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This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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Review Date: August 2026

PIAG: 482



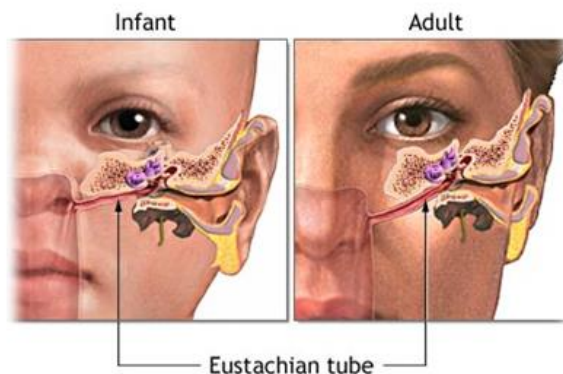
Glue ear- Information leaflet



Alder Hey Children's
Hospital
Liverpool

What is glue ear?

- Otitis media with effusion (Glue ear) is a common middle ear condition in which a sticky mucus builds up in the middle ear cavity due to a problem with the tube (eustachian tube) which connects the ear to the back of the throat. This tube would regularly drain the fluid, however as the tube in children is smaller and more horizontal, this can be easily blocked creating a build-up of fluid.
- It can affect one or both ears at a time
- It will usually improve by itself but in some cases can persist and may cause a hearing loss. For this reason, it is important to check how the glue ear is affecting your child's hearing.
- **It is very common in children and 80% will suffer from glue ear at some stage, with around 5% of children suffering a significant hearing loss as a result.**



What will happen at the Audiology clinic?

1. An Audiologist will examine your child's ears to check the health of the ear canal and ear drum.
2. Tympanometry testing will be carried out, which tests how well the ear drum can move. If there is fluid present in the middle ear, the ear drum won't move properly. The test should only take a minute and is completely painless.
3. A hearing test will be done to assess your child's hearing levels.
4. The Audiologist will explain all the results and answer any questions you may have at the end of the appointment.



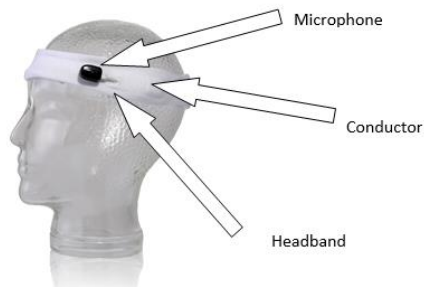
For more information, please refer to our 'Audiology Social Story' leaflet on www.alderhey.nhs.uk, which takes you step by step through the appointment process.

Bone conduction hearing aid

Children may have a conductive hearing loss which means that the ear's ability to conduct sound into the inner ear is blocked or reduced. Although this is often temporary, a child may be fitted with a contact mini bone conduction hearing aid to enable them to hear clearly whilst the problem persists.



The hearing aid consists of three parts:



The conductor fits snugly to the mastoid bone just behind the ear. Sound is converted into vibrations which are transmitted through the bones of the skull where they bypass the middle ear and enter the cochlear directly.

For more information, please refer to our 'Contact Mini Hearing Device: Information Leaflet' leaflet on www.alderhey.nhs.uk.

What causes glue ear?

- It can occur more following coughs, colds or ear infections as the Eustachian tube may become blocked with mucus.
- It can often but not always be linked with ear infections.
- Children with cleft palate, or with genetic conditions such as Down's syndrome may be more likely to get glue ear as they often have smaller eustachian tubes and they don't function as well as they should.



To help prevent glue ear:

- **Smoke-free environment:** Research by the Department of Health has shown that all children are more likely to experience glue ear in a smoky environment. These should be avoided wherever possible.

[Glue ear guide for parents | Documents and resources](#)
(ndcs.org.uk)

How can it affect my child?

Glue ear can cause a temporary hearing loss which can range from mild to moderate. This can have adverse effects on a child's speech, language, and behavioural development in a key stage of their life.

It can also result in other symptoms such as:

- Changes in behaviour
- Becoming tired and frustrated
- A lack of concentration
- Preferring to play alone
- Not responding when called
- Discomfort in their ears.



Important!

If you are concerned about any of these symptoms please speak to your GP, health visitor or other health care professional.

To access Audiology services at Alder Hey you will require a referral from one of the above.

Possible treatments?

At Alder Hey, as most cases of glue ear will resolve spontaneously within 3 to 6 months, we would apply a watchful wait period and review in 3 to 6 months for a retest of hearing. If the glue ear is still present and causing an associated hearing loss, we will discuss different management options. Such as:

- Further monitoring with no immediate intervention, referral to the Ear, Nose and Throat (ENT) department for consideration of surgical interventions (for example grommets) if appropriate.
- If the glue ear is having a significant impact on the child's ability to hear, we can also consider fitting a temporary hearing aid worn on a headband (contact mini bone conduction hearing aid). Discussed on next page. 