

Swimmer's Ear: What You Need to Know

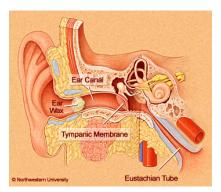
How We Get It

A combination of warm summer days and long afternoons at the pool, the beach, or even the local swimming hole can lead to water repeatedly getting into the ear canal. This tends to wash away the protective layer of wax. When the ear canal stays wet, germs start to cause pain, swelling, and pus to develop.

How can you tell if your child has swimmer's ear (otitis externa)? With swimmer's ear, it hurts to touch or tug the outer ear. Sometimes yawning or chewing even hurt. Swimmer's ear typically occurs in school-age children.

Treatment

Antibiotic drops are the mainstay of therapy. Have your child or teen lay down with the affected ear pointing up. Pull back slightly on the ear. Put the recommended dose (usually, about five drops) in the ear. After about two minutes, your child may get up. Do the other side if necessary.



Prevention

If a wick has been inserted, it is not necessary to wait this long. Remove the wick 24 to 48 hours into treatment, or as directed. If it comes out before then, it is u sually not the end of the world, but the infection may take a little longer to respond. If you cannot get the wick out after two days with tweezers, you will need to return to the office for our help.

Although ibuprofen usually controls the pain, prescription-strength medications like codeine are sometimes needed. During treatment, it is usually best if the child does not go underwater.

Keeping water out of the ear should prevent otitis externa. On a sweltering summer day, this may be easier said than done. Ear plugs, or better yet an ear band (see <u>www.earbandit.com</u>) should help. If water does get in and your child complains of an itch, one can treat this at home with a 50:50 mixture of table vinegar and rubbing alcohol. Put about 5 drops in each ear three times daily until the itch has stopped.

Don't take this condition lightly. Swimmer's ear can go on for days (and nights!) and can occasionally lead to a hospital stay.

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