

Otitis media: causes and treatment

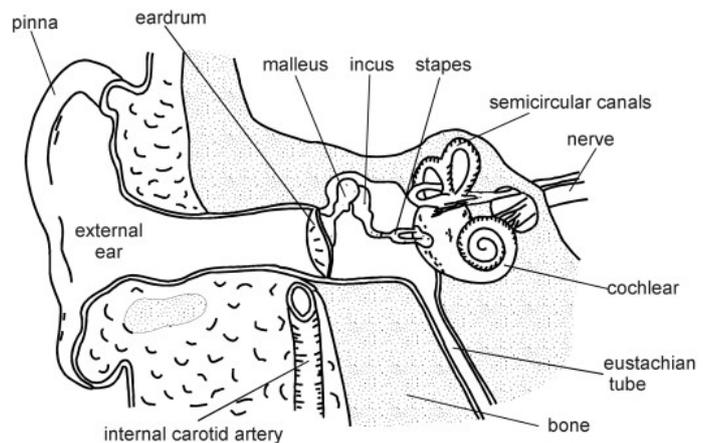
This leaflet is for patients with otitis media (infection of the middle ear). If you do not understand anything or have any other concerns, please speak to a member of staff.

What is otitis media?

It is inflammation and infection of the middle ear. This is the eardrum and the small space behind the eardrum.

What causes otitis media?

Inflammation and blockage of the Eustachian tube following chest infection, colds, flu and throat infection which can cause a build-up of mucus in the middle ear.



CROSS SECTION OF THE EAR

What are the symptoms?

- Earache.
- Dulled hearing may develop for a few days.
- Fever (high temperature).
- 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 three 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 the following advice:

- You are advised to 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.
- You are advised to continue using ear drops as directed by your doctor - it is important you wash your hands before and after instilling drops.
- If you are prescribed antibiotics it is important you complete the whole course as directed by your doctor.
- It is important that you avoid cleaning the ear canal with cotton buds. Cotton buds can further damage the skin of the ear canal and will make things worse. 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 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, scuba dive or sky 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;
- Your ear becomes very tender and painful;
- You develop a temperature and feel unwell and feverish.

If you experience any of the above, you need to seek advice from the ENT Department (during office hours) and the ward (out of hours). The ward may put you in touch with the on-call doctor. The telephone numbers are on the front of this booklet.

Follow up

You may be given an appointment to attend Outpatients Clinic; this will be sent to you in the post. It is important that you keep this appointment. If you cannot keep this appointment, please telephone 0118 322 7139 to arrange another one.

What are the common complications of ear infections?

Some mucus may remain behind the eardrum after the infection is over. This may cause dulled 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. Hearing may then remain dulled. Please contact your GP if dull hearing persists. If the ear drum perforates it normally heals but rarely the hole remains.

How to contact us

Ear, Nose & Throat Department

(Monday to Friday, 9am to 4pm)

Tel: 0118 322 7139

Dorrell Ward Tel: 0118 322 7172 / 8101

For further information about the Trust, visit www.royalberkshire.nhs.uk

This document can be made available in other languages/formats upon request.

ENT, June 2019

Review due: June 2021