Glue Ear is also known as Secretory Otitis Media, Otitis Media with Effusion or, Serous Otitis Media.’

What is Glue Ear?

Glue Ear is a common condition of childhood causing temporary and variable hearing loss. About 30% of children will be affected but most will be better by around eight years of age.

The middle ear is the space behind the eardrum. It is made up of three tiny bones that carry sound vibrations from the eardrum to the inner ear. A healthy middle ear should contain air and no fluid.

The middle ear is connected to the back of the nose by a narrow channel called the Eustachian Tube. Any fluid that builds up in the middle ear can be drained away by this tube. If this tube becomes blocked, the middle ear space becomes filled with fluid (catarrh) and hearing is muffled. The fluid can vary in consistency and is sometimes thick and sticky hence the name Glue Ear.

Glue Ear can come and go causing a variation in the child’s hearing. It may follow a cold.

What to look for?

- **Variable Hearing Loss.** You may notice your child turning up the volume on the TV
- **Changes in behaviour.** Your child may become withdrawn and lacking in concentration, or angry and frustrated.
- **Speech.** Because your child may not hear speech clearly this can effect how they talk
- **Education.** If your child is having problems in school or nursery, Glue Ear may be a factor. Please discuss this with your child’s teacher
- **Ear Infections.** Glue Ear can make children prone to recurrent ear infections.
- **Balance.** Very occasionally Glue Ear may cause problems with balance
- **No apparent problems.** Sometimes no problems are evident and the child is found to have a hearing loss at a routine test with the school nurse or health visitor
What can be done?

Wait and see

Many children will get better on their own without any treatment. We would watch and wait for three months before testing again.

Medical Treatment

Various medicines have been tried to help clear glue ear. However, research studies have shown that none of these medicines are of much use.

In the older child ‘autoinflation’ may be useful. For this, a special balloon is blown up using the nose. It puts back-pressure into the nose, and may help to open up the Eustachian tube and allow better drainage of the fluid.

Hearing Aids

Hearing aids are an option that are only used until the Glue Ear goes away. The need for hearing aids is monitored by repeat testing.

Surgical Treatment

This may involve the insertion of ‘grommets’ with or without the removal of adenoids (glands similar to tonsils at the back of the nose near the Eustachian Tube).

How can you help your child?

- **Speak clearly.** Don’t shout!
- **Go Closer.** Do not expect your child to hear at a distance.
- **Let your child see your face.** Visual clues are very helpful to a child with hearing difficulty.
- **Avoid background noise.** Turn off the TV or radio when you are talking or playing with your child.
- **Let the teacher or playgroup leader know.** Your child can then be placed where he/she can hear and extra care can be taken.
- **Do not smoke.** Smoke makes children more likely to suffer with Glue Ear.
- **Be patient.** Make allowances for the difficulty with hearing.

Conclusion

As children grow older, problems with glue ear usually go away. This is because the Eustachian tube widens, and the drainage of the middle ear improves. Rarely, long-term glue ear may lead to middle ear damage and some permanent hearing loss.