

<b>Pathway</b>	
Insertion of Grommets	
<b>Commissioned</b>	
Insertion of grommets will be funded for <b>ANY</b> of following indications: <ol style="list-style-type: none"> <li>1. Persistent hearing impairment of 30 dB or more in the better ear on tests 3 months apart.</li> <li>2. Persistent hearing impairment of less than 30 dB in the better ear on tests 3 months apart plus evidence of significant impact on child's developmental, social or educational status.</li> <li>3. Children with Down's syndrome when recommended by a specialist.</li> <li>4. Recurrent acute otitis media, defined as more than 3 discrete episodes in a 12-month period.</li> <li>5. To prevent the erosion of the ossicular chain or the development of cholesteatoma, where there is severe retraction of the tympanic membrane, which is thought to be reversible.</li> </ol>	
<b>Notes</b>	
The hearing should be averaged at 0.5, 1, 2 and 4 KHz and a copy of the audiology report provided as evidence.	
<b>Rationale</b>	
<ul style="list-style-type: none"> <li>▪ Policy based on <i>Surgical management of OME NICE 2008 CG 60</i></li> <li>▪ 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 and lead to developmental delay.</li> <li>▪ NICE guideline 60 recommends a 3-month period of active observation for children with suspected OME and provides guidance as to when surgery is appropriate.</li> <li>▪ Once a decision has been taken to offer surgical intervention, insertion of ventilation tubes is recommended. Adjuvant adenoidectomy is not recommended in the absence of persistent and/or frequent upper respiratory tract symptoms.</li> <li>▪ 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.</li> <li>▪ Hearing aids should normally be offered to children with Down's syndrome and OME with hearing loss.</li> <li>▪ 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.</li> </ul>	
<b>Cohort</b>	
Children.	
<b>Equality</b>	
Compliant with the Equality Act 2010.	
<b>Status</b>	
<b>RED</b> as defined in the Prior Approval Scheme Policy.	
<b>OPCS codes</b>	

Myringotomy with insertion of ventilation tube through tympanic membrane	D15.1
<b>Version History</b>	
No material changes from previous version.	
<b>Authorised</b>	
April 2019	
<b>Review</b>	
April 2024 Earlier if new evidence published by NICE or other authoritative body.	