

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC20 Surgical Management of Otitis Media with Effusion in Children under 18
Date of BOB ICB Adoption	June 2024

Otitis media with effusion

Otitis media with effusion (OME) also known as 'glue ear', is a common condition of early childhood in which a build-up of fluid in the middle ear space can cause ear discomfort, tinnitus, or temporary hearing loss. OME often clears up on its own in a few weeks or months, but surgical treatment may be required where hearing loss is significant.

If OME is suspected on the basis of a child's clinical history and assessment of the presenting features, referral for a formal assessment including hearing testing should be made. Where relevant, advice on educational and behavioural strategies to minimise the effects of hearing loss should be offered.

For all children with OME considering surgical management, a shared decision on whether to have the procedure should be made following a discussion of the benefits and risks with the child and their parents and carers. Relevant comorbidities should be discussed which could significantly increase the risk or have the potential for greater benefit from the procedure.

Insertion of grommets:

Children with OME may be considered for insertion of grommets where hearing loss (defined as a hearing level above 20 dB HL in one or both ears) has been identified and AT LEAST ONE of the following criteria are met:

- Hearing loss significantly affects day-to-day living, **OR**
- Bilateral hearing loss is still present after a 3-month period of active observation, **OR**
- Unilateral hearing loss which impacts daily living or communication is still present after a 3-month period of active observation.

Children with OME who cannot undergo standard assessment of hearing thresholds may be considered for insertion of grommets where ALL of the following criteria are met:

- There is clinical and tympanographic evidence of OME, **AND**
- The impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.

Adjuvant adenoidectomy:

Children undergoing grommet surgery for the treatment of OME may be considered for adjuvant adenoidectomy where assessment of the palate does not indicate an abnormality that would increase the risk of velopharyngeal insufficiency.

Codes**Otitis media with effusion:**

Primary diagnosis code - H65.2 Chronic serous otitis media or H65.3 Chronic mucoid otitis media

Grommet insertion:

Procedure code - D15.1 Myringotomy with insertion of ventilation tube through tympanic membrane

Adjuvant adenoidectomy:

Primary procedure code - D15.1 Myringotomy with insertion of ventilation tube through tympanic membrane

Secondary procedure code - E20.1 Total adenoidectomy or E20.4 Suction diathermy adenoidectomy

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Version	Date	Reason for change
Version 1	May 2015	
Version 2	July 2018	3 yearly update
Version 3	October 2021	Criteria updated in line with guidance from the NHS evidence-based intervention programme (2018 and 2020); age range of the policy broadened from <12 to <18years
Version 4	May 2022	Age range for adjunctive adenoidectomy clarified. Policy reformatted and coding update.
Version 5	March 2024	Policy reviewed following updates to NG233. Changes made to recommendations on hearing thresholds and when adjunctive adenoidectomy may be considered. Policy title and age thresholds updated for clarity.