

Glue Ear

Most children will have an occasional ear infection, which will get better quickly and are not usually serious. A number of children who have recurrent ear infections go on to develop 'glue ear' (technical name: otitis media with effusion). Glue ear is when children have sticky fluid in their middle ear behind the eardrum. This may last for many weeks or months. It often follows a middle ear infection, although it sometimes happens when there does not seem to have been an infection.

The fluid in the middle ear makes it harder for your child to hear. When this lasts for a long time speech and language development may be affected.

Glue ear will usually become less common as your child gets older.

Symptoms:

Many children with glue ear do not have any symptoms.

- Your child may have some pressure or discomfort in the ear from time to time.
- Some children have problems hearing; they may want to have things repeated, talk loudly or have the television up loud. Parents or teachers may notice this, especially in noisy situations such as classrooms.
- In smaller children, hearing difficulties may affect their speech development.
- Some children seem to be more irritable and have problems sleeping when they have fluid in the middle ear.
- A few children with glue ear seem to have problems with balance.

Treatment:

You should take your child to visit a paediatrician or Ear, Nose and Throat (ENT) specialist if:

- Your child is having frequent ear infections.
- Your child has persistent fluid in the middle ear that affects their hearing.
- You have concerns about your child's hearing or language development.

Your child's hearing must also be tested properly by a hearing specialist called an audiologist, ideally at the same visit or before you see the doctor. At this visit the doctor will discuss the appropriate treatment options for your child.

No treatment

If your child is not bothered by the fluid often no treatment is needed.

Antibiotics

A 2-3 week course of antibiotics is sometimes prescribed to kill any remaining germs. This may help the fluid clear. Very prolonged course of antibiotics (for several months) have been shown to decrease the chance of recurrent infections, but your child would need to take nine months of continuous antibiotics to avoid one extra ear infection, so this is no longer routinely recommended by most ENT surgeons.

Surgery

If the fluid persists, and is affecting your child's hearing over many months, a brief operation may be recommended. Small ventilation tubes (called grommets) are put into your child's ear. These tubes help fluid drain from the middle ear. Your surgeon will discuss the operation in more detail with you if this is felt to be appropriate.

Care at Home

- Do NOT smoke in the home, car or around your child. Exposure to cigarette smoke has been clearly shown to increase the chance of persistent glue ear and recurrent ear infections, as well as many other childhood health problems.
- Using dummies for long periods can also prolong glue ear, and increase the chance of ear infections, so limit their use of this is a problem for your child. Consider 'spitting the dummy' altogether.
- If your child complains of pain or discomfort, simple pain relief like panadol is appropriate and safe.