

ENT SURGICAL CONSULTANTS

Thomas K. Kron, MD, FACS
Michael G. Gartlan, MD, FAAP, FACS
Rajeev H. Mehta, MD, FACS
Scott W. DiVenere, MD
Sung J. Chung, MD
Ankit M. Patel, MD

2201 Glenwood Ave., Joliet, IL 60435
(815) 725-1191, (815) 725-1248 fax

1300 Copperfield Ave., Suite 3060, Joliet, IL 60432
(815) 727-6031

119 E. Jefferson St., Morris, IL 60450
(815) 941-1972

OUTER EAR INFECTIONS (11/08)

Moisture in the warm, dark, moist environment of the ear canal skin can promote bacteria and fungus to grow. Fortunately, ear wax (cerumen) is produced in the outer ear canal to lubricate and waterproof the ear canal skin and assists skin which sheds to naturally come out the ear canal. Earwax has properties that help prevent these fungal and bacterial infections. Removal of the protective substance by cotton swabs or excessive showering or swimming is one of the primary triggers for the onset of this condition. This can lead to an external ear infection that can be prevented or controlled by following the instructions below.

Common Causes

- Swimming
- Hearing aids obstructing the ear canal all day lead to sweating and also prevent cerumen to extrude.
- Ear plugs for those that work around noise.
- Manipulating the ear with Q-tips, etc., can cause a scratch in ear canal skin allowing bacteria and fungus to get deeper into the skin and cause infection.
- Allergy or eczema of the ear canal.

Symptoms

- Mild – Itching.
- Moderate – Pain, drainage from the ear, swollen ear canal.
- Severe – Severe pain, trouble chewing and opening mouth, ear canal swollen closed and swelling beyond the ear canal, difficulty hearing due to this obstructed ear canal.

Treatment

- Keep ear dry – Use watertight earplugs when bathing. (Foam ear plugs protect your ears from noise, but not water).
- Clean ear plugs after each use with rubbing alcohol.
- Avoid swimming.
- Do not wear your hearing aid in the affected ear until healed.
- Prescription ear drops (prescribed by your doctor). When putting in drops, it helps to be lying down on your side with the affected ear up, put in one drop, wiggle ear and push in front of it to be sure drop disappears into the canal. Then follow with more drops. This may cause discomfort because the ear is usually tender. Lay in that position for one minute to ensure dispersion of the drop adequately in the canal.
- Cleaning (debridement) of the ear canal only by your ear doctor in the office. This allows room for the eardrops to get in and remove debris that if left in the canal could lead to another infection.
- Otowick – In severe cases the ear canal is swollen. A wick is used to administer the drops deep into the ear canal. Do not worry if the wick falls out, this means the swelling has improved and the wick is no longer needed. Otherwise you must return to the office to have the wick removed within one week.
- DermOtic Oil Ear Drops for itchy, dry, scaly, inflamed ear canals after the infection is resolved.

Prevention

- Avoid manipulation of the ear canal by keeping Q-tips, pens, bobby pins, etc., out of your ears.
- Use earplugs when showering/bathing for four weeks after the infection is fully resolved to prevent the infection from coming back. Only those patients who get this infection on a chronic basis need to use earplugs with bathing/swimming indefinitely.
- Use hair dryer to dry ears after shower/bath by blowing it in the ear canal. Compact, portable over the counter ear dryers can be used to dry the ear canal within 1 minute. *Mack's EarDryer* (Target, etc), while *Sahara Dry Ear* is available at www.DryEar.net.
- Some patients may require over the counter alcohol/acetic acid (vinegar) drops after the ear canal gets wet to prevent a recurrence. The alcohol dries the ear canal skin and the acetic acid makes growth of bacteria and fungus difficult. Unfortunately, if used excessively, it can dissolve the natural ear canal barrier.
- Use 3-4 drops of mineral oil in each ear canal before bedtime administered with an eye dropper.