

Policy for Surgical management of children (younger than 12 years) with Otitis Media with Effusion (OME)

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	1.4
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Commissioning Committee
Cross reference to other Policies/Guidance	NICE NG233: Otitis media with effusion in under 12s NICE NG91: Otitis media (acute): antimicrobial prescribing Evidence-Based Interventions programme: Grommets for glue ear in children and Removal of adenoids for treatment of glue ear (September 2024 update)
Date Ratified:	September 2026

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Document control:		
Date:	Version Number:	Section and Description of Change
October 2018	V1	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups
April 2021	V1.1	Incorporated detailed criteria from Evidence-Based Interventions, List 2, 2D Removal of adenoids for glue ear
April 2021	V1.2	Added "in line with criteria 1.1 above" to ensure that grommet insertion is not done for acute otitis media without hearing loss
July 2021	V1.3	Name changed to include adenoidectomy, and rearranged word order. Added OPCS Codes. Ratified by the Strategic Commissioning Committee.
July 2022	V1.4	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
September 2026	V2	Policy criteria aligned with NICE NG233, including functional impact, shared decision-making, equal consideration of hearing aids and grommet surgery, and revised criteria for adjuvant adenoidectomy. Policy title amended from 'Otitis Media with Effusion (OME) Management using Grommets and Adenoidectomy' to 'Surgical management of children (younger than 12 years) with Otitis Media with Effusion (OME)'.

1. Policy

- 1.1 **Essential prerequisite and general management of otitis media with effusion**
It is assumed that the general management of these children in terms of information and advice, recognition and assessment, reassessment, non-surgical management, otorrhoea, infection and follow up are all in accordance with NICE guideline [NG 233](#) "Otitis media with effusion in under 12s" and any other relevant NICE guidance such as [NG 91](#), "Otitis media (acute): antimicrobial prescribing".
- 1.2 Surgical intervention should be given equal consideration alongside non-surgical management of hearing loss (i.e. hearing aids).
- 1.3 Surgical management (insertion of grommets or tympanostomy tubes) is routinely commissioned if the following criteria are satisfied:-
- In a child with 3 months of bilateral (i.e. in both ears) hearing loss **OR**
 - In a child with 3 months of unilateral (i.e. one ear) hearing loss which is impacting on daily living or communication **OR**
 - In any child with unilateral or bilateral hearing loss which is impacting on daily living or communication before the 3 months' assessment **AND**
 - In all cases** (1.3a – 1.3c above), the benefits and harms of choosing either grommet surgery and hearing aids were fully discussed and a shared decision made to proceed by the clinician, child and their parents or guardians.
- 1.4 Unless contraindicated, adenoidectomy is routinely commissioned when all of the following criteria are satisfied:-
- The child is listed for surgical insertion of grommets **AND**
 - Adenoidectomy will be performed during the grommet insertion procedure **AND**
 - The benefits and harms of adjuvant adenoidectomy were fully discussed and a shared decision made to proceed by the clinician, child and their parents or guardians.
- 1.5 **Exclusions**
The following conditions are considered outside the scope of this policy and thus are excluded:
- Suspected cholesteatoma.
 - Chronic suppurative otitis media.
 - Adenoidectomy performed for indications not related to OME (e.g. sleep apnoea, chronic rhinosinusitis, nasal obstruction, speech surgery in cleft palate).
 - Retraction of the eardrum without effusion

2 Scope and definitions

- 2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 This policy applies to the surgical management of children younger than 12 years with Otitis Media with Effusion (OME), including the use of grommet (tympanostomy tube) insertion and adjuvant adenoidectomy where clinically appropriate.

- 2.3 OME is defined as the presence of fluid within the middle and may be associated with temporary hearing loss, communication difficulties, and impacts on educational, social and behavioural development.
- 2.4 This policy does not apply to patients with conditions specifically excluded within Section 1.5 of this policy.

3 Appropriate Healthcare

- 3.1 The policy supports evidence-based assessment and management of OME in accordance with NICE guidance and recognises that many cases resolve spontaneously with active monitoring and supportive measures.
- 3.2 Surgical intervention is reserved for children who meet the criteria set out in this policy, ensuring that treatment is targeted towards those most likely to benefit.
- 3.3 Prior to proceeding with surgery, clinicians should discuss the benefits, risks and alternative management options, including hearing devices, with the child and their parents or carers to support informed shared decision-making.

4 Effective Healthcare

- 4.1 Current evidence supports the use of grommet insertion in appropriately selected children with persistent OME and hearing difficulties, particularly where there is a significant impact on communication, daily living or development.
- 4.2 The policy reflects NICE NG233, which recognises both surgical and non-surgical interventions, including hearing devices, as clinically effective management options that should be considered alongside one another.
- 4.3 Adjuvant adenoidectomy may provide additional benefit when undertaken at the time of grommet insertion and is commissioned in accordance with the criteria outlined in this policy.
- 4.4 The policy has been developed following review of the available evidence and is intended to support consistent, equitable and clinically appropriate access to treatment across the ICB population

5 Cost Effectiveness

- 5.1 The ICB does not call into question the cost-effectiveness of the surgical management of OME and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

6 Ethics

- 6.1 The ICB does not call into question the ethics of the surgical management of OME and therefore this policy does not rely on the Principle of Ethics. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7 Affordability

- 7.1 The ICB does not call into question the affordability of the surgical management of OME and therefore this policy does not rely on the Principle of Affordability. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8 Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9 Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10 References

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11 Associated OPCS codes

OPCS codes
D151 - Myringotomy with insertion of ventilation tube through tympanic membrane E201 - Total adenoidectomy E204 - Suction diathermy adenoidectomy
ICD codes
H651 - Other acute nonsuppurative otitis media H654 - Other chronic nonsuppurative otitis media H659 - Nonsuppurative otitis media, unspecified