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Grommets (ear tubes)

Information for patients — please read before your consent appointment

What a grommet does

The middle ear is normally ventilated through the eustachian tube, which runs from behind the nose to the ear. In young children this tube is short and often works poorly, so fluid collects behind the eardrum, muffling hearing and breeding infection. A grommet is a tiny tube placed through the eardrum that drains the fluid and lets air in — doing the eustachian tube's job while it matures. It is a temporary bridge, not a permanent fix.

Why it is being recommended

- Persistent fluid behind the eardrum causing hearing loss — and, in children, delayed or unclear speech
- Repeated ear infections despite antibiotics
- Severe or recurring ear pain not settled by pain medication
- A retracting eardrum, or complications of infection involving other parts of the ear
- A eustachian tube that has not yet matured or has not formed normally

The operation

How long	About 10–15 minutes for both ears. Day case — home the same day.
Anaesthetic	A short general anaesthetic. Children are asleep throughout.
What is done	A small opening is made in the eardrum through the ear canal, the fluid is suctioned out, and the grommet is placed. No cuts on the outside, no stitches.
Afterwards	Home once awake and drinking; most children are themselves again within a day or two. Cilodex ear drops are usually prescribed for the first few days — use the full course.

What to expect

Hearing	Usually improves immediately, as soon as the fluid is removed. Some children find normal sounds startlingly loud for a few days.
Infections	Usually fewer and milder. When one does occur it tends to discharge through the grommet rather than build up painfully behind the drum.
How long they last	They work their way out on their own as the eardrum heals, usually at 6–18 months. This is expected and they need not be removed. Many children have outgrown the problem by then; some need a second set.

Water and swimming

- Routine swimming and surface water do not need earplugs. The opening in a grommet is so small that it forms an airlock — it takes roughly half a metre of water pressure to push water through.
- Older children who dive or swim deeper than about half a metre should wear earplugs.
- Bath time is the exception. Soapy water lowers surface tension and can pass through the grommet without pressure, so keep soapy water and shampoo out of the ears.
- Keep the ears dry if there is discharge, and phone if it lasts more than a few days.

Risks

Ear infections continue	Grommets reduce infections but do not abolish them. Some children still need antibiotics — usually drops rather than tablets.
Discharge from the ear	Common in the first days, and on and off afterwards. Usually treated with drops.
The grommet comes out early	If it falls out before the problem has resolved, a new one may be needed.
The grommet blocks or moves inward	Uncommon. If it falls into the middle ear it has to be removed surgically.
A small hole is left in the eardrum	Uncommon. Most close on their own; a persistent hole may need a small operation to patch it.
Scarring of the eardrum	Chalky patches often remain. They rarely affect hearing.
Anaesthetic	Very safe for a short procedure. The anaesthetist will discuss this with you.

Phone us

- Discharge from the ear lasting more than 5 days, or smelling offensive
- Increasing ear pain, or fever over 38 °C
- Bleeding from the ear beyond the first day
- Hearing that gets worse rather than better
- Dizziness or unsteadiness

This sheet does not replace your consultation. Please bring your questions to your consent appointment.