

## Ear Problems

The softening and removal of earwax is the only ear problem, which can safely be treated without medical advice. If pain is present this could indicate a more serious condition.

Removal of hard wax can only be achieved effectively by syringing, but drops for softening wax can be used for a few days before syringing or as a preventive measure in patients prone to wax build up.

The ear has various self-cleaning mechanisms, which help protect it from infection. Customers should be dissuaded from inserting cotton buds or other devices into the outer ear canal as this can impact the wax still further or even perforate the eardrum.

Otitis external is an inflammation of the outer auditory canal, often referred to as swimmer's ear. Excessive exposure to water leads to removal of the protective, ceruminous coat. Many cases recover after thorough cleansing by suction or gentle syringing. Corticosteroid eardrops or astringents such as aluminium acetate solution are considered to be the most effective treatments. Topical aminoglycosides, polymyxins or chlorhexidine should be avoided in patients with perforated tympanic membrane as they may increase the risk of drug-induced deafness. Systemic antibiotics and analgesics may be required if there is severe pain.

Acute otitis media is characterised by severe pain and deafness, possibly accompanied by fever, nausea and vomiting. Severe attacks of bacterial origin may be treated with systemic antibiotics, but the cause may be viral, in which case treatments are with a simple analgesic.

Sero-mucinous otitis media or "glue ear" is characterised by a viscous fluid in the middle ear. It is most common in children and often follows repeated attacks of acute otitis media arising from respiratory tract infections. The condition is referred to hospital as it may result in permanent deafness.