

Your guide to Grommets

This guide has been written for Mr. Ben Cook's patients. It is meant to be a supplement to verbal advice given before and after surgery. Management of grommets is the same for kids and adults.

Advice for the early post-operative period (day of surgery until first review)

Keep Ears Dry

Please keep the ear canals dry especially for the first 2 weeks. To prevent water getting inside the ears during bathing or showering, a small piece of cotton wool with Vaseline over the outer surface can be used. Try to keep your child's head above water at all times in the bath. There is more advice about water below.

Ear Drops

If ear drops have been prescribed, place 3 drops 3 times a day for 3 days unless otherwise specified. Do not discard the bottle - store it in a cupboard in case they are needed again. They are good for a few months after opening.

Ear Discharge

It is normal for there to be a small amount of discharge from the ears for a few days. This may even be blood stained. If there is any continued bloody, watery or sticky discharge beyond a week, there may be an infection. You should contact Mr. Cook's office for advice. Additional medication may be required.

Pain Relief

Paracetamol or Nurofen at the prescribed dose is usually sufficient for a few days following grommet insertion. Painstop daytime or night-time are also useful. Young children will often play with their ears for a week or so after grommet placement. This is not a sign of any problems.

School/Creche

After grommet surgery only, a child can usually go back to school after 1-2 days.

Swimming

It is best to avoid swimming until your first post-operative visit with Mr. Cook. Further advice about water and grommets is found overleaf.

Flying

Most children or adults can fly the day after grommet insertion.

Fever

This is not uncommon in children below the age of 3 after a general anaesthetic. If the fever is very high (>38.5C) or associated with generalized unwellness it is best you seek advice from your GP or Mr. Cook's office.

GROMMETS AND WATER

A guide for patients and parents

One of the greatest concerns amongst parents and patients with grommets relates to water exposure.

Grommets contain a hole that is about 1mm in diameter. For water to cause problems it needs to travel down the ear canal, through the tiny hole in the grommet and settle in the middle ear. Soapy water can usually travel through small holes easier. Water in the middle ear can lead to mild discomfort, pain or rarely infections.

Whilst it is important to be sensible around water when one has grommets in place, the risks of serious problems or damage to the ears is **very uncommon**.

Please follow the following guidelines in order to minimize the risk of ear problems around water.

Showering – Usually no ear protection or covers are needed. Avoid direct jets of water into the ear canal. If using shampoo, some cotton-wool in the ear canal with some Vaseline on the outside of the wool is useful.

Bathing – Bath water is usually soapy and far from sterile. Shallow baths for youngsters are recommended. If kids are going to put their head under the water, we recommend firm fitting ear plugs (see below) or encouraging them to shower instead. Hair washing is best done with running water from the tap or with a wet facecloth.

Pool swimming – Kids with grommets should be encouraged to swim. Firm fitting ear plugs and a swimming cap or band are recommended to keep chlorinated water out of the ears. Blutak™ can also be used instead of plugs but it can be hard for kids to hear instructions. If kids refuse to wear any ear protection it is probably still OK that they swim but be aware the water may sting or their ears may discharge for a day or two after a trip to the pool.

Beach swimming – This is usually fine without protection though if snorkeling or going a little deeper than the surface, firm fitting earplugs are recommended.

Diving – This cannot be done with grommets in the ears as the high water pressure at depth will push water through the grommets and cause dizziness, which is very dangerous.

Do NOT use Aqua-ear™ or wax softening drops in ears with grommets. These are toxic in the middle ear and will be extremely painful.

We recommend (and stock) Docs™ proplugs as well as a variety of headbands. You or your child can be fitted with the appropriate size at your appointment.

Advice for patients with grommets – from the first post operative appointment onwards

Grommets are placed to prevent ear infections and allow you or your child to hear better. With some simple precautions and regular review, you or your child should be free of any ear related issues.

Some common questions at the first post-operative visit are:

How long will the grommets last, and how will I know if they are out?

Grommets usually last 12-18 months and once they are out, the ear usually returns to normal. Your child will be followed up by your ENT Surgeon every 6-9 months while the grommets are in.

Will my child need more grommets once these ones have fallen out?

It depends on the age of the child and the reasons behind the procedure but generally 20% of children will need further management with grommets.

How long do I have to keep water out of my child's ears?

For the duration the grommets are in. This is usually 12-18 months. Significant issues with water and grommets are rare and prevention is covered on the **Grommets and Water** page.

Does my child need another hearing test?

In most cases, parents or school teachers will be happy with how the child is hearing. If there is any concern about the hearing, or slow speech and language development after the grommets are placed, hearing tests can easily be arranged.

My GP has told me the grommets are "out" or "blocked" – what do I do?

Grommets are very small and children's ears can be difficult to examine properly. If the child is having problems with pain, discharge or if their hearing seems affected it is worthwhile to book an appointment with us to see what is going on. If the child has no symptoms it is OK to see your ENT Surgeon at the next planned visit.

My child's ear is discharging – what do I do?

The first thing is to clean the ear with clean cotton wool and ensure the ear is kept dry. It is often useful to place ear drops (Ciprofloxacin 0.3%, 3 drops, 3 times a day for 5 days) into the ear that is discharging. Our office is happy to provide a script. Your GP may also be able to prescribe these drops.

Oral antibiotics for a discharging grommet are generally NOT useful.

If the discharge persists for more than a week despite the above measures it is worth making an appointment to see your ENT Surgeon.