Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · ENT

Glue ear
often shows up as behaviour, not as earache

Glue ear is fluid behind the eardrum causing muffled hearing. It is extremely common in young children, usually painless, and frequently mistaken for inattention, naughtiness or a speech delay — because the child cannot tell you their hearing has faded and has no memory of it being better.

Seek prompt assessment if your child has

- **severe ear pain with fever**, or a discharging ear
- **swelling, redness or tenderness behind the ear**, or an ear pushed forward
- **facial weakness**, severe dizziness or unsteadiness
- **hearing loss in one ear only** that persists
- **glue ear in a child over 8**, or in an adult — which needs the back of the nose examined
- **a sudden change** in hearing or balance

Persistent one-sided fluid in an adult or older child requires examination of the nasopharynx to exclude an obstructing lesion. Swelling behind the ear suggests mastoiditis, which is a medical emergency. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What you may notice

- **Turning the television up**, or sitting very close to it
- **Not responding when called**, particularly from another room or in noise
- **Talking loudly**, or mishearing and answering the wrong question
- **Becoming withdrawn, frustrated or disruptive** — commonly interpreted as behaviour
- **Delayed or unclear speech**, or a plateau in language development
- poor balance and clumsiness, and struggling at nursery or school
- usually **no pain at all**, which is why it goes unnoticed for months

Why it happens

The Eustachian tube ventilates the middle ear. In young children it is short, narrow and more horizontal, so it blocks easily — particularly after colds and ear infections. Fluid accumulates and thickens. It is commoner in winter, in children in nursery, with large adenoids, with allergy, and in households where someone smokes. Most cases resolve on their own within three months.

Watchful waiting is the plan, not the absence of one

NICE recommends a **three-month period of observation** with hearing tested at the start and end, because the majority resolve spontaneously. This is deliberate, not neglect. What makes it work is that the hearing is actually measured — and that the review at three months genuinely happens. Antibiotics, decongestants, antihistamines and steroids **do not work** for glue ear and are not recommended.

Helping at home and school

Do

- Get their attention and face them before speaking
- Speak clearly at normal volume — shouting distorts speech
- Reduce background noise: turn off the TV during conversation
- Tell nursery or school, and ask for front seating away from noise
- Read together daily, which supports language while hearing is reduced

Avoid

- Smoking anywhere in the home or car
- Assuming inattention is behavioural before hearing is tested
- Cotton buds, or trying to clear the ear
- Repeated antibiotic courses for glue ear
- Waiting beyond three months without a hearing test

Treatment if it persists

- **Grommets** — tiny ventilation tubes inserted through the eardrum in a short day-case procedure. Hearing improves immediately. They fall out naturally after six to twelve months as the eardrum heals.
- After grommets, most children can swim normally; earplugs are only needed for diving or very deep water. Ask for specific advice.
- **Adenoid removal** may be added, particularly with nasal obstruction or recurrent problems.
- **Hearing aids** are an effective alternative for families who prefer to avoid surgery, or where surgery is unsuitable.
- **Autoinflation** — blowing up a special balloon through the nose — has modest evidence and is worth trying in children over about four during the watchful waiting period.
- Children with **Down's syndrome or cleft palate** are managed differently and need specialist input from the outset.

Why come to us. The bottleneck is usually getting the hearing tested, which is what turns a vague worry about behaviour into a diagnosis. Our ENT team can examine the ears with a microscope and confirm fluid, and we arrange **audiometry and tympanometry through our CQC-registered partners** promptly rather than after months of waiting. We see children seven days a week including weekends, and refer for grommets without a long wait when the three months are up.

Ears examined and hearing arranged quickly

Paediatric ENT seven days a week, including weekends.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **ENT (Ear, Nose & Throat)** · **Paediatrics** · **Earwax Removal** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG233 guidance on otitis media with effusion in under-12s. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.