



*National Institute for
Health and Clinical Excellence*

Quick reference guide

Issue date: February 2008

**Surgical management of otitis media with
effusion in children**

About this booklet

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in 'Surgical management of otitis media with effusion in children' (NICE clinical guideline 60).

Who should read this booklet?

This quick reference guide is for healthcare professionals and other staff who care for children under 12 years with otitis media with effusion.

Who wrote the guideline?

The guideline was developed by the National Collaborating Centre for Women's and Children's Health, which is based at the Royal College of Obstetricians and Gynaecologists. The Collaborating Centre worked with a group of healthcare professionals (including consultants, GPs and nurses), patients and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

For more information on how NICE clinical guidelines are developed, go to www.nice.org.uk

Where can I get more information about the guideline?

The NICE website has the recommendations in full, reviews of the evidence they are based on, a summary of the guideline for patients and carers, and tools to support implementation (see back cover for more details).

National Institute for Health and Clinical Excellence

MidCity Place
71 High Holborn
London
WC1V 6NA

www.nice.org.uk

ISBN 1-84629-595-5

© National Institute for Health and Clinical Excellence, 2008. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the express written permission of the Institute.

This guidance is written in the following context

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

This guidance represents the view of the Institute, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Contents

Key priorities for implementation	4
Care pathway 1. Children with suspected OME	5
Care pathway 2. Children with Down's syndrome	6
Care pathway 3. Children with cleft palate	7
Implementation tools	8
Further information	8

Introduction

Otitis media with effusion (OME) is a common condition of early childhood in which accumulation of fluid within the middle ear space causes hearing impairment. The hearing loss is usually transient and self-limiting, although in some cases it can persist, necessitating surgical intervention in the form of ventilation tube insertion.

This guideline provides recommendations on the surgical management of OME in children under the age of 12 years based on the best available published evidence. It places a 3-month period of active observation at the centre of the care pathway for children with suspected OME and provides guidance as to when surgery is most appropriate in selected patients. These recommendations will require more timely access to audiology services than is currently available. The guideline also considers the management of OME in children with Down's syndrome and children with cleft palate. OME is particularly prevalent and persistent in these children, and they require management by multidisciplinary teams with appropriate expertise in managing these conditions.

Child-centred care

Treatment and care should take into account the individual needs and preferences of children with OME, and those of their parents or carers. Good communication is essential, supported by evidence-based information, to allow parents or carers to reach informed decisions about their child's care. Follow Department of Health advice on seeking consent if needed.

Key priorities for implementation

Diagnosis of OME

- Formal assessment of a child with suspected OME should include:
 - clinical history taking, focusing on:
poor listening skills; indistinct speech or delayed language development; inattention and behaviour problems; hearing fluctuation; recurrent ear infections or upper respiratory tract infections; balance problems and clumsiness; poor educational progress
 - clinical examination, focusing on:
otoscopy; general upper respiratory health; general developmental status
 - hearing testing, which should be carried out by trained staff using tests suitable for the developmental stage of the child, and calibrated equipment
 - tympanometry.

Children who will benefit from surgical intervention

- Children with persistent bilateral OME documented over a period of 3 months with a hearing level in the better ear of 25–30 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) should be considered for surgical intervention.

Surgical interventions

- Once a decision has been taken to offer surgical intervention for OME in children, insertion of ventilation tubes is recommended. Adjuvant adenoidectomy is not recommended in the absence of persistent and/or frequent upper respiratory tract symptoms.

Non-surgical interventions

- The following treatments are not recommended for the management of OME: antibiotics; topical or systemic antihistamines; topical or systemic decongestants; topical or systemic steroids; homeopathy; cranial osteopathy; acupuncture; dietary modification, including probiotics; immunostimulants; massage.
- Hearing aids should be offered to children with persistent bilateral OME and hearing loss as an alternative to surgical intervention where surgery is contraindicated or not acceptable.

Management of OME in children with Down's syndrome

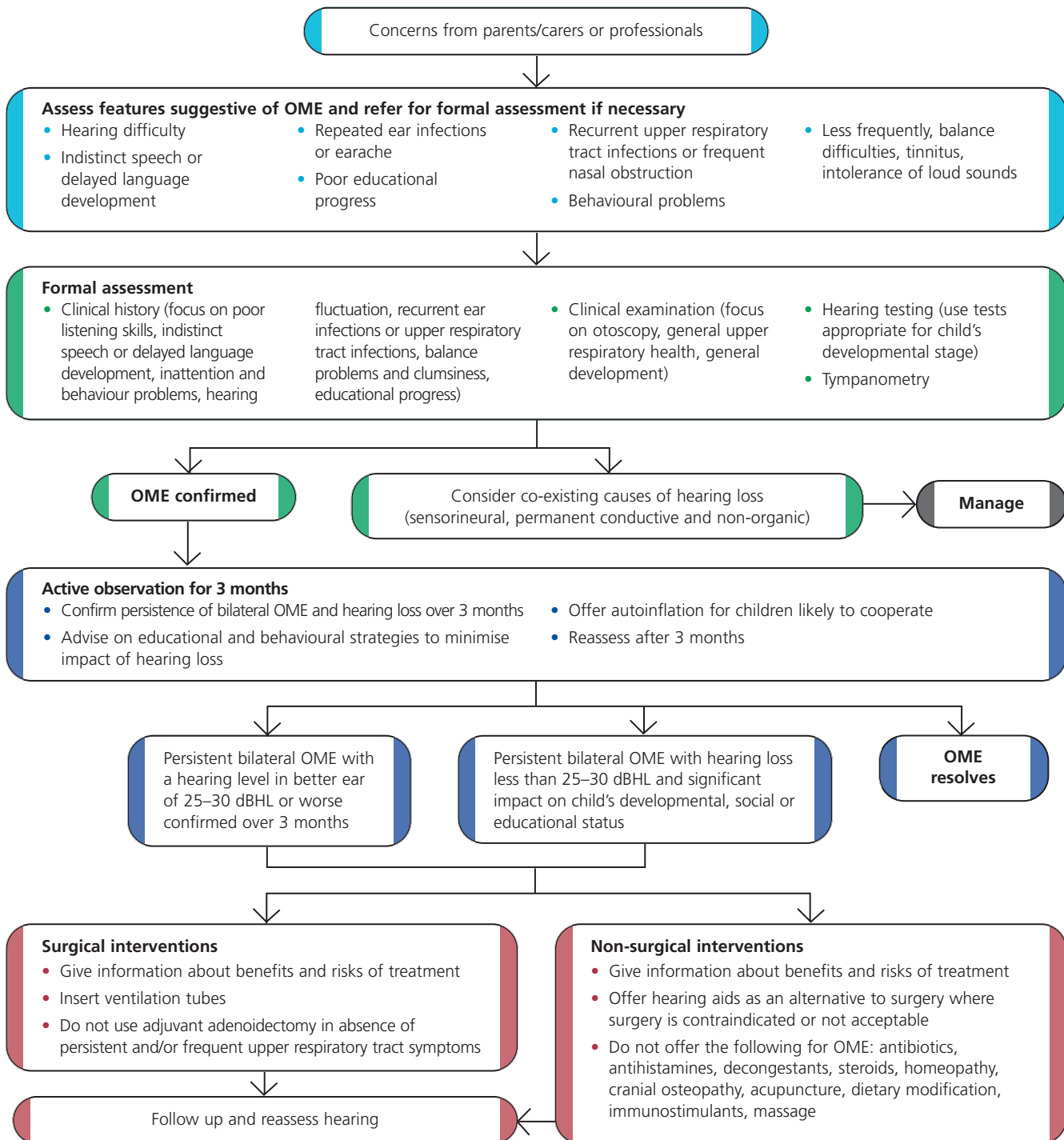
- Hearing aids should normally be offered to children with Down's syndrome and OME with hearing loss.

Management of OME in children with cleft palate

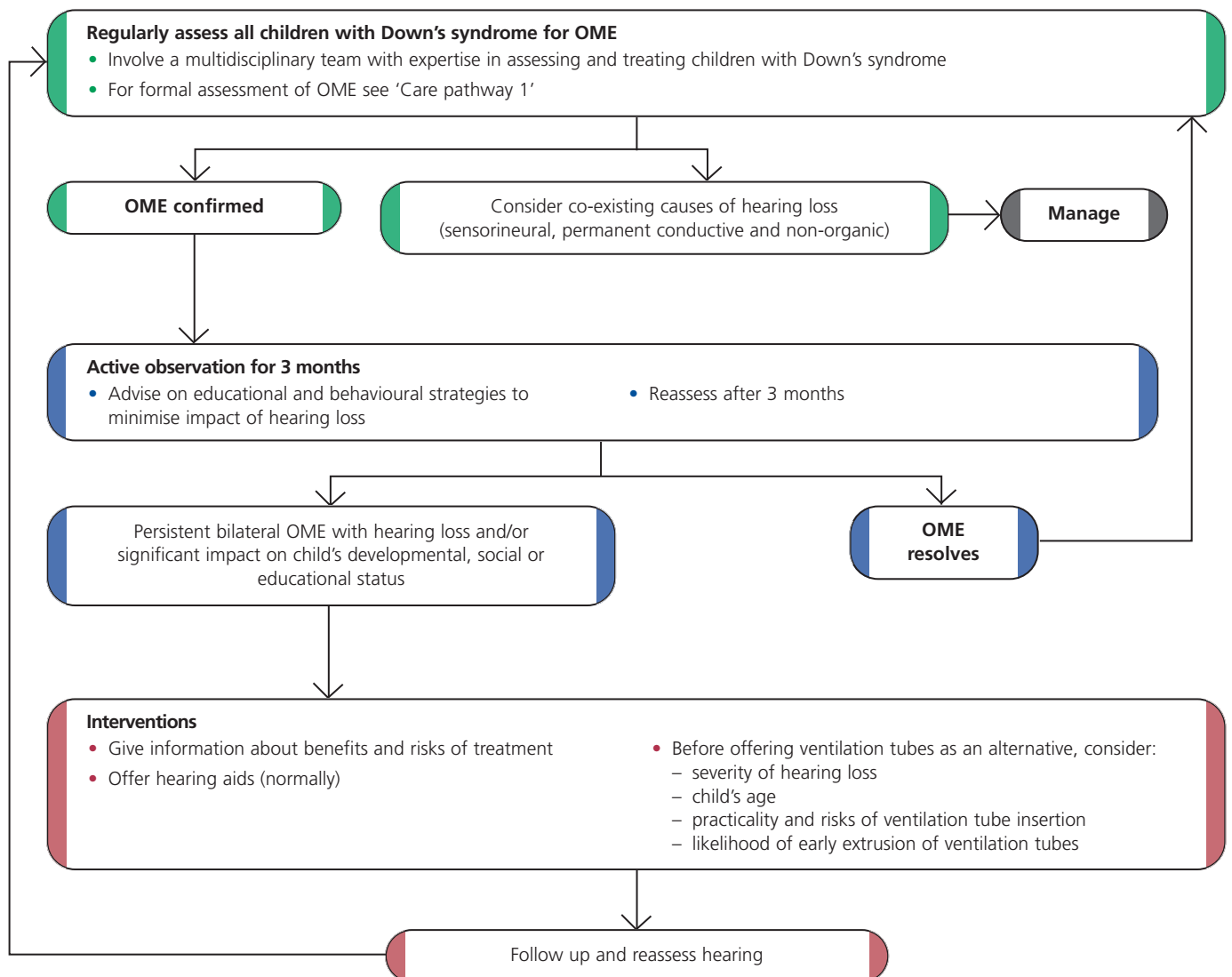
- Insertion of ventilation tubes at primary closure of the cleft palate should be performed only after careful otological and audiological assessment.
- Insertion of ventilation tubes should be offered as an alternative to hearing aids in children with cleft palate who have OME and persistent hearing loss.

Care pathway 1. Children with suspected OME

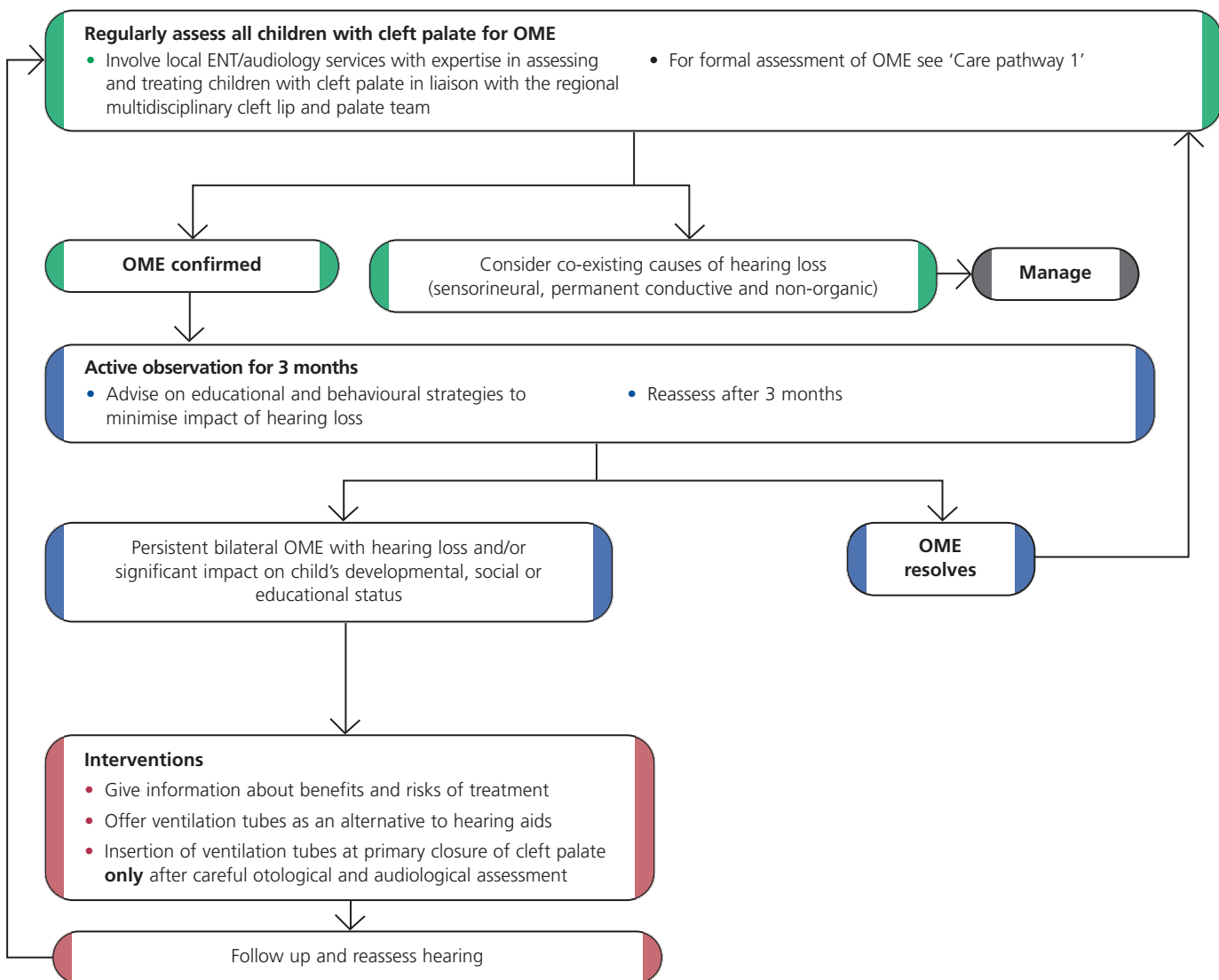
Information provision: Give verbal and written information to parents/carers and children on nature and effects of OME.



Care pathway 2. Children with Down's syndrome



Care pathway 3. Children with cleft palate



Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/CG060).

- Slides highlighting key messages for local discussion.
- Implementation advice on how to put the guidance into practice and national initiatives that support this locally.
- Costing tools:
 - costing report to estimate the national savings and costs associated with implementation
 - costing template to estimate the local costs and savings involved.
- Audit support for monitoring local practice.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/CG060

- A quick reference guide (this document) – a summary of the recommendations for healthcare professionals.
- The NICE guideline – all the recommendations.
- ‘Understanding NICE guidance’ – information for patients and carers.
- The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N1461 (quick reference guide)
- N1462 (‘Understanding NICE guidance’).

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be posted on the NICE website (www.nice.org.uk/CG060).

**National Institute for
Health and Clinical Excellence**

MidCity Place
71 High Holborn
London
WC1V 6NA

www.nice.org.uk

N1461 1P 65k Feb 08

ISBN 1-84629-595-5