

Patient information factsheet

Ear infection

Definitions

An infection of the outer ear is called **otitis externa** and an infection of the middle ear is called **otitis media**. The outer ear includes all the parts of the ear outside the body and up to your eardrum. The middle ear includes all the parts between the eardrum and the hearing nerve.

Causes

Outer ear infections can spread from general skin infections and these can be caused by:

- viruses such as herpes
- bacteria such as staphylococci
- fungi such as candida that causes thrush

Middle ear infections are often caused by the common cold, which spreads through the tube that connects the ears and nose (eustachian tube). A perforated eardrum can allow water to enter the middle ear that then leads to infection. Chronic otitis media can also develop from a perforated eardrum, or a growth of tissue inside the middle ear called cholesteatoma.

In both types, there is sometimes no apparent reason for the infection.

Symptoms

Outer ear infection

- pain/tenderness
- swelling
- itching
- discharge of fluid or pus
- hearing not usually affected

Middle ear infection

- ear ache/pain (which can be severe, due to the build-up of mucus on the eardrum)
- high temperature
- nausea
- discharge of fluid or pus
- loss of hearing to varying degrees

Treatment

Outer ear infection

This may be treated with creams or eardrops that contain anti-fungal or anti-bacterial ingredients. Antibiotics treat a bacterial infection. Hospital admission is needed for severe cases. Regular pain relief will be given.

Middle ear infection

About 80% of cases clear up within three days without treatment. Perforated eardrums usually heal by themselves. Nose drops can help to reduce swelling inside the nose, as well as the

eustachian tubes, and so help to ease pressure within the ear. Antibiotics may be used. For severe infections, hospital admission may be needed and antibiotics may be given intravenously (into the vein). Strong painkillers will be given to try to make you more comfortable. The doctor may insert a wick into the ear which allows any infected fluid to drain out of the middle ear, and this should ease pressure and pain.

In some cases of chronic otitis media, long-term antibiotics are needed and how these are given is arranged by the medical and nursing staff, in partnership with your GP and community nurses.

In some cases, surgery may be needed to remove any cholesteatoma or to repair a perforated eardrum. Grommets can be inserted to ease drainage of mucus. The ENT medical staff will discuss all possible methods of treatment with you.

Discharge advice

- Your doctor will advise you on a specific period of recovery but, in general, resting at home for one to two weeks is recommended. If you need a sick certificate, please ask the medical staff before you leave the ward.
- Take all medications as prescribed, and make sure you complete any course of antibiotics. The nurses will discuss with you how and when these should be taken.
- Eat a healthy diet to maximise recovery.
- Be hygienic. Wash your hands regularly with soap and water and avoid touching the affected ear.
- When bathing, showering or hair-washing, insert a clean cotton wool plug (smear with a little vaseline) into the affected ear in order to keep any water out.
- Avoid swimming or water sports until the infection has completely cleared up. Your doctor will advise you if you are unsure.
- Place clean cotton wool to collect any discharging fluid from the ear. Change this regularly.
- Do not insert any items down the ear canal, such as cotton buds or matchsticks. Instead, allow the ear to clear itself naturally.
- Some mucus may stay in the affected ear for a week or two and this may dull your hearing. Permanent hearing loss can result from repeated ear infections.
- Contact F5 ward if you have any concerns following discharge or if you experience any worsening of your symptoms, such as increasingly severe pain, discharging pus, raised temperature and sickness.

Contact information

F5 ward: 023 8120 6511
023 8120 4644

NHS 111: 111

If you need a translation of this document, an interpreter or a version in large print, Braille or audio, please call 023 8120 4688 for help.