



Glue Ear - Otitis Media with Effusion (OME)

What is glue ear?

Glue ear is a build-up of fluid inside the middle ear. The medical term for glue ear is otitis media with effusion (OME). It is a common condition. Up to 8 in every 10 children will have a short episode of glue ear before they start primary school.

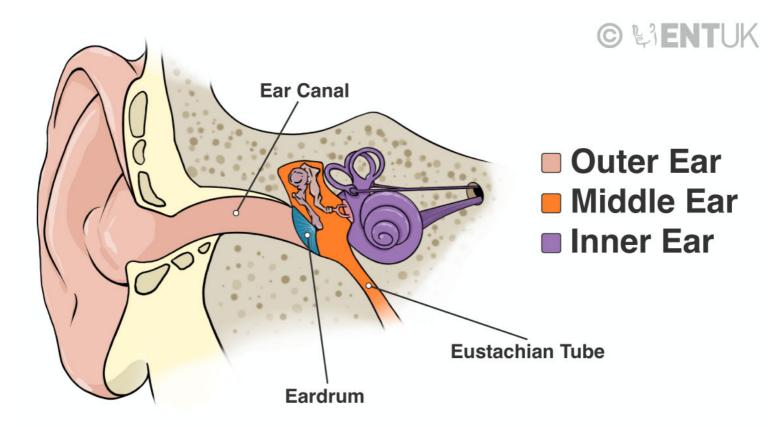


Figure 1. Anatomy of the ear (the middle ear is behind the ear drum and connects with the Eustachian tube).

What causes glue ear?

Glue ear can develop for a number of reasons.

- Glue ear can come after an ear infection. Not every child with glue ear has had an ear infection.
- Sometimes bacteria can travel up the tubes that connect the back of the nose to the ears, which are known as the Eustachian tubes. When bacteria travel up through these tubes from the nose to the ear, they can cause painful swelling behind the eardrum. This swelling can also cause fluid to form.
- Glue ear can develop when there is not enough air getting to the middle ear. Sometimes, the Eustachian tubes do not work well in children. This tube brings air into the middle ear.

Do adults also get glue ear?

Glue ear is uncommon in adults. You might get glue ear after a bad cold or another infection of the ear, nose, or sinuses.

Rarely, extra tissue in the back of the nose can block the tube connecting the nose to the ear.

If you have glue ear, especially if its only on one side, you should get it checked out as soon as possible.

What symptoms will my child have?

The symptoms of glue ear often come and go.

- **Hearing loss**: Your child may have problems with their hearing. You or your child's nursery worker or child minder may notice that your child cannot hear that well when they are in a group. Your child might not seem to be paying attention. Your child's hearing loss may go up and down.
- Delayed speech and language development: In very young children, hearing loss might not be
 obvious. Instead, you might notice that your child's speech and language develop slower than their
 friends.

If you are worried about your child's hearing or speech and language development, please ask your health visitor or GP to refer your child for a hearing test.

- Earache: Your child might complain of earache because of the fluid build-up in their ears.
- Balance problems: Your child might have issues with their balance. This problem is rare.
- Problems with behaviour: You or your child's nursery worker or teacher may notice problems with their behaviour. If your child has a problem with their hearing, they may be getting frustrated because they cannot hear properly.

How is glue ear treated?

- **Active monitoring:** Most of the time, the fluid will go away on its own. This takes 3 to 4 months. Your child may have another hearing test to see if the fluid has gone.
- Otovent© nasal balloon: This is a special balloon that helps move air from the nose into the ear.
 Your child might hear popping and clicking noises when they use it.



Figure 2. Child using an otovent© balloon.

- Hearing aids: If your child still has problems with their hearing after a period of active monitoring, they
 may need treatment. A hearing aid can help. Children with Down Syndrome or cleft palate are usually
 offered a hearing aid first. Any child with glue ear can try a hearing aid. The hearing aid type will
 depend on whether your child's hearing often changes or not.
- Surgery: Surgery to drain the fluid from your child's ears can help. The surgeon will usually insert
 small tubes into the eardrum at the same time to allow the fluid to keep draining. The tubes are called
 grommets. Removing the adenoid tissue at the back of the nose can also help. This operation is
 called an adenoidectomy.

Is there anything I can do to help?

If you smoke, consider stopping. Children in families who smoke are more likely to have glue ear.

Is there any other treatment that will help the glue ear clear away more quickly?

No. Antibiotics, antihistamines and other medications or interventions do not help.

What happens if I do not treat glue ear?

Your doctor will usually advise treating your child's glue ear if it does not clear up on its own. This reduces the chance of long-term damage to the ear. Treatment also reduces the chance of your child having problems with hearing and language later in life.

Further reading

• In 2008, the National Institute for Health and Clinical Excellence (NICE) published the first guideline about the treatment of glue ear in children. This has been updated in August 2023.

https://www.nice.org.uk/guidance/ng233

Otovent nasal balloon for otitis media with effusion

https://www.nice.org.uk/advice/mib59 https://otovent.com/children/

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