NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Surgical Threshold Policy

Surgical Treatment of Otitis Media: Grommets and Adenoidectomy

Scope

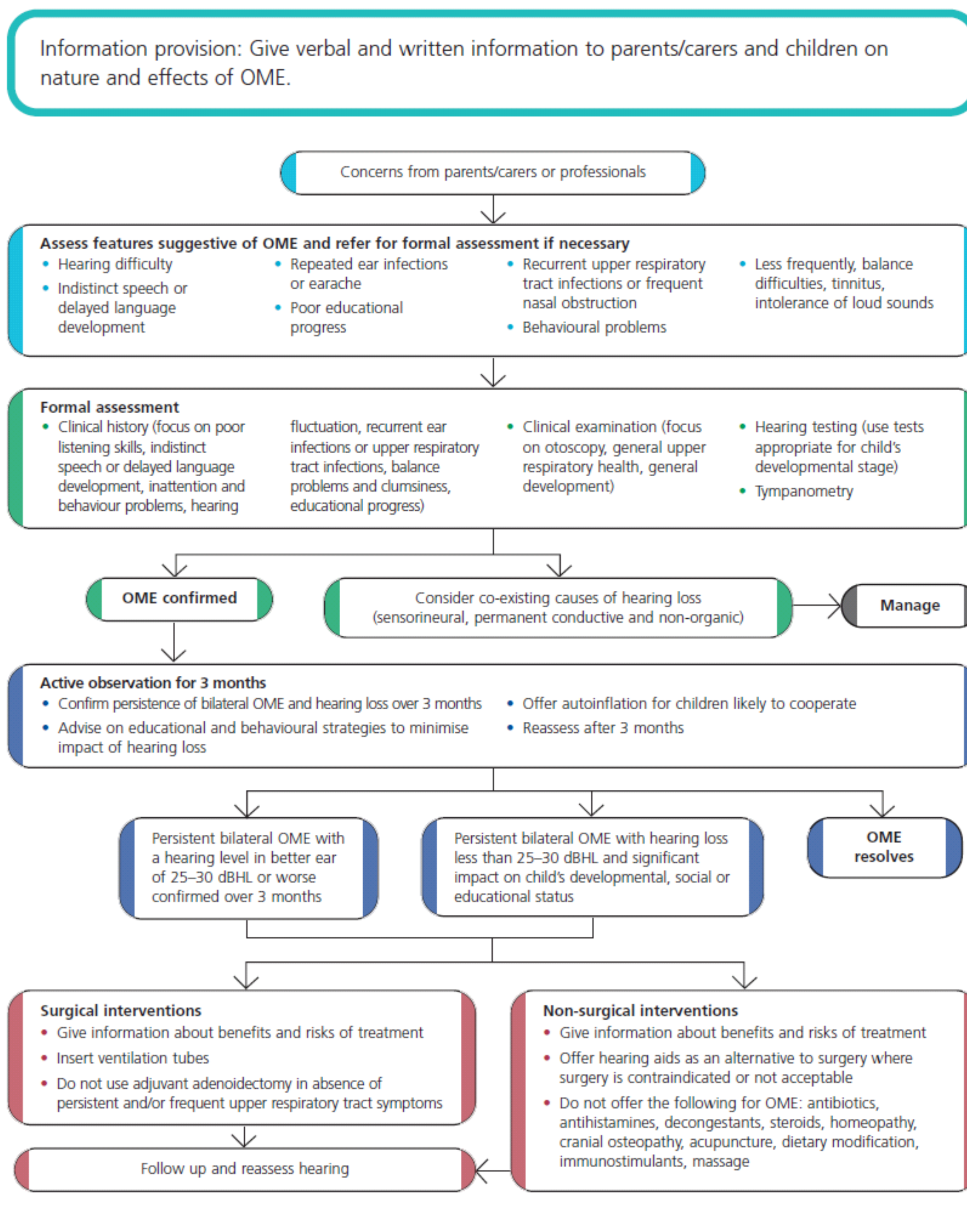
This policy covers surgical treatment of otitis media (otitis media with effusion and acute otitis media) with Grommets and Adenoidectomy. This policy does not apply to other indications or the treatment of emergency cases presenting in hospital due to complications of otitis media.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma*: Click **here** to access the CCG clinical policies web page: select the Ear, Nose & Throat (ENT) Policies drop down option and select the Surgical Treatment of Otitis Media:… Policy to access the referral proforma.*

Children under 12 years of age
The CCG will fund treatment with grommets (with/without adenoidectomy as a single episode of care) for children under 12 years of age with persistent bilateral otitis media with effusion (OME) where: • The hearing level in the better ear is 25–30 dBHL (decibels hearing level) 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 initial formal testing and tests done after at least 3 months should be included in the referral letter)[1]. Funding will also be agreed if: • The child has persistent bilateral OME with a hearing loss less than 25–30 dBHL where the impact of the hearing loss on a child's developmental or educational status (eg speech delay) has been demonstrated to be significant[1] (evidence to be provided). • A second disability such as Down's Syndrome or cleft palate (insertion of ventilation tube should be offered only as an alternative to hearing aids). • OME is overlaying sensorineural deafness or is delaying diagnosis or treatment with hearing aids or cochlear implants. The following interventions are not routinely funded for cases of otitis media in children ≤12 years and funding is only granted via application to the exceptional cases panel: • Insertion of grommets in the absence of effusion. • Adenoidectomy as a stand-alone procedure.
Children older than 12 years of age and adults
The insertion of grommets or adenoidectomy for otitis media with or without effusion in children older than 12 years of age and adults is not routinely funded and funding is only granted via application to the Exceptional Cases Panel.

NICE Care Pathway: Children Suspected with OME[1]



Evidence and Rationale

Acute otitis media (AOM) is one of the most common childhood illnesses and 80% of children will have experienced at least one episode before they are 3 years old[2] and 40% will have six or more recurrences by the age of seven years[3]. Children are particularly at risk because of their horizontally placed Eustachian tube (provides ventilation to the middle ear) compared with adults[4], but as they get older these difficulties resolve.

Grommets for otitis media effusion

Trials have shown that grommets offer short-term (6 months) hearing improvement in children with otitis media with effusion (OME) but have no effect on language or speech development or longer-term hearing compared with no surgery[5]. Following grommet surgery, a third of children had tympanosclerosis and there was a high incidence of post-surgical otorrhoea (discharge from the ear) in children <3 years[5]. 50% of children with a bilateral hearing loss of at least 20dB are likely to recover to normal with no treatment in the first three months after diagnosis[6] and watchful waiting may, therefore, be the most appropriate treatment in most children.

NICE recommended a period of observation of hearing loss (with accurate audiometry) and its impact on the child's development over 3 months[1] in order to determine whether resolution occurs or if further treatment was required.

Grommets for acute otitis media

Trials in children with acute otitis media (AOM) do not show an overall benefit of grommets[7, 8] and the best treatment for recurrent AOM without effusion is currently uncertain[9]. For children with recurrent AOM without effusion, watchful waiting is likely to be the most appropriate treatment and, in the absence of evidence of benefit, grommet insertion is not currently funded.

Cleft palate and Down's syndrome

Children with cleft palate are particularly susceptible to OME because of the impaired function of the Eustachian tube that results from the palatal anomaly, which in turn leads to a failure of middle ear ventilation. Similarly, children with Down's Syndrome have a high incidence of OME, partly because of their impaired immunity and mucosal abnormality, with resulting susceptibility to ear infection. These groups of children need particular surveillance for OME so that proper action can be taken. Clinical pathways specific to these children can found in NICE Guidance CG60[1].

Grommets for otitis media in young people and adults

A review of the treatment of Eustachian tube dysfunction (a cause of otitis media) in adults found no RCTs of surgical interventions and no studies of any kind investigating the effectiveness of grommet insertion for Eustachian tube dysfunction[10]. There are a number of other pathologies that may be related to otitis media in adults[11] and, since there is no evidence that grommet surgery improves symptoms of otitis media in adults, it is not routinely funded.

Adenoidectomy in addition to grommets

In RCTs where adenoidectomy with grommets has been compared with grommets alone in children with AOM, most show no additional benefit of adenoidectomy when done in conjunction with grommet surgery[12-17]. Nice do not recommend adjuvant adenoidectomy in the absence of persistent and/or frequent upper respiratory tract symptoms in children with OME[1].

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Glossary

Adenoidectomy: Surgical removal of the adenoids. Adenoids are an overgrowth of tissue at the back of the throat, into which the nose opens.

Down's Syndrome: A genetic disorder in which the affected person usually carries an extra chromosome - 47 instead of the usual 46.

Grommet: A small bobbin-shaped tube used to keep open the incision made in the ear drum in the treatment of secretory otitis media. It acts as a ventilation tube by allowing the Eustachian tube to recover its normal function.

Myringotomy: An operation to cut open the ear drum to provide drainage for an infection of the middle ear.

Otitis Media: Infection of the middle ear.

Otorrhoea: Discharge from the ear.

Tympanosclerosis: A pathological hardening or thickening of the ear drum.

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