

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 37

Policy Recommendation: Grommet insertion - adults and children

Date of issue: July 2018

The SHIP Clinical Commissioning Groups (CCGs) have had a Policy that had been developed through working practices but had not been reviewed according to the ethical framework using an evidence base. The Commissioning Groups requested a review of the national guidance and evidence of clinical effectiveness for myringotomy and insertion of ventilation tube i.e. grommets. Surgical techniques were beyond the scope of this review. It is important to note that these recommendations do not alter the management of suspected malignancy or surgical emergencies.

Myringotomy/Grommet Insertion for Adults (≥ 12 years old)

This procedure is not routinely funded for adults except where prior approval is granted under the following conditions:

- A middle ear effusion causing measured conductive hearing loss, persisting for 3 months and resistant to medical treatments. The patient must be experiencing disability due to deafness. The possible option of a hearing aid and balloons must be discussed.
- Persistent Eustachian tube dysfunction resulting in pain (e.g. flying)
- As one possible treatment for Meniere's disease.
- Severe retraction of the tympanic membrane if the clinician feels this may be reversible and reversing it may help avoid erosion of the ossicular chain or the development of cholesteatoma

Myringotomy/Grommet Insertion for Children (> 3 years but < 12 years old)

This procedure is not routinely funded. The possible option of a hearing aid and the use of nasal balloons such as Otovent must be discussed. Prior approval will be considered under the following conditions:

- Children to treat a tympanic membrane retraction pocket.
- Children aged over 3 years old with Otitis Media with Effusion (OME):
 - There has been a period of watchful waiting for three months in primary care from diagnosis of OME, followed by a further period of watchful waiting for three months after referral where the OME persists; **and**
 - The child has reported speech or language delay or behavioural problems; **and**
 - The child has a documented hearing level in the better ear of 25-30dBHL or worse averaged at 0.5, 1, 2 and 4kHz (or equivalent dBA where dBHL not available)

Children under 3 years of age may be treated without prior approval

This statement can be read with the minutes of the meeting to provide information as to the rationale of the decision made.

Statement Review Date: July 2023