NHS
Greater Manchester

Surgical management of children (younger than 12 years) with Otitis Media with Effusion (OME) Commissioning Statement

Version 1.0 (1 January 2026)

Criteria

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".

2. Surgical intervention should be given equal consideration as management of hearing loss (i.e. hearing aids).

3. Surgical management (insertion of grommets or tympanostomy tubes) is routinely commissioned if the following criteria are satisfied:

a) In a child with 3 months of bilateral (i.e. in both ears) hearing loss
OR
b) In a child with 3 months of unilateral i.e. (one ear) hearing loss which is impacting on daily living or communication
OR
c) In any child with unilateral or bilateral hearing loss which is impacting on daily living or communication before the 3 months' assessment
AND
d) **In all cases** (3a – 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.

4. Unless contra-indicated, adenoidectomy is routinely commissioned when all of the following criteria are satisfied:

a) The child is listed for surgical insertion of grommets
AND
b) Adenoidectomy will be performed during the grommet insertion procedure
AND
c) 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.

Exclusions

The following conditions are considered outside the scope of this commissioning statement and thus are excluded:

1. Suspected cholesteatoma.
2. Chronic suppurative otitis media.
3. Adenoidectomy performed for indications not related to OME (e.g. sleep apnoea, chronic rhinosinusitis, nasal obstruction, speech surgery in cleft palate).
4. Retraction of the ear drum without effusion.

Notes for clinicians:

When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy