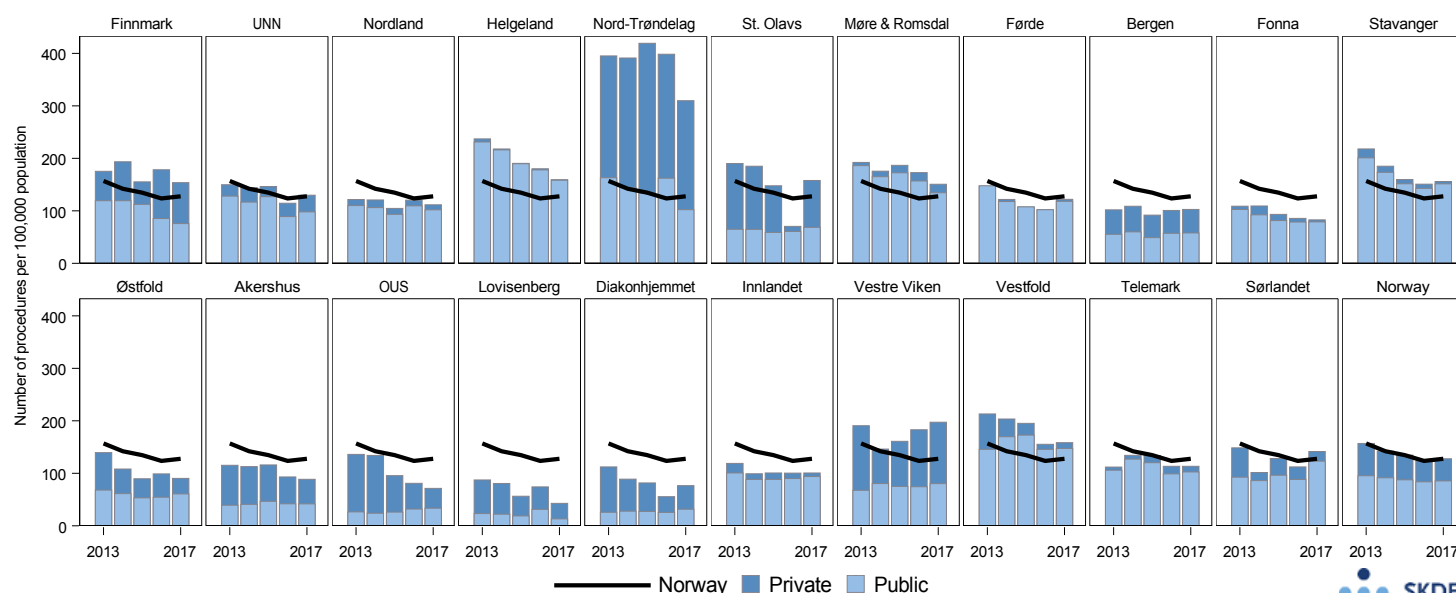


# Day surgery in Norway 2013–2017

## Aural ventilation tube

Fluid in the middle ear restricts the movement of the eardrum and can result in hearing loss and delayed language development. If the condition is found in adults, their nasopharynx must be carefully examined for tumours. The build-up of fluid will normally resolve on its own within approximately three months. In the event of hearing loss or language problems the condition can be treated by inserting a ventilation tube (grommet) in the eardrum. The effect of the procedure is individual and not scientifically well-documented.



Source: NPR/SSB

Aural ventilation tube, development in the number of procedures per 100,000 population during the period 2013–2017, adjusted for gender and age. Broken down by hospital referral areas and public or private treatment providers.

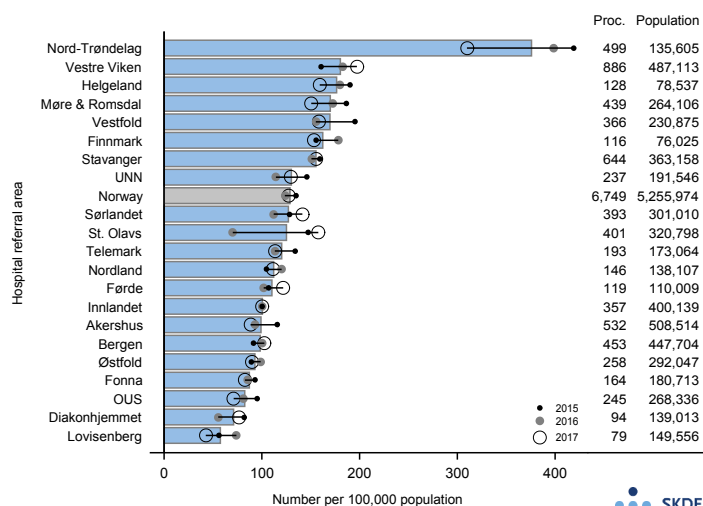
### Development since 2013

In the 2015 day surgery atlas, tariff code 317b ‘Paracentesis with ventilation tube’ had been omitted inadvertently from the definition by mistake. The tariff code identifies a specific type of procedure performed by specialists in private practice under public funding contracts. About 500 such procedures a year are carried out in Norway. For this reason, we will not comment further on the results from the 2015 day surgery atlas. In 2013, more than 8,200 aural ventilation tube insertions (adjusted rate: 157 per 100,000) were performed in Norway. In that year, 4.5 times as many procedures per 100,000 population were performed on residents of Nord-Trøndelag hospital referral area as in the Lovisenberg area.

The geographical variation in aural ventilation tube insertions was even greater during 2015–2017. Residents of Nord-Trøndelag had 6.5 times as many procedures per 100,000 population as those resident in Lovisenberg hospital referral area. If we exclude these extremes, there were still 2.5 times as many procedures per 100,000 population in Vestre Viken as in Diakonhjemmet hospital referral area.

Nationally, the number of aural ventilation tube insertions per 100,000 population was reduced by 19% from 2013 to 2017. In 2017, nearly 6,700 procedures (adjusted rate: 128 per 100,000) were performed. The reduction was greatest at publicly funded private hospitals and specialists in private practice under public funding contracts. The reason for the decrease in 2016 among the population of St. Olavs hospital referral area was that a specialist in private practice was on leave of absence that year.

From 2013 to 2017, the number of aural ventilation tube insertions per 100,000 population remained stable or decreased in all hospital referral areas with the exception of Vestre Viken. Nord-Trøndelag hospital referral area had a very high rate until 2016, before a marked reduction took place in 2017.



Source: NPR/SSB

Number of aural ventilation tube insertion procedures per 100,000 population, adjusted for gender and age. Average per year for the period 2015–2017.

### Comments

From 2013 to 2017, the number of aural ventilation tube insertions per 100,000 population decreased in most hospital referral areas. However, the variation between areas was higher during the period 2015–2017 than it was in 2011–2013. This suggests that the specialist communities do not agree on the indications for aural ventilation tube treatment. The medical need for aural ventilation tubes is assumed to be more or less the same regardless of where in Norway people live. The observed variation is therefore deemed to be unwarranted.