

Myringotomy/Grommets in Adults and Children – Prior Approval Through IFR

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
ENT	Myringotomy/ Grommets	<p>The CCG will only fund grommet insertion in children (age under 18 for Barnsley/Doncaster/Bassetlaw/Rotherham or 16 and under for Sheffield) when one or more of the following criteria are met:</p> <ul style="list-style-type: none"> • Recurrent otitis media – 5 or more recorded episodes in preceding 12 month period • Suspected hearing loss at home or at school / nursery following 3 months of watchful waiting • Speech delay, poor educational progress due to hearing loss • Abnormal appearance of tympanic membrane • Persistent hearing loss for at least 3 months with hearing levels of: <ul style="list-style-type: none"> • 25dBA or worse in both ears on pure tone audiometry OR • 25dBA or worse or 35dHL or worse on free field audiometry testing AND • - Type B or C2 tympanometry • Suspected underlying sensorineural hearing loss 	<p>ENT UK 2009 OME/Adenoid and Grommet Position Paper http://www.bapo.org.uk/tonsillectomy_position_papers_09.pdf</p> <p>NICE guidelines – CG60 Surgical management of otitis media with effusion in children. https://www.nice.org.uk/guidance/cg60/chapter/1-Guidance</p> <p>Perera R. Autoinflation for hearing loss associated with otitis media with effusion.(Cochrane review). In: Cochrane database of systemic reviews, 2006. Issue Chichester: Wiley Interscience. http://www.cochrane.org/CD006285/ENT_autoinflation-for-hearing-loss-associated-with-otitis-media-with-effusion-glue-ear</p> <p>Evidence note. QIS. Number 22, January 2008. The clinical and cost effectiveness of surgical insertion of grommets for otitis media with effusion (glue ear) in children. file:///C:/Users/janet.sinclair-pinde/Downloads/EN22_Grommets.pdf</p>	Barnsley CCG require prior approval through IFR for this procedure	Dec 2018



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		<ul style="list-style-type: none"> Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk OME in the presence of a secondary disability e.g. autistic spectrum disorder, Down Syndrome, cleft palate Persistent OME (more than 3 months) with fluctuating hearing but significant delay in speech, educational attainment or social skills. <p>Adults should meet at least one of the following criteria.</p> <ul style="list-style-type: none"> Persistent hearing loss for at least 3 months with hearing levels of 25dB or worse on pure tone audiometry or Recurrent acute otitis media – 5 or more episodes in the preceding 12 month period or Eustachian tube dysfunction causing pain or Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk or Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk or As a conduit for drug delivery direct to the middle ear In the case of conditions e.g. 	<p>Fickelstein Y. et al. Adult-onset otitis media with effusion. Archives of Otolaryngology -- Head & Neck Surgery, May 1994, vol./is. 120/5(517-27).</p> <p>Dempster J.H. et al. The management of otitis media with effusion in adults. Clinical Otolaryngology & Allied Sciences, June 1988, vol./is. 13/3(197-9)</p> <p>Yung M.W. et al. Adult-onset otitis media with effusion: results following ventilation tube insertion. Journal of Laryngology & Otology, November 2001, vol./is. 115/11(874-8).</p> <p>Wei W.I. et al. The efficacy of myringotomy and ventilation tube insertion in middle-ear effusions in patients with nasopharyngeal carcinoma. Laryngoscope, November 1987, vol./is. 97/11(1295-8)</p> <p>Ho W.K. et al. Otorrhea after grommet insertion for middle ear effusion in patients with nasopharyngeal carcinoma. American Journal of Otolaryngology, January 1999, vol./is. 20/1(12-5)</p> <p>Chen C.Y. et al. Failure of grommet insertion in post-irradiation otitis media with effusion. Annals of Otology, Rhinology & Laryngology, August 2001, vol./is. 110/8(746-8)</p> <p>Ho W.K. et al. Randomized evaluation of the audiologic outcome of ventilation tube insertion for middle ear effusion in</p>	<p>Barnsley CCG require prior approval through IFR for this procedure</p>	



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		<p>nasopharyngeal carcinoma, ethmoidal cancer, maxillectomy, olfactory neuroblastoma, sinonasal cancer, and complications relating to its treatment (including radiotherapy), if judged that the risks outweigh the benefit by the responsible clinician.</p> <ul style="list-style-type: none"> Part of a more extensive procedure at Consultant's discretion such as tympanoplasty, acute otitis media with facial palsy 	<p>patients with nasopharyngeal carcinoma. Journal of Otolaryngology, October 2002, vol./is. 31/5(287-93)</p> <p>Park J.J. et al. Meniere's disease and middle ear pressure - vestibular function after transtympanic tube placement. ACTA OTOLARYNGOL, 2009 Dec; 129(12): 1408-13</p> <p>Sugaware K. et al. Insertion of tympanic ventilation tubes as a treating modality for patients with Meniere's disease: a short- and long-term follow-up study in seven cases. Auris, Nasus, Larynx, February 2003, vol./is. 30/1(25-8)</p> <p>Montandon P. et al. Prevention of vertigo in Meniere's syndrome by means of transtympanic ventilation tubes. Journal of Oto-Rhino-Laryngology & its Related Specialties, 1988, vol./is. 50/6(377-81)</p>		

