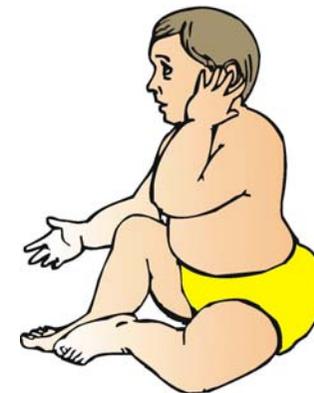


National
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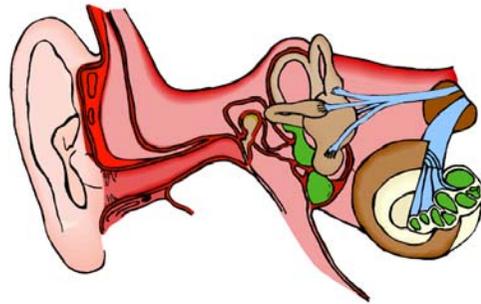
Glue Ear – What is it?



What is Glue Ear?

It's fluid behind the eardrum. Sometimes it's painful and other times you'd hardly know it was there, except your child isn't hearing everything. It can be mild, appearing and disappearing by itself. Or it can hang around causing lots more problems and becoming more difficult to deal with. Sometimes there's an infection inside the ear. This is usually associated with bouts of colds, coughs and catarrh – glue ear is much more common in winter.

Children's ears are badly designed! Do you know when your ears go pop in a plane? That's your Eustachian tubes, connecting your ears with your throat. They drain the inside of the ears, keeping them aired and healthy. But small children are still growing and so are their Eustachian tubes – they're not yet as vertical and wide as they will be later on. So these tubes aren't so effective.



The Ear - Cut Away View

The space behind the eardrum, called the 'middle ear', should be full of air. But if the Eustachian tube walls have stuck together, the air in the middle ear gets stale. The pressure drops and mucus is reduced by the unhealthy cell walls. First of all, it's a runny liquid, which can get thicker – more like catarrh, or even like jelly.

This affects children's hearing. It's like they're listening to the world with both figures stuck in their ears. It's hard work – try it for yourself. They can't always hear everything you say, so no wonder they're tired and irritable, or they just want to be left on their own.

So what should I look for?

Check if your child has some of the following symptoms:

- Constant bouts of coughs, colds and congestion, sometimes dizziness
- Earache
- Tugging at their ears
- A "sloshing" feeling in their ears when they get up in the

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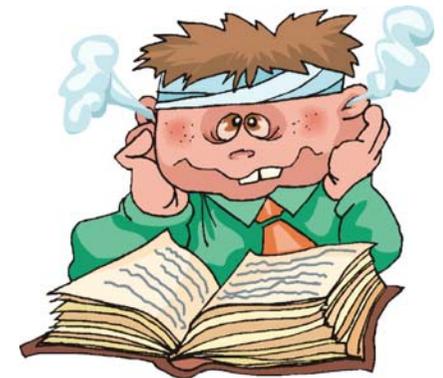
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See our leaflet for our Resource Centres and Outreach Centres

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breakfast, out at teatime). A small cut is made in the eardrum and the glue is drained out. A tube, the size of a pinhead, will be placed in the hole. This is the GROMMET and it helps to air the ear and keep it healthy. It stops glue building up again.

The grommet will stay in place for up to six months, sometimes longer. If the grommet falls out of the eardrum and you see it in the child's ear canal, don't try and get it out yourself – see your doctor. Grommets should not be inserted more than three times, and not necessarily in both ears.

The surgeon might talk to you about removing your child's adenoids during the same operation. Ask if this is really going to improve the glue ear. There's not much evidence to say that having your adenoids out will help the situation. But if the adenoids are enlarged with infection and squashing the Eustachian tubes, they're probably better out than in.

Unfortunately, once your child has glue ear, it is very likely it will flare up again. However, in most instances glue ear become less frequent as the child grows older, particularly into their early teenage years.

For further assistance, contact your GP, Hearing Service and have your child referred to a specialist.

- morning
- Lacking concentration/lazy/moody/wistful
- Speech is not very clear
- Asking you to repeat questions with "Uh?" or "What?"
- Continually looking to their friends for help



If a child has some of these symptoms, he or she should be taken to the family doctor (GP). ***If a young child gets a painful earache the doctor should be contacted immediately.***

The NAD wants parents and teachers to look out for glue ear. The earlier you notice it and go to a doctor, the better.

If your child already has a hearing loss, glue ear could really affect the use of their residual hearing with hearing aids. If your child is very chesty, breathing through their mouth, and their ear moulds become clogged up with thick wax and smell bad, ***you should make an appointment for a hearing test.***

What can I do to help?

Whether your child has been prescribed antibiotics or has had grommets inserted, it is important that you keep a careful watch on them.

Food and health



Too many dairy products in the diet, for example eggs, milk or cheese and too much sugar can aggravate catarrh and chestiness. Peanut butter and bananas are also the sort of food that can do this. Soya milk and fruit juices are a good idea for a child with glue ear; they provide many of the essential nutrients found in dairy products such as calcium and vitamins. If you are worried about nutrition ask a health visitor or doctor for advice. Or get in touch with a local homoeopathist. Acupressure, homeopathy, herbs and cranial osteopathy have been used to treat glue ear.

If and when your child's condition clears after antibiotics, after

surgery or in the summer months, don't forget to look out for the tell tale signs of further hearing difficulties as well as changes in behaviour. This could mean that there is another infection or that the grommet has fallen out and the glue is back again.

Children should always wrap up warm in the winter and have plenty of early nights.

When you are with your child

If your child has glue ear over long periods of time, it may be frustrating for everybody. Make sure that you talk and play with your child in a quiet, well-lit room. Turn the television off and get down to your child's level. Use lively facial expressions and encourage him or her to watch you. Talk clearly using lots of open questions (waiting for your child to respond), don't slow down but raise the volume of your voice a little bit. Make sure you give lots of visual clues. Remember your child will need a lot of patience to feel more secure while their hearing is changing.



You, your child and your teacher

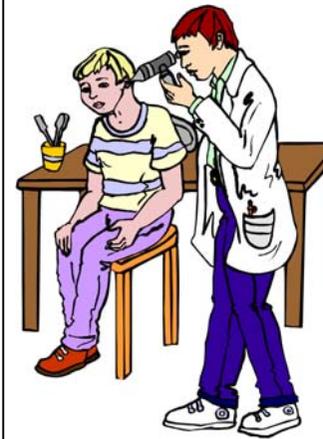


Your child's teacher may have noticed the problem first. It is important that you talk openly about glue ear and encourage them to look out for tell tale signs too. Other signs might include a child being repeatedly naughty, being quiet and not wanting to join in or being a chatterbox while they try and catch up with what's going on. Classrooms are never quiet and so it is important that a child with glue ear sits near the teacher in

class and is not made to feel awkward about having to ask for things to be repeated. It's quite likely that several children will be suffering from glue ear, so it is good to raise awareness of the problem at any parent-teacher meetings or staff meetings. If a child's speech becomes lazy and unclear as a result of glue ear, it may be necessary to contact your local speech therapist for some advice. A doctor or maybe a teacher can refer the child.

At the doctor's surgery

If your doctor won't listen to you, then you must see a different doctor. You know your child very well – remember your worries are justified, and no one can say you're overreacting. It's better to be on the safe side.



The doctor will ask if your child has had any coughs and colds recently. Most importantly, they will look into your child's ears using an OTOSCOPE. Ask if you can have a look down it too. The doctor will see if the eardrum looks bright and healthy or if it looks a bit cloudy. Sometimes the doctor can even see a tidemark and some bubbles on the eardrum showing that fluid is inside.

Remember you should never try to clean out your child's ears with any sort of instrument yourself. Leave everything to the doctor.

If there are only very slight signs of fluid behind the eardrum, the doctor may ask you to come back next week for another check-up. If your child has had earache it probably means there's an infection in the ear. The doctor will prescribe antibiotics. It is very important that you complete the course of medicine, even if the earache has gone only after a couple of days. Also you must give the medicine at the correct times.

If the doctor thinks you need to see a specialist, you will be referred to a hospital or clinic. The specialist will be an audiologist or an ENT (ear, nose and throat) consultant.

At the specialist's

The specialist will perform some more tests, including hearing tests. You will be given advice on what's causing the trouble. You will either be given an appointment to come back to the clinic again; or be told you are on the waiting list for treatment with 'GROMMETS'.

Operations

The grommet operation is safe and is performed under light general anaesthetic. It should not require an overnight stay in hospital (in at