



## Grommets/Middle Ear Ventilation Tubes

Kids get lots of viral infections and middle ear fluid effusion. Kids who go to childcare, have reflux disease, immune conditions, craniofacial conditions, carers who smoke and/or have some other risk factors are at higher risk of getting middle ear infections. Middle ear infection is not external ear infection and therefore has nothing to do with swimming or water exposure. Water exposure is a risk for external canal infection, not middle ear infection. The treatment for middle ear effusion causing repeated infections and reduced hearing is grommet surgery or ear tubes.

Grommets, ear tubes, or middle ear ventilation tubes (MEVT) are small 1.2mm plastic tubes inserted under microscope through the ear drums to prevent recurrent middle ear effusions or to relieve chronic fluid (“glue”) in the ears. Therefore it is a perforation through the drums. We perforate the drum and we leave a plastic tube to keep the perforation open for some time. This is the purpose of grommets, to relieve fluid and allow aeration of the middle ear space so the hearing is restored. So don’t be surprised that the ear drum is perforated. It is meant to be! Grommet insertion is done as a day procedure. Some blood and blood-stained discharge from the ear is expected in the first couple of days. Some patients may be discharged with ear drops, while the majority won’t be. Paracetamol or ibuprofen is usually sufficient for postoperative pain relief.

A hearing test is organised at 4-6 weeks after procedure. Then 6 to 12-monthly check ups will be done until the grommet is eventually extruded. A repeat hearing test is sometimes performed a few months after grommet extrusion if the patient still has ongoing problems. Most grommets are extruded by 1-2 years, or earlier if repeated infections. If a grommet is still retained 3 -5 years after insertion, it will require removal under anaesthetic. There is also a small chance that once the grommet is extruded there may be a hole left behind. We wait and see if it heals spontaneously. If not, we can repair and patch the drum.

While the grommet is in it is preferable that water precautions is adhered to, though not always possible. This is often hard to do in kids. Water in the bath or shower is usually fine. A little bit of water is not a major issue. However, if swimming, water sports or diving was considered, investing in a good set of earplugs and a swimmer’s headband is worthwhile as the grommet will be in the ears for up to a year or more. Headbands and ear plugs can be bought at most major pharmacies. Check out “Doc’s ProPlugs”, “Little Grommets” or your local audiology practice.

Having some clear discharge from the ear after swimming is expected. You can use tissue spears (twirl the tip of a soft facial tissue) to mop the ear. If it becomes an infection, it is safe to use antibiotic ear drops even while the grommets are in.

Remember, the ear drum is perforated and kept open by the plastic grommet so fluid does not build up behind the drum. Every time a child gets snotty nose, the ear might discharge as well. Don’t worry. SWAB, MOP, DROP! Get a SWAB at your GP practice so we can identify the bug. MOP the ear with tissue twirls, or use hair dryer on cold setting at arms length to dry up the ears. Start ear DROP antibiotics. When the grommet is in and the ear is wet, using ear drops is extremely effective at delivering the medication to the grommet and the middle ear, the source of the problem. Oral antibiotics is less effective to get to the ears. Oral antibiotics will just mostly end up in the poo. In situations of wet discharging ears, always think of SWAB, MOP, DROPS.

If there are any significant concerns, it is recommended that the patient be seen by a doctor either at the GP practice, the Emergency Department, or at our clinic. We are unable to give a safe advice over the phone or email without directly examining the patient. Do not hesitate to contact our office for further advice if required.

