

*How can I help my child with glue ear?
He aha ngā mea hei whakahaere māku
mō tētahi tamaiti taringa hoi?*

- Be aware that your child may not hear you.
- Look at your child when you speak, and speak slowly and clearly and slightly louder than normal.
- Realise that changes in behaviour may be caused by the hearing problem.
- If your child goes to school or preschool tell the teacher about his/her glue ear and hearing problems. The teacher can help the child by seating him/her at the front in class.

*Hearing loss in young
children can affect:*

- their speech
- their play
- their development
- their learning at school
- their behaviour.

*Reducing the
risk of glue ear
Te ārai atu i te mate
taringa hoi*

1. Make your home **smokefree**. Tobacco smoke can irritate the nasal passages and may lead to glue ear.
2. **Breastfeed** your baby if you can - this will reduce the risk of glue ear.
3. Mould and fungi can cause allergies. Keep your house **warm and dry** by heating it adequately during winter and opening windows whenever possible to air the rooms.
4. Hold baby **upright if bottle feeding**.
5. Always **see your doctor** if your child has painful ears.
6. Make sure your child gets the B4 School Check and has their hearing tested.

For further advice or information call the Healthline 0800 611 116.

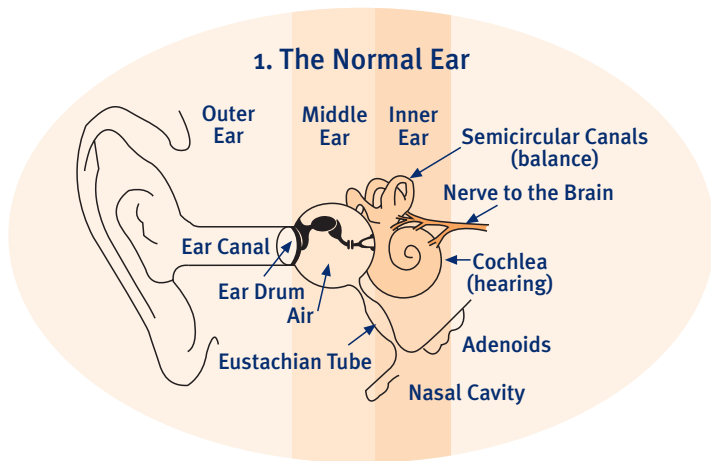
New Zealand Government



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Glue Ear Taringa Hoi

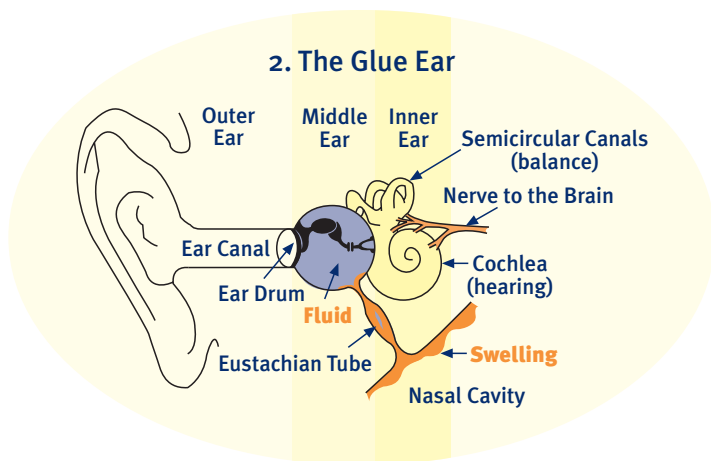




What is glue ear? He aha te taringa hoi?

Glue ear is caused by a blockage of the tubes (eustachian tubes) that drain fluid down from the middle ear to the back of the nose and throat. These tubes let air into the middle ear. When the tubes are blocked, this can cause a build up of mucus in the middle ear. The eardrum cannot vibrate properly and hearing is affected (see fig 2).

Blockage of the eustachian tubes may be caused by a blocked nose, a cold, enlarged adenoids, allergies or irritation of the nasal passages by tobacco smoke. It normally gets better without treatment.



How can I tell if my child has glue ear? Me pēhea au e mohio ai kua hoi te taringa o taku tamaiti?

In babies the signs might be:

- not showing interest in sounds
- crying, fretting, not sleeping
- unusual or unsettled behaviour.

In toddlers and young children the signs might be:

- not listening
- difficult behaviour
- frequent bouts of earache
- snoring and breathing through the mouth.

If you have concerns about any of these symptoms, ask your doctor or practice nurse to check for glue ear when you visit them.

What if the doctor finds my child has glue ear? Ka pēhea pēnā ka kitea e te tākuta he hoi te taringa o taku tamaiti?

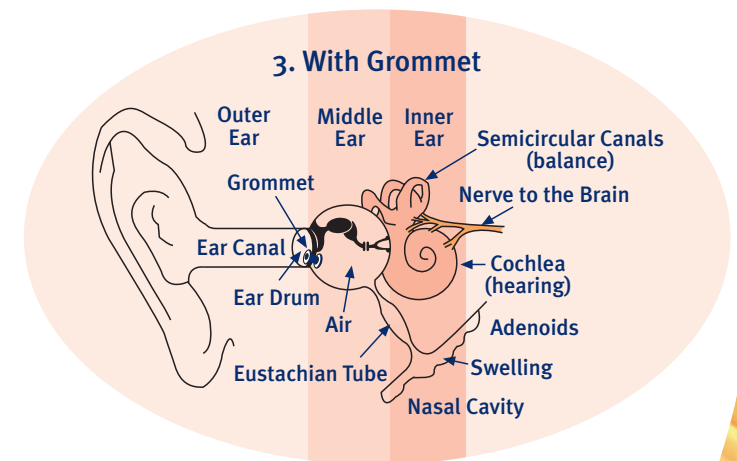
For most children glue ear is a short lived, minor nuisance and does not cause learning or behaviour problems. However, a few children have a lot of glue ear, or significant hearing loss with it, and they may temporarily benefit from surgery to put grommets in the eardrum. There are no medicines that are known to be effective at treating or preventing glue ear.

Grommets are small plastic tubes that are put into the eardrum to let air back into the middle ear. This will be done in hospital.



Once the air can get back into the middle ear, hearing usually returns to normal (see fig 3).

However, this treatment usually only lasts a few months and can lead to permanent changes to the eardrum.



Grommets can stay in for several months to several years. Children with grommets can bath, shower and go swimming as usual, but must not dive when swimming as this can let water into the middle ear.