



Leaflet: Glue Ear

Glue Ear

Glue ear can happen at any age but young children are, by far, the most commonly affected. There is a small space behind the eardrum called the middle ear which is normally filled with air. This air space is connected to the back of the nose by a tiny channel, the Eustachian tube. When sound hits the eardrum it transmits the sound to tiny bones (ossicles). These cause vibrations which pass on into the inner ear, the ear nerve and into the brain. In glue ear, instead of air being in the middle ear behind the eardrum, there is a thick gluey fluid. It is quite common to accumulate fluid behind the eardrum after colds or ear infections due to mucous secretions. However, this would normally drain down the Eustachian tube (described above) over a period of a week or so into the nose. In children with glue ear this drainage is poor. The fluid becomes more sticky and gluey and tends to remain in the middle ear.

What are the symptoms of glue ear?

Reduced hearing is the main problem. Imagine a toy drum filled up with water. Hitting it would produce a thud. If the fluid is drained one would then get a crisp rat-a-tat. The eardrum is similar. Rather than crisp hearing, noise and sound becomes dulled. It is low pitched sounds that are most reduced with glue ear. Decreased hearing in a young child may not be apparent at first and some of the following may also be noticed in a young child with glue ear: pulling at the ears; mouth breathing; poor concentration; being moody or irritable; speech not very clear; saying "what" or "pardon" very often; turning the TV or radio up loud; sometimes behaviour problems; poorer school performance than previously expected.

Pain is not usually a main symptom but mild earache may sometimes occur from time to time. However, the thick gluey fluid is a good food for bacteria (germs) and ear infections are more common in children with glue ear. This would then produce more severe earache for the duration of the infection and the child will often become unwell.

Is glue ear serious?

For some children the problem is intermittent. That is, the symptoms may occur for a few weeks at a time after each cold with normal hearing in between. For others the problem is more persistent causing prolonged periods of reduced hearing which may have consequent effects on education and social behaviour. It is not unusual to find that 'difficult behaviour' in some children is a result of their frustration with poor hearing that had not been noticed. In younger children, speech development may be delayed if they cannot hear well. Whenever the glue ear does clear, hearing usually returns to normal.

What can be done for glue ear?

- ◆ *Be aware* - once diagnosed and people are aware that hearing is a problem, measures can be taken to help such as the following. When talking to the child, talk clearly and more loudly than usual. Perhaps use facial expressions and talk directly face to face. Recognise the child's frustration or bad behaviour may be due to dulled hearing. If at school or nursery, discuss the problem with the teacher. Sitting near the front will help. Often in a class there will be several children with glue ear and raising awareness of this with teachers is helpful. Even after it has cleared up, remember the problem may return for a while after colds or ear infections.
- ◆ *Observe* - fluid behind the ear drum often clears by itself. It may take several days or up to several weeks to do this after colds. Poor hearing after colds is very common.
- ◆ *Decongestants* - are sometimes tried. If used it is often a 5 or 6 week course to try and allow the Eustachian tube to drain. If the fluid is very thick they may not work very well, which is why they are not commonly prescribed.
- ◆ *Antibiotics* - ear infections are more common in children who have glue ear. Having a mild earache from time to time is quite common and will usually ease off with Paracetamol mixtures. However, if earache becomes worse and the child becomes ill, an ear infection is possible. Antibiotics are often prescribed by doctors to help this. Sometimes a prolonged course of antibiotics is tried for about six weeks. This aims to prevent any ear infections

and makes sure all germs have completely gone from the ear. For some children this infection free period allows the fluid to drain better than it would have done and is occasionally successful in curing glue ear. If this is tried it is important to take the antibiotic regularly for the full course as prescribed for the best chance of success.

- ◆ *Surgery* - if, after a period of observation, a glue ear does not seem to be clearing, then a referral to a specialist Ear Nose and Throat surgeon may be considered. Hearing tests are usually performed and an assessment made of the severity of the problem. Every child is different and the specialist will base the advice given on such factors as: severity of hearing loss, age of child, duration of symptoms and other such factors. Sometimes a small operation may be recommended. This operation usually includes the insertion of a grommet. A grommet is just like a tiny drain pipe tube which is inserted into the ear drum. This helps to drain the middle ear of the fluid and allow air back into the middle ear. Sometimes the adenoids are also removed to improve the drainage of the Eustachian tube. Adenoids are similar to tonsils but are situated at the back of the nose cavity near the opening of the Eustachian tube. It is more common to remove adenoids if glue ear affects older children. If grommets are inserted they will, in time, naturally fall out of the ear by which time the gluey fluid has often gone. The hole in the ear drum made for the grommet will quickly heal over. Occasionally grommets need to be put in on more than one occasion if glue ear is particularly troublesome. Both grommet insertion and removal of adenoids are very common operations and usually only require a very short hospital stay.

Does glue ear go away?

Usually, in time, as the Eustachian tube grows and widens, the drainage of the ear improves and most children with glue ear improve as they grow older. This may be with or without the need for grommets or adenoid operations. Making sure the child's education and learning does not suffer is the main concern until the problem goes away. In the vast majority of children, once the gluey fluid has gone, hearing goes back to normal.

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