LOW PRIORITY PROCEDURE: Policy T7a
Grommets for Otitis Media with Effusion in Children
Policy author: Ipswich and East & West Suffolk CCG
Policy start date: December 2006
First Revision date: January 2011
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Second Revision date: March 2014
Third Revision Date: July 2016
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Policy Summary
This policy applies to treatment with grommets in children (aged under 18). For treatment of adults, policy T7b 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 unless an urgent referral is required*. Patients and parents should be advised on educational and behavioural strategies to minimize effects of hearing loss. Grommets (ventilation tubes) should only be considered for patients satisfying the criteria stated below.

Eligibility Criteria
The CCG will only fund grommet insertion in children (age under 18) when one 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*).

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

- 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.

References
The above policy is a reflection of the following literature (see evidence brief).

3. NICE Surgical management of otitis media with effusion in children (CG60) Available from: https://www.nice.org.uk/guidance/cg60/chapter/1-Guidance