will be discussed before the operation.

## Pre-operative and post-operative advice

### Pre-operative advice

Please stop eating 6 hours before your operation. Stop drinking 2 hours before your operation and only drink water up to this time. No milk products are to be drunk. Please bring an up-to-date list of medications. If you have been given the consent form, please bring this with you but do not sign it. Write down any questions/concerns that you have. If going home on the same day, make sure there is an adult staying with you for 24 hours after your operation.

### Post-operative advice

After your operation you will be transferred to the day case ward where you will rest until the anaesthetic has worn off. If you need an overnight stay, you will be transferred to an inpatient ward. You will normally be allowed home 2-4 hours after your operation. You must achieve some set goals before you can leave such as being able to eat and drink and getting out of bed.

If you have had grommets, the ear may discharge some fluid for a few days however, if the ear continues to discharge, or the discharge is smelly, please phone Ward 3 if you are an adult, or Ward 8 for child advice. If you develop a temperature above 38°C, have difficulty hearing, dizziness or losing balance or increased pain you need to contact Ward 3 or Ward 8. If infections occur, treatment with antibiotics and eardrops may be needed.

Do not allow water into the ears for the first two weeks. When showering or bathing you should put cotton wool covered in Vaseline® into your ear and removed immediately afterwards.



It is sensible to wait for 2-3 weeks after surgery before swimming. Nearly all children can then swim without special precautions. If earache or a discharge occurs after swimming, you will need treatment from your GP and from then on, please use earplugs when swimming.

Following your operation, most people recover quickly and are back to their normal activities the next day. Usually after grommet insertion there is no pain or soreness. Hearing is usually improved immediately so do not be surprised if everything suddenly seems too loud, it should only take a few days to get used to it.

Grommets fall out on their own, usually in 6-12 months but it can take up to 18 months. You may not even realise when this happens.

If you have had adenoids removed, you may have a blocked nose following surgery, but this will clear up on its own within a week or so. You may notice that you have bad breath during the healing period. In rare cases antibiotics may be needed. If you have a sore throat, you may have to take simple over the counter pain killers for the first few days. Chewing gum may also help the pain.

If you have had an adenoidectomy, you can eat normal food following surgery as eating will help your throat heal.

If you have had grommets inserted, your surgeon will want to follow you up in the ENT outpatient's department following your operation to make sure the grommets are sitting in the right place and make sure that any fluid is draining. Your hearing will also be assessed by your surgeon will let you know how often they will want you to come back.

## Frequently asked questions

### **Are there any other options instead of grommets?**

You can watch and wait to see if symptoms improve. If the main problem is hearing, you could try hearing aids. Hearing aids work well if you are willing to wear them. If you have hearing aids, you will be expected to come for regular appointments with the audiology team.

### **Is there an age limit for an Adenoidectomy?**

Taking out the adenoids is usually avoided in very small children due to the small risk of blood loss during and after a procedure. You are never too old to have your adenoids removed, but they usually shrink to almost nothing by your teenage years.

### **Can I change my mind if I have already agreed to surgery?**

You can change your mind about having an operation at any time. Signing a consent form does not mean that you must go through with the operation.

### **What do I do if I am worried after my operation?**

If you have any worries following surgery or the effects of your medication, please telephone the ward you were discharged from.

### **When can I go back to work/school?**

If you have had grommet insertion, you can return to normal activities in one or two days and if you had an adenoidectomy, you would normally need no more than a week off work or school. You should

rest at home and stay away from crowded and smoky places. You must also stay away from people with coughs and colds.

## Contact Details

For post operative concerns following your procedure please contact Ward 3 or Ward 8 via the switchboard on **01772 716565**.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.entuk.org](http://www.entuk.org)

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**Please ask a member of staff if you would like help in understanding this information.**  
**This information can be made available in large print, audio, Braille and in other languages.**

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