

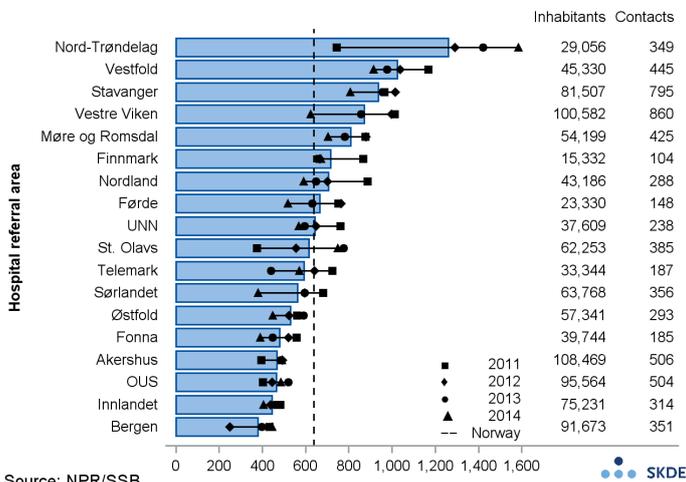
Ear grommet insertion

Fluid in the middle ear is a common complication following a cold or ear infection, but can also arise in the absence of such causes. The condition can lead to impaired hearing and delayed language development in children, and is treated by inserting a ventilation tube in the eardrum. Whether this treatment speeds up language development is disputed, however.

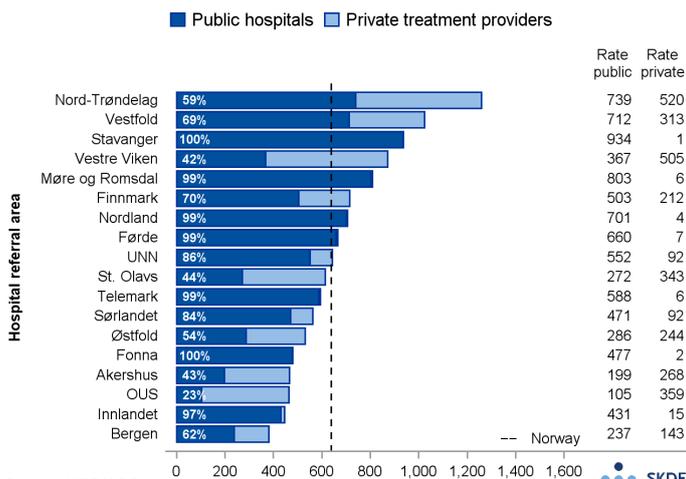
Sample

The sample consists of all contacts (admissions, outpatient consultations and day patient treatment) involving ear grommet insertion for children in the somatic specialist health service, including specialists in private practice under public funding contracts.

Insertion of ear grommets is defined by the procedure code (NCSP) DCA20 for hospitals with activity-based funding, and the tariff codes K02c, K02d, K02e or K02g for specialists in private practice under public funding contracts.



Source: NPR/SSB
Surgery, ear grommet insertion, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.

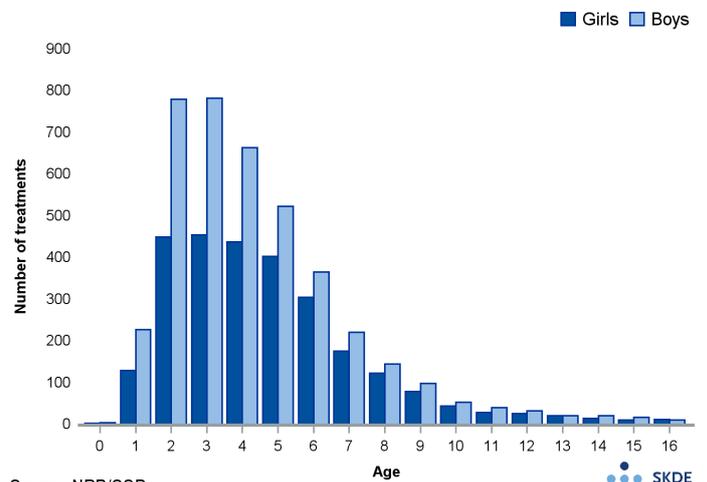


Source: NPR/SSB
Surgery, ear grommet insertion, broken down by public or private treatment providers, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

Comments

On average, 6,700 procedures have been performed each year on children aged 0-16 years. The number of procedures performed in Norway remained relatively stable during the period 2011-2013, but decreased in 2014.

The procedure is performed 3.3 times as often on children living in Nord-Trøndelag hospital referral area as on children living in the Bergen area. In OUS hospital referral area, 77% are treated by private treatment providers, while none are treated privately in Stavanger and Fonna hospital referral areas.



Source: NPR/SSB
Surgery, ear grommet insertion, number of treatments, age and gender, as an average for the period 2011-2014.

Ear grommets are most often inserted in children aged 2-6 years, and are more common in boys than in girls.

There is no known geographical variation in morbidity, but high variation in usage rates. The variation observed is probably due to differences in medical practice, in combination with different priorities and elements of random variation.