



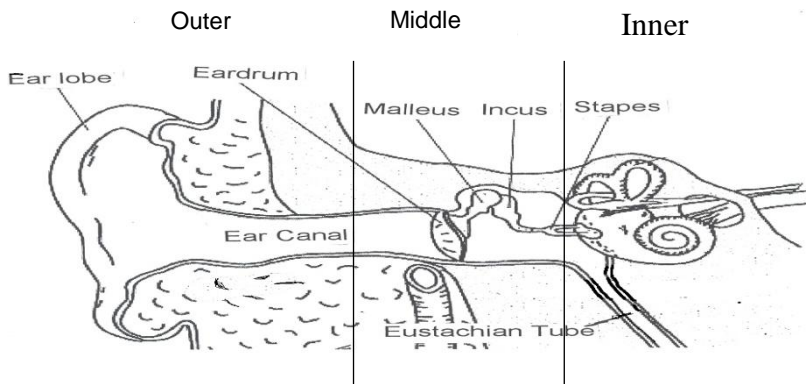
# **Middle Ear Blockage**

**Your Questions Answered**

**Patient Information Leaflet**

The ear is made up of 3 parts

- The outer ear – from the earlobe inwards to the eardrum
- The middle ear – the space just beyond the eardrum, which is filled with air and contains three tiny bones called ossicles – malleus, incus and stapes. These conduct sound from the outer ear to the inner ear.
- The inner ear – the section beyond the middle ear, containing nerve cells, which transmit sound to the brain. It is also regulates balance



The middle ear is connected to the back of the throat by a tiny channel called the eustachian tube. The tube opens during swallowing and yawning to allow air into the middle ear and to drain any fluid out.

Sometimes this tube becomes blocked, such as during or following a head cold. This can cause the middle ear space to become filled with fluid known as mucus. It is known as an **effusion** of the middle ear.

## **What does it feel like?**

It may cause mild earache and dulled hearing. Hearing loss can vary from day to day. There may be tinnitus (noises in the ear), a feeling of water in the ear, or a sense of fullness, blockage or numbness around the ear.

In most cases, the fluid drains away gradually, air returns and hearing then returns to normal within 1 to 3 weeks.

Occasionally it may last for a longer period or may re-occur after another head cold. In children this condition is often called Glue Ear. Learning and behaviour may be affected in children if dulled hearing persists or if the condition reoccurs frequently.

**Note:** the risk of a child developing middle ear effusion is less in those who are breast-fed and in those who live in a smoke-free home. Most cases develop in children aged 2-5 years and have usually gone by the age of 8 years.

In some cases, if the Eustachian tube remains blocked, a type of vacuum develops in the middle ear causing the eardrum to become **retracted** (drawn inwards).

## **How is it treated?**

Your GP will examine the ear to rule out other causes for these symptoms.

Regular 'auto-inflation' may be recommended. This involves closing the nostrils with finger and thumb, closing the mouth, then blowing into the nose to try 'pop' the ear. Blowing up a balloon has a similar effect and may be more suitable for children.

The aim is to open the Eustachian tube to allow air into the middle ear and to allow the mucus to drain into the back of the throat.

Various medicines, for example antihistamines, decongestants, medicines to 'thin' mucus, antibiotics or steroid nose sprays may be prescribed but they may not improve the condition.

The advice is often to wait and see if the condition resolves by itself within about 3 months. Otherwise, referral to the outpatient department for further tests may be required. Check with your doctor before flying as the

change in air pressure may cause damage to the eardrum.

We hope that this information is helpful to you. If anything is unclear, or you have any other questions you would like to ask, then please do ask the nurse/doctor.

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Revision History

<b>Ref No.</b>	<b>Version No.</b>	<b>Date Approved</b>	<b>Change</b>	<b>Section No.</b>	<b>Approved by</b>
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PIL 013	2	March 2014	Revised Information Leaflet	all	Hospital Management Group