

Patient Information

Otitis media: causes and treatment

Ears, Nose and Throat Department



What is otitis media?

It is an inflammation and infection of the middle ear; this is the eardrum and the small space behind the eardrum.

What causes otitis media?

It is caused by inflammation and blockage of the Eustachian tube, (which connects the middle ear to the back of your throat) following chest infection, colds, flu and throat infection which can cause a build-up of mucus in the middle ear.

What are the symptoms of otitis media?

- Earache.
- Reduced hearing may develop for a few days.
- High temperature (fever)..
- Sometimes the eardrum perforates (bursts). This lets out infected mucus, and the ear becomes runny for a few days. As the pain is due to a tense eardrum, if the eardrum bursts, the pain often settles. A perforated eardrum usually heals quickly after the infection clears. It is important that during the next 6 weeks that the ear canal is kept dry during the healing process. Once the infection (and perforation) have cleared, your hearing should return to normal.

What is the treatment for otitis media?

Most bouts of ear infection will clear on their own within 3 days. The immune system can usually clear bacteria or viruses causing ear infections.

- Painkillers, such as paracetamol or ibuprofen will ease the pain and will also lower a raised temperature. It is important that you take painkillers as prescribed until the pain eases.
- Antibiotics are prescribed if the infection is severe, or is getting worse after 2-3 days. When an ear infection first develops a doctor may advise a 'wait and see' approach for 2-3 days to see if the infection clears without the need for antibiotics.

It is important that you follow this advice:

- Prevent water from entering the ear canal during your treatment. You can prevent this when you have a shower by placing a piece of cotton wool coated in Vaseline in the outer ear.
- Continue using ear drops as directed by your doctor - it is important you wash your hands before and after putting the drops in your ear.

- If you are prescribed antibiotics it is important you complete the whole course as directed by your doctor.
- Do not clean the ear canal with cotton buds. They may scratch and irritate, and push wax or dirt further into the ear. The ear cleans itself, and bits of wax will fall out naturally now and then. Just clean the outside of the ear with a cloth when any discharge appears.
- You may be advised not to fly in aircraft, sky dive or scuba dive. Please seek advice about flying and swimming from your surgeon when you come to clinic.

Things to look out for:

- An increased, smelly discharge from your ear.
- If your outer ear becomes very red, inflamed and tender or painful.
- If you develop a temperature (fever) - feeling unwell and feverish.
- Developing a boggy (spongey) painful swelling behind your ear causing your pinna (the visible part of your ear) to be pushed forward.
- You develop associated headache, photosensitivity, dizziness and/or vomiting.

If you experience any of the above, you need to seek advice from the ENT Department (during office hours) or the ward (out of hours). The ward may put you in touch with the on-call doctor or advise you to come straight to the Emergency Department.

Follow-up

You may be sent an appointment via the post to attend the outpatients clinic. It is important that you attend this appointment but if you can't, please telephone 01438 288484 to arrange another one.

What are the common complications of ear infections?

Some mucus may remain behind the eardrum after the infection is over, which may cause reduced hearing for a while. This usually clears within a week or so and hearing then returns to normal. Sometimes the mucus does not clear properly and 'glue ear' may develop. If this occurs then hearing may remain reduced. Please contact your GP if dull hearing persists. If the ear drum perforates it normally heals but rarely the hole remains.

