

Evidence Based Intervention

Grommet insertion in Adults

July 2022 v1.0

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Version:	v1.0
Approved By:	Commissioning Committee
Date of Approval:	1 st July 2022
Date of Review:	1 st July 2024 If the review date has exceeded, the published policy remains valid



Policy:

All adults must have had an ENT assessment, and specialist audiology. Grommet insertion is only funded for adults with disabling conductive hearing loss due to middle ear effusions, who meet the following criteria:

- Persistent bilateral otitis media with effusion (OME) documented over a period of 3 months (watchful waiting) 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); [during this time, auto inflation should be offered as part of self-care and purchased ‘over the counter’], plus investigation and treatment of underlying causes has been completed without improvement in hearing, **OR**
- Acute suppurative otitis media documented and adequately treated by the GP recurring 3 or more episodes in 6 months, or 4 or more episodes in 12 months, **OR**
- Severe retraction of the tympanic membrane, who have not responded to non-surgical intervention over a period of 3 months if the clinician feels this may be reversible and reversing may help avoid erosion of the ossicular chain or the development of cholesteatoma, **OR**
- Treatment for Meniere’s disease where other non-surgical treatments have not resolved the problem over a period of 3 months.
- As part of major middle ear surgery (e.g., mastoidectomy)
- Hearing loss post-radiotherapy where hearing aids are not clinically appropriate.
- Unilateral hearing loss as part of postnasal space biopsy procedure, where deemed clinically necessary by the surgeon.

Myringotomy with or without grommet insertion is commissioned where middle ear ventilation is an essential feature of specialist investigation for management of

- underlying malignancy
- acute or chronic otitis media with complications: facial palsy or intracranial infection e.g. meningitis
- eustachian tube dysfunction that prevents the commencement or completion of hyperbaric oxygen treatment as commissioned by NHS England

Once the date of surgery has been agreed it is good practice to ensure glue ear has not resolved, with tympanometry as a minimum.

Re-insertion of Ventilation Tubes for adults

- Where a ventilation tube has been inserted and fallen out, insertion of a second or subsequent ventilation tube may be considered where the patient meets the one of the above criteria (including the requirements for ‘watchful waiting’).
- Adults: If a second or subsequent ventilation tube is required, consideration must be given to the appropriateness of using a T-tube.



All other reasons for grommets in adults are not routinely funded.

NB: Patients who do not meet the above criteria may be considered on an individual basis where the GP/Consultant believes exceptional circumstances may exist.

Rationale

In cases of otitis media with effusion in adults, grommets are not routinely funded as unlike in children where the outcome of OME is generally good, this is not clear in adults. Local clinicians were consulted to agree circumstances for which grommets would be offered in adults, and to agree re-insertion criteria. Our policy was also checked to be in line with other ICB policies; there is not complete consensus between ICB policies due to the limited evidence base.

References:

1. NICE guidance: <https://www.nice.org.uk/Guidance/CG60>
2. Browning, G; Rovers, M; Williamson, I; Lous, J; Burton, MJ. Grommets (ventilation tubes) for hearing loss associated with otitis media with effusion in children. Cochrane Database of Systematic Reviews 2010, Issue 10. Art. No.: CD001801. DOI: 10.1002/14651858.CD001801.pub3
- 3., Venekamp, RP, et al. *Grommets (ventilation tubes) for recurrent acute otitis media in children (Review)*.: Cochrane Database of Systematic Reviews, 2018.
4. NICE. *Clinical Knowledge Summaries: Otitis Media* .: NICE, 2021



Change History:

Version	Date	Reviewer(s)	Revision Description

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