Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC20 Surgical Management of Glue Ear and Adjunctive Adenoidectomy in Children
Date of BOB ICB Adoption	February 2024

Management of OME in children with cleft palate:

- Insertion of ventilation tubes at primary closure of the cleft palate should be performed only after careful otological and audiological assessment.

- 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.

This policy relates to children under the age of 18 years.

Adjuvant adenoidectomy

Adjuvant adenoidectomy should not be routinely performed in children undergoing grommet insertion for the treatment of OME.

Adjuvant adenoidectomy for the treatment of OME should only be offered when one or more of the following clinical criteria are met:

- The child has persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)

- The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion

- The child is undergoing grommet surgery for treatment of recurrent acute otitis media.

This policy relates to children under the age of 19 years.

This policy statement is in alignment with the NHS evidence-based intervention programme guidance, Grommets for glue ear in children (2018) and removal of adenoids for treatment of glue ear (2020)., NICE clinical guideline (CG) 60: Surgical management of otitis media with effusion in children (under the age of 12 years) (2008) and Royal College of Surgeons Commissioning guide: Otitis media with effusion (2013).

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 hearing impairment. In most instances of uncomplicated, straightforward OME, no intervention is required because the fluid clears spontaneously.

The persistence of bilateral OME and hearing loss should be confirmed over a period of 3 months before intervention is considered. The child's hearing should be re-tested at the end of this time. During the active observation period, advice on educational and behavioural strategies to minimise the effects of the hearing loss should be offered.

Children who may benefit from surgical intervention i.e. insertion of grommets:

- Children with persistent bilateral OME documented over a period of 3 months with a hearing level in the better ear of 25–30 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) should be considered for surgical intervention.

- Exceptionally, healthcare professionals should consider surgical intervention in children with persistent bilateral OME with a hearing loss less than 25–30 dBHL where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant

- Healthcare professionals should also consider surgical intervention in children who cannot undergo standard assessment of hearing thresholds where there is clinical and tympanographic evidence of persistent OME and where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.

Following an agreed date for surgery, it is also good practice to ensure glue ear has not resolved using tympanometry as a minimum.

Management of OME in children with Down's syndrome:

- Hearing aids should normally be offered to children with Down's syndrome and OME with hearing loss.

Otitis media with effusion:

Primary diagnosis code - H65.3 Chronic mucoid otitis media

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

Otitis media with effusion in children with cleft palate:

Diagnosis codes - H65.3 Chronic mucoid otitis media and H91.9 persistent hearing loss and Q35% Cleft palate or Q37% Cleft palate and cleft lip

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

Adjunct adenoidectomy

Primary diagnosis code – H65.3 Chronic mucoid otitis media

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 reformated and coding update.