GP ADVICE SHEET - **OME and GROMMETS**

Management:

After an episode of acute otitis media, middle ear effusion will persists in:

70% of children at 2/52
50% at 1/12
30% at 2/12
10% at 3/12

Unilateral
- no specific treatment required
- treat any underlying allergic rhinitis
- avoid cigarette smoke exposure
- consider instruction in Valsalva manoeuvre or use of "Otovent" balloon

Bilateral
- as points *ii-iv* above
- consider 3/52 full-dose amoxycillin or cefaclor
- see referral criteria for insertion of grommets

Impaired hearing after OME resolves- obtain audiogram

Significant speech delay with normal hearing - refer to speech therapist

NB. *Middle ear effusions can be difficult to identify with certainty. Pneumatic otoscopy in experienced hands is useful, alternatively a tympanogram should be arranged if in doubt.*

Referral criteria:

INDICATIONS FOR INSERTION OF GROMMETS

- recurrent acute otitis media with >6 episodes in 12/12
- *bilateral* otitis media with effusion (OME) persisting for more than 3 months in one year
- *bilateral* OME associated with hearing loss of >40dB
- serious atelectasis or tympanic retraction pockets
- febrile convulsion or meningitis arising from acute otitis media
- VII cranial nerve palsy arising from otitis media (admit)

Information required in referral letter:

To help identify those patients with particularly severe conditions who warrant more urgent attention could you please ensure the following information is included in your letter:

- number and frequency of AOM episodes
- duration of OME (unilateral/bilateral)
- evidence of hearing loss (speech delay, behaviour problems, audiology report)
- appearance of TMs
- H/O febrile convulsions or meningitis arising from AOM