

Eardrum grommets for children



Grommets may be necessary if prolonged fluid behind the eardrum affects the hearing, or in the event of recurrent ear infections. In the operating room, a small incision is made through the ear canal in the eardrum. After the fluid has been sucked out of the middle ear, the ear, nose and throat (ENT) doctor will place the tube in the incision.

As with all procedures, unexpected complications can occur when grommets are inserted. These are not common. A runny ear may occur after the operation where fluid drains out of the ear, sometimes with blood. This is not serious, but eardrops with antibiotics are required. In that case, you can contact the ENT outpatient clinic for a prescription by calling 088 979 24 45. The tube falls out automatically after an average of 6-12 months. Occasionally a perforation in the eardrum remains, for which in rare cases surgical eardrum repair is required. Lastly, the hearing may not (adequately) improve.

In consultation with your ear, nose and throat specialist (ENT specialist), it has been decided to place tympanostomy tubes (grommets) in your child's ears. In medical terms, this is an easy operation. But an operation like this is no small matter for a child. Therefore, it is important that you prepare your child as well as possible by telling him or her what is going to happen. If you do so, your child will probably experience the operation as less unpleasant and will be better equipped to deal with it.

To prepare your child well, it is important that you yourself are well-informed about the procedure. That is what this booklet is about. Should you still have any questions after reading it, please do not hesitate to contact your ENT specialist.

What are grommets?

Grommets are very small tubes that are inserted into the eardrums (tympanic membranes). These tubes are meant to create an open connection between the middle ear and the external auditory duct, thus allowing air to enter the middle ear through the tube.

Preparations by the anaesthesiologist

During the consultation at the Preoperative Outpatients' Clinic, the anaesthesiologist will inform you about anaesthesia and pain control (please see below). Your child's lungs and heart will also be examined.

Preparations at home

The way in which you prepare your child at home, depends on your child's age and character. It is better not to inform toddlers and infants too long in advance. Often, they have no sense of time. One or two days before the operation seems reasonable.

If your child is a little older, you are free to determine the right moment for yourself. Some children prefer to know what is going to happen to them.

Other children use their imagination and get unnecessarily anxious when they are informed too long in advance. Your child should, however, have the opportunity to absorb the matter and, if necessary, to ask some questions. It will be easier to prepare your child, if you can promise him or her that you will stay there until he/she falls asleep and you will also be present when he/she wakes up. This means that you can answer your child's questions immediately.

For a smooth and successful operation, you must adhere to a number of rules:

No food and limited fluids

Because of the anaesthesia, it is very important that your child has an **empty stomach**. Therefore, on the evening before the operation, your child may **not eat anything** after midnight. On the morning of the operation, your child should also **not brush his/her teeth**.

Until two hours before the agreed time of operation, your child is allowed to drink clear liquids, such as:

- water;
- tea without milk;
- lemonade made of water and a small amount of syrup;
- apple juice.

Medication

If your child takes medication, please discuss this in advance with your ENT specialist, so the latter can judge whether this should be taken into account.

Transport back home

Please arrange transport back home by car, but do not drive yourself. Your child may get nauseous on the way. Therefore, we advise you to bring a towel with you.

Illnesses

If your child is ill, we will not proceed with the operation.

This is also the case if, in the immediate vicinity of your child, there are infectious diseases such as: measles, whooping cough, German measles (Rubella), mumps or scarlet fever. In case of any doubt, please do not hesitate to contact us on tel.: 088 979 24 45.

What should you bring:

- your hospital registration card;
- any medication your child has to take;
- a cuddly toy, a doll, a book, and some toys for the waiting room.

Procedure on the day of the operation

Your child will be given a wristband with his/her name on it. The entire operation will only take a few minutes. After that, your child will be brought back to you. A nurse will always be present in the recovery room. Most children will cry when they wake up. Sometimes, a little blood or fluid will ooze out of the ear. Shortly after the operation, as soon as your child is fully awake, you can take him/her home.

Back home

When you are back at home, please give your child something to drink. If your child is not nauseous from the anaesthesia, he/she may eat and drink anything. The day after the operation, your child can go to school again. One week after the operation, your child is allowed to swim without precautionary measures. No special precautions are needed if your child takes a shower or bath.

Letting off steam

It is possible that your child still needs to work off some bottled-up tensions. Therefore, he/she may be a little difficult during the first days. However, if your child is properly looked after, this will usually go away by itself. It may help to give your child a little extra attention during the first days. Your child simply needs a little extra affection and patience. A bit of spoiling cannot hurt.

Check-up

Six weeks after the operation, you and your child are expected at the ENT Outpatients' Department for a check- up. You will be given an appointment card for this when you leave the hospital. Often, we will then perform a hearing test (for children under the age of four, an automatic otoacoustic emissions test ("OAE"), and for children of four years and older, a regular hearing test).

Finally

Should you have any questions after reading this booklet, please do not hesitate to contact the ENT Department.

The Outpatients' Department can be reached during office hours on tel. 088 979 24 45 from Monday to Friday from 08.30 - 17.00 hours. Outside office hours you can call the SMASH on tel. 070 346 96 69.

We value your opinion. If you have any comments or suggestions with respect to this booklet or the treatment, please let us know.

Supplementary information

Right of information and consent

Each child has the right to be informed as comprehensively as possible about any medical treatment or intervention required. This is stipulated in the Dutch Medical Treatment Contracts Act (WGBO). In this regard, there is no difference between the rights of a child and those of an adult. The only difference lies in the way consent is given to the treatment. The consent for a treatment is determined by law according to the following broad terms.

Children up to 12 years

In case of children under the age of 12, the decision about the treatment usually lies with the legal representative (usually the parents).

Children from 12 to 16 years

In case of the children aged between 12 and 16 years, the decision is taken jointly by parents and child. This means that both parents and the child must give their consent to the treatment.

Children from the age of 16

The WGBO regards all children from the age of 16 as adults and expects them to decide by themselves on whether to undergo treatment. Information will be provided primarily to the children themselves and will only be given to the parents or attendants with the child's consent.

A treatment may never take place without consent of the patient or his/her legal representative. The following exceptions apply: acute situations or situations that would endanger the child if left untreated.

Landelijke Vereniging Kind en Ziekenhuis (National Association for Children in Hospital)

Since April 2008, HMC Bronovo Hospital has been granted a Smiley from the National Association for Children in Hospital for its paediatric ward.

This national association grants the Smiley quality mark to hospitals that distinguish themselves in a positive way by their facilities for children and parents.

Parents may contact the National Association for Children in Hospital. This organization has as its mission: the promotion of the well-being of the child before, during and after a period of hospitalisation.

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