LOW PRIORITY PROCEDURE - Policy T7b
Grommets in Adults

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Policy summary
This policy applies to adults (aged 18 and over). For the use of grommets in children, please see policy T7a.

Eligibility criteria
IES and WS CCGs will only fund grommet insertion in adults (aged 18 and over) when the following criteria are met:

- Insertion of grommets as part of a more extensive surgical procedure or
- Severe retraction of the tympanic membrane and in the expert view of the consultant that this may be reversible and reversing it may help avoid erosion of the ossicular chain or the development of cholesteatoma or
- Eustachian tube dysfunction that prevents the commencement or completion of hyperbaric oxygen treatment or
- acute or chronic otitis media with risk of complications of facial palsy or intracranial infection eg meningitis or
- As a treatment for Ménière’s disease or
- In the case of conditions e.g. nasopharyngeal carcinoma, ethmoidal cancer, maxillectomy, olfactory neuroblastoma, sinunasal cancer, and complications relating to its treatment (including radiotherapy), if judged that the risks outweigh the benefit by the responsible clinician.
Of note: In cases of otitis media with effusion in adults, grommets are not routinely funded as unlike in children where the outcome of OME is generally good, this is not clear in adults.

Background to the condition and treatment

The insertion of grommets, or ventilation tubes, is a common procedure: it may be used to treat otitis media with effusion (OME), which may be idiopathic, atopic or related to nasopharyngeal carcinoma and its treatment. Additionally it is used as a possible treatment for Ménière's disease, for the relief of aural symptoms related to flying, as a part of more extensive ear surgery or as a route of drug delivery to the middle ear.

A limited literature review failed to find any high quality evidence of the effectiveness of grommets in adults. These recommendations are based almost exclusively on case series.

Otits media with effusion

Adult OME may be secondary to sinusitis, nasopharyngeal malignancy or be idiopathic in nature. It has been suggested that the use of grommets in adults (as opposed to children) is associated with worse outcomes, with increased likelihood of symptom recurrence. One case series\(^2\) reported 96% recurrence of symptoms following grommet insertion (\(n = 50\), follow-up 27 months); another\(^3\) reported 35% recurrence (\(n = 53\), follow-up 15-27 months).

Nasopharyngeal carcinoma

With regards to patients with effusion secondary to nasopharyngeal cancer (and radiotherapy as treatment for this condition), advice seems to be conflicting. One case series\(^4\) (\(n = 30\)) concluded that grommet insertion resulted in a significant improvement in hearing, though they also noted increased complications associated with grommets in this patient group. The time course of the improvement is not clear. Another case series\(^5\) (\(n = 163\)) commented on significant side effects of ottorhoea and perforation, and concluded that “myringotomy and grommet insertion should not be routinely offered to NPC patients with middle ear effusion”. Another group\(^6\) compared grommet insertion with repeated myringotomy (\(n = 100\)). They noted a significant increase in middle ear complications and concluded that “grommet insertion in contraindicated in post-irradiation OME”. A non-blinded RCT\(^7\) assessed the role of grommets inserted prior to...
radiation in patients with NPC. They found no difference in hearing over 4 years of follow-up.

**Retraction pockets, relief of symptoms of flying**

We were unable to identify any evidence relating to grommets as a sole treatment for retraction pockets (as opposed to, for example, excision of the pockets and grommet insertion), nor relating to grommets as a treatment for symptoms of flying, in a limited literature review.

**Ménière’s Disease**

A case series\(^8\) of 22 patients with unilateral Ménière’s disease which was ‘intractable to medical treatment’ who were treated with grommets showed improvement in patient symptoms in 68% (patient reported symptoms). A case series\(^9\) of seven patients treated with grommets for Ménière’s disease reported ‘substantial’ benefit in symptoms in 5 at 24 months and 4 patients at 42 months. In a series\(^10\) of 28 patients suffering Ménière’s disease which was refractory to medical treatment, it was found that 82% did not have recurrence over two years of follow-up. It is also noted that ventilation tubes may be a means of drug delivery (gentamicin, dexamethasone) in treatment of Ménière’s disease.

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\(^4\) Wei W.I. et al. The efficacy of myringotomy and ventilation tube insertion in middle-ear effusions in patients with nasopharyngeal carcinoma. Laryngoscope, November 1987, vol./iss. 97/11(1295-8)


\(^7\) Ho W.K. et al. Randomized evaluation of the audiologic outcome of ventilation tube insertion for middle ear effusion in patients with nasopharyngeal carcinoma. Journal of Otolaryngology, October 2002, vol./iss. 31/5(287-93)

\(^8\) Park J.J. et al. Meniere's disease and middle ear pressure - vestibular function after transtympanic tube placement. ACTA OTOLARYNGOL, 2009 Dec; 129(12): 1408-13
