LOW PRIORITY PROCEDURE - Policy T17a
Grommets for Otitis Media with Effusion in Children

Policy author: West Suffolk CCG
Policy start date: December 2006
First Revision date: January 2011
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Second Revision date: March 2014
Review Date: March 2016

Policy summary
This policy applies to treatment with grommets in children (aged under 18). For treatment of adults, policy T17b applies.

At least 50% of otitis media with effusion (OME) causing bilateral hearing loss of at least 20dB will resolve spontaneously within 3 months therefore a period of watchful waiting for at least 3 months is the best management strategy for children with OME. These patients and parents should be advised on educational and behavioral strategies to minimize effects of hearing loss. Grommets (ventilation tubes) should only be considered for patients satisfying the criteria stated below.

Eligibility criteria
Children with hearing impairment should have a period of at least 3 months of watchful waiting from diagnosis of OME.

The CCG will only fund grommet insertion in children (age under 18) when the following criteria are met:

- The otoscopic features are atypical and are accompanied by a persistent foul-smelling discharge suggestive of cholesteatoma (Urgent referral).

- The child has excessive hearing loss suggestive of additional sensorineural deafness (Urgent referral).

- The child has a proven, persistent hearing loss with a hearing level in the better ear of 25 30 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available). This should be confirmed on two occasions separated by 3 months or more (results of formal testing should be included in the referral letter).

- The child has proven, persistent hearing loss less than 25–30 dBHL and the hearing loss is having a significant impact on child’s developmental, social or educational status (results of formal testing should be included in the referral letter).

- There is persistent bilateral OME with hearing loss and/or significant impact on developmental, social or educational status.

As the presence of a second disability such as Down’s syndrome or cleft palate can predispose children to OME in such children it is left to the clinician’s discretion how far this policy will apply.
Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the Individual Funding Request process.

**Rationale behind the policy decision**

The National Institute for Health and Clinical Excellence (NICE) recommend a period of observation of hearing loss (with accurate audiometry) and its impact on the child’s development over 3 months in order to determine whether resolution occurs or if further treatment is needed.

The following treatments are not recommended by NICE for the management of OME: antibiotics; topical or systemic antihistamines; topical or systemic decongestants; topical or systemic steroids; homeopathy; cranial osteopathy; acupuncture; dietary modification, including probiotics; immunostimulants; massage. (There has been evidence of some benefit in the short term for autoinflation.

There is some suggestion from published data of those subgroups of patients with OME who are more likely to benefit from grommets and this is reflected in the eligibility criteria recommended by NICE and laid out in this policy.

**References**

1. ENT UK 2009 OME/Adenoid and Grommet Position Paper
2. NICE guidelines – CG60 Surgical management of otitis media with effusion in children.