



Glue Ears...

when do they become a problem?

Glue ear is a common complication of middle ear infections. The glue is a thick sticky substance produced during the inflammation.

This "glue" stays in the cavity of the middle ear after the infection cleans up. It reduces the hearing function of that ear.

Eventually it is reabsorbed, sometimes in a few weeks, sometimes over months. In itself, it does not cause permanent damage.

However, the glue does tend to increase the likelihood of recurrent infection, and most importantly, produces deafness. If the deafness is in both ears, it can severely reduce learning and development in children 1-5 years of age.

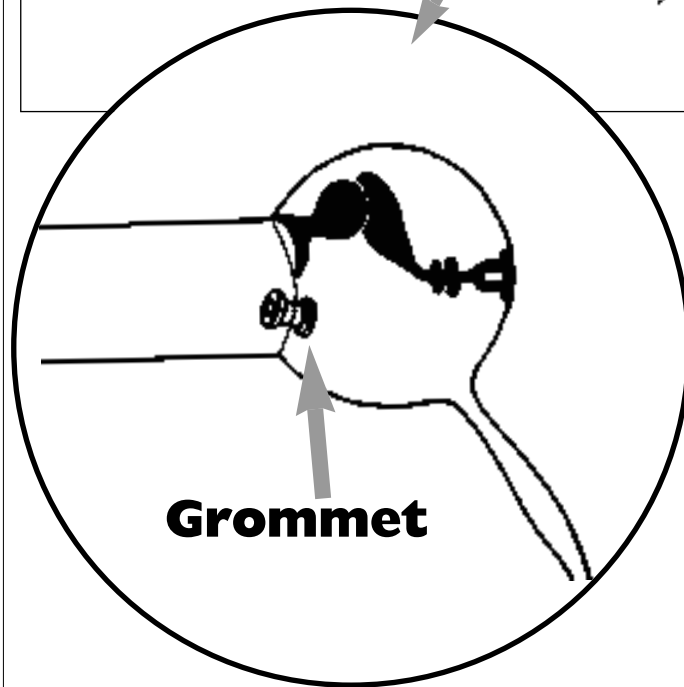
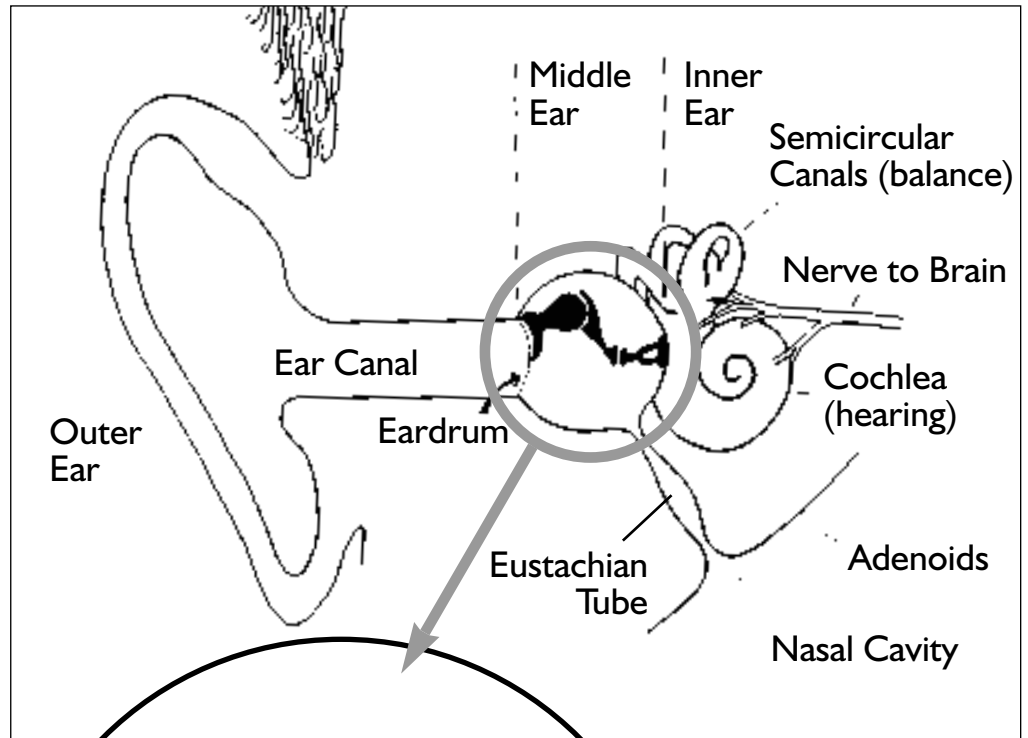
As children get older, "glue" ear becomes less frequent and less likely to be prolonged and deafening. By eight years of age, the eustachian tube becomes a more efficient drain to the middle ear cavity. However, at any age the middle ear cavity can become filled with "glue", producing deafness.

What can we do to help?

Middle ear infections are the most common childhood bacterial infection. Glue ear generally follows an infection.

Most glue ears resolve spontaneously without medication within six weeks. Decongestants, antibiotics and absorbing agents do not appear to help appreciably, though many people try them to assist a speedy resolution.

Regular checks for glue ear and deafness at two to four weekly intervals following onset of deafness is recommended. If deafness persists for more than six to eight weeks, consideration



can be given to insertion of a ventilation tube or grommet. This will:

- a) Enable glue to be sucked out.
- b) Reduce likelihood of reaccumulation.
- c) Immediately restore hearing.

This is done under a quick general anaesthetic in hos-

pital by an ear, nose and throat specialist. It is painless and allows restoration of hearing completely.

On the down side, children must keep their ears dry by use of ear plugs for swimming. The grommets remain in the ear from a few weeks to many months. They are spontaneously rejected when they have done their job.

No other treatment restores hearing as quickly and effectively. Some methods to blow air into the middle ear and force out the glue have been tried with limited success.

Thankfully, the vast majority of glue ear sufferers' problems last about six weeks with limited or one-sided deafness only, and do not require surgery. Surgery is reserved for those whose development of speech and learning is jeopardised by deafness.

If a child who has been progressing well, slows or stops their learning progress, it could be possible they have a hearing loss. GPs can examine and check for glue ears in the surgery and can easily arrange a hearing test.