

Glue Ear 2: Identifying Glue Ear, and medical support

How can we know that a child has Glue Ear?

It is not always immediately obvious that a child has Glue Ear. However certain signs may make us suspicious. If a child has a constant yellow or green discharge from his nose, is a mouth breather (mouth always open, and possibly dribbling and snoring when asleep), these are all signs that he is likely to have a nasal infection that may be linked to his middle ear. Children may become irritable, because they are feeling discomfort, and their ears may become painful, especially at night. It may also seem that children suddenly become badly behaved, and particularly not doing as they are told. This is because they are not hearing properly. Some children may look at your face whenever you are speaking, so you may not immediately notice that they are not hearing. Some children may have language delay, or have immature speech, because they are not hearing all the sounds of speech.

In some cases the eardrum may rupture because of the pressure of fluid behind the drum. Fluid may seep out of the eardrum, (this is known as *effusion*). This is serious and parents should take their child to the doctor as soon as possible.

Sometimes there is a history of Glue Ear in the family.

It is important to note that Glue Ear can come and go, and may only be noticeable when a child has a cold.

Also bear in mind that any hearing loss in a child can have a serious impact on his development, even if it is described as 'slight' or 'minor', or is in only one ear.

What can we do if we suspect a child has Glue Ear?

Discuss your concern with his parents. Suggest they visit their GP, if they have not already done so. The GP will look at the child's eardrums, and by doing this can usually tell straight away what is happening in the middle ear. If the child's eardrum is covered with wax, it will not be possible to see, and the doctor may suggest drops to clear the wax. (Glue ear is not caused by wax, and removing wax does not solve the problem.)

What are the medical procedures for tackling Glue Ear?

The doctor may prescribe antibiotics, and in many cases this is all that is necessary. However it is essential that the parents give the child all the medicine, even though the infection may clear up. (One of the main causes of repeat infections is when children do not complete the course of antibiotics.)

In some cases, the doctor may refer for a hearing test, usually at the Ear Nose and Throat clinic, (ENT). If the child is found to have a major hearing loss, and has had glue ear that fails to shift with antibiotics, and has significant speech and language delay, then surgery may be offered.

The usual surgery for Glue Ear is to make a very small slit in the eardrums and put in a small plastic tube called a 'grommet'. This allows air into the middle ear, which gradually makes the Eustachian tube open, and causes the fluid to naturally drain away. In many cases, this has a dramatic effect on the child's hearing. Usually after six to nine months the grommets naturally grow out of the eardrum. For some children this is the end of the story, while for others they may have re-occurring middle ear problems that may need further surgery.

For more information contact the National Deaf Children's Society at www.ndcs.org.uk or phone the NDCS freephone helpline on 0808 800 8880