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Greater Manchester

Surgical Drainage of the middle ear (with or without grommets) v2.6

Last reviewed:	21/03/2018	This policy statement will be reviewed 5 years from the date of the last review, unless new evidence or technology is available sooner.
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Policy exclusions (Alternative commissioning arrangements apply)

Suspected Cholesteatoma

NOTE: If there is a persistent, foul-smelling discharge suggestive of a possible cholesteatoma, arrange referral to an ear, nose, and throat specialist for people who have:

- A characteristic appearance of a cholesteatoma on visualization of the tympanic membrane

OR

- A persistent occlusion of the external auditory canal with purulent discharge preventing visualization of the tympanic membrane despite appropriate treatment.

Arrange emergency admission for people who also have:

- A facial nerve palsy or vertigo.
- Other neurological symptoms (including pain) or signs that could be associated with the development of an intracranial abscess or meningitis.

Chronic Suppurative Otitis Media (CSOM)

Urgent referral for admission should be made for people with signs of infection beyond the ear, e.g. post auricular swelling or tenderness, headache, facial paralysis, or vertigo.

If CSOM is suspected, referral to an ear, nose, and throat specialist (for diagnosis, treatment, and follow up) should be made:

- The ears should not be swabbed.
- Treatment should not be initiated.
- Reassurance should be given that any hearing will usually return when the perforation heals, but a hearing test may be done in secondary care.

Adults with symptoms suggestive of otitis media with effusion (OME) should be referred for investigation.

Policy inclusion criteria

This policy statement applies to children under the age of 12 years (in line with NICE CG60).

NOTE: An Individual Funding Request (IFR) is required with details of clinical exceptionality for children over the age of 12 years.

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Otitis media with effusion (OME) assessment

Referral for assessment for surgery is commissioned for children with OME if:

- The child has Down's Syndrome or has a cleft palate.
- The child has had a developmentally appropriate hearing test confirming hearing loss and there are functional issues (including but not limited to speech and language development). This should be evidenced by the hearing test result and/ or a corroborating statement from the child's school / nursery etc.
- Significant hearing loss persists on two documented occasions.
- The tympanic membrane is structurally abnormal.
- An alternative diagnosis is suspected.

Persistent bilateral OME with a hearing level in the better ear of 25–30 dBHL or worse

Surgical drainage of the middle ear is commissioned for children with persistent bilateral OME documented over a period of 3 months 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) should be considered for surgical treatment.

Persistent bilateral OME with a hearing loss less than 25–30 dBHL

Surgical drainage of the middle ear is commissioned for children with persistent bilateral OME with a hearing loss less than 25–30 dBHL where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.

NOTE: The decision as to whether or not grommets are also needed is a clinical one based on the individual case and is at the discretion of the clinician, provided the child meets the criteria for surgical drainage.

Concurrent Adenoidectomy

Adenoidectomy for the management of otitis media can be performed at the same time as OME surgery if it is indicated for one of the following:

- The child has persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)
- The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion
- The child is undergoing grommet surgery for treatment of recurrent acute otitis media.

The presence of any of the above should clearly be recorded in the child's clinical record.

Acute Otitis Media (AOM)

Referral for assessment for surgery for children with persistent OR recurrent AOM can be made if all other standard treatments have been tried and failed. This should be clearly documented in the clinical record. (see NICE CKS AOM summary in the evidence review for details).

When referring to secondary care for treatment please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

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Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in in the links below:	
Links to important Documents:	Link to **GM IFR Operational Policy** Link to **Guidance notes for clinicians on exceptionality** Link to **IFR Non-Drug Form** Link to **IFR Drug Form** Link to **IFR Reconsideration Form** Link to **Information sheet including coding and references**

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