

Abstract EFAS/DGA 2007

A systematic review of the role of tympanostomy tubes (grommets) in the management of recurrent acute otitis media and otitis media with effusion

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The most common surgical intervention in children is tympanostomy tube (ventilation tube, grommet) treatment of recurrent otitis media and otitis media with effusion. In Sweden about 10000 children are subjected to this treatment, $\frac{3}{4}$ related to otitis media with effusion and $\frac{1}{4}$ with respect to recurrent otitis media. Still several questions have to be answered concerning the effectiveness, routines and cost-effectiveness regarding this procedure. Against this background the Swedish Society for Otorhinolaryngology, Head and Neck Surgery has proposed a systematic review on the role of tympanostomy tube treatment in these middle ear inflammatory conditions.

The review is conducted by the Swedish Council on Technology Assessment in Health Care (SBU), an agency run by the Swedish government. An assessment group was called upon, representing general practitioners, otorhinolaryngologists, audiologists and pediatricians, to perform the review. The work was aided by officials from the SBU, experienced in the methodology of systematic reviews.

The following questions were to be answered;

- Is tympanostomy tube treatment effective in the short- and long-term perspective regarding hearing results, development of speech and language, number of recurrences and quality of life?
- Is tympanostomy tube treatment more effective than other treatment strategies?
- Is the effectiveness improved by adenoidectomy?
- Are there any differences in effectiveness and complications with respect to tube material and surgical techniques?
- How should tympanostomy tube treated children be followed up?
- Which ethical aspects should be considered when deciding tube treatment?
- Is tube treatment a cost-effective treatment?

The assessment group is in the phase of finalizing the systematic review in a written report, which then will be scrutinized by an expert committee, representing family medicine, otorhinolaryngology and pediatrics. The report will then pass the Scientific Council and the Board of the SBU and after that it will become public. Except published in Swedish the report will be written in English and sent to an international otorhinolaryngology journal. Based on the assessment report the Swedish Society for Otorhinolaryngology, Head and Neck Surgery will edit their recommendations and form guidelines about the use of tympanostomy tubes in the management of recurrent acute otitis media and otitis media with effusion.

