

Instructions for Ear Congestion and Eustachian Tube Dysfunction

Follow the circled items as directed.

1. **Afrin (over the counter)** – Use 2 sprays in each nostril twice a day. Once in the morning and again at night. **Only use for 5 days** as your nose can get “addicted” to the decongestant. This means that if you use it for longer than five days you will start to need it to be able to breathe normally.
2. **Flonase (over the counter)** – Use 2 sprays each nostril in the morning or at night. Use this until you feel better, or if you have allergies use it until the allergy season is over.
3. **Neilmed Sinus Rinse (over the counter)** – Use this (once) (twice) a day to rinse out any pollen and help the Eustachian tube return to normal function. It is safe to use this more than once per day if it helps. If the rinsing bothers you, then this is optional.
4. **Claritin or Zyrtec (over the counter)** – Use this once a day to improve the itching and sneezing. Continue this until you feel better, or if you have allergies use it until the allergy season is over.
5. **Omeprazole (over the counter)** – 40 mg taken 30 minutes before your biggest meal of the day.
6. **Pop your ears 20 times a day.** This forces air into the middle ear space and will help improve your symptoms. If you experience pain, stop and retry again 30 minutes later.

What is Eustachian Tube Dysfunction?

The Eustachian tube is a narrow tube that connects the space behind the eardrum (the middle ear) with the back of the nose. In adults it is about 3-4 cm long. The middle ear is normally filled with air. The air in the middle ear is constantly being absorbed by the cells that line the middle ear. So, fresh supplies of air are needed to get to the middle ear from time to time.

The Eustachian tube is normally closed but opens when we swallow, yawn or chew. This allows air to flow into the middle ear and any mucus to flow out. This keeps the air pressure equal either side of the eardrum. Having equal air pressure on each side of the eardrum and the middle ear free of mucus and helps the eardrum to vibrate. This vibration is needed for us to hear properly.

How do we hear?

Sound waves hit the eardrum. Vibrations of the eardrum pass on to tiny bones (the ossicles) in the middle ear. These bones transmit the vibrations to the cochlea in the inner ear. Sound signals are sent from the cochlea to the ear nerve and then on to the brain.

Eustachian Tube Dysfunction means that the Eustachian tube is blocked or does not open properly. Air cannot then get into the middle ear. Therefore, the air pressure on the outer side of the eardrum becomes greater than the air pressure in the middle ear. This pushes the eardrum inward. The eardrum becomes tense and does not vibrate so well when hit by sound waves.

What are the symptoms of Eustachian tube dysfunction (ETD)?

The main symptom is muffled or dulled hearing. You may also have ear pain because the eardrum is tensed and stretched. Other symptoms that may also develop include a feeling of fullness in the ear, ringing or buzzing in the ear (tinnitus) and dizziness. One or both ears may be affected. Symptoms can last from a few hours to several weeks or more. It depends on the cause. In most cases due to a cold (the common cause) the symptoms are likely to go within a week or so. As symptoms are easing, you may have popping sensations or noises in the ear. Also, the dulled hearing may come and go for a short time before getting back to normal.

What are the causes of Eustachian tube dysfunction (ETD)?

ETD occurs if the Eustachian tube becomes blocked, if the lining of the tube swells, or if the tube does not open fully to allow air to travel to the middle ear. Colds and other nasal, sinus, ear or throat infections are the most common causes of ETD. The blocked nose, or thick mucus that develops during a cold or other infections, may block the Eustachian tube. An infection may also cause the lining of the Eustachian tube to become inflamed and swollen. Most people will have had one or more episodes in their life when they have had a cold and find that they cannot hear so well due to ETD. The symptoms of ETD may persist for up to a week or so (sometimes longer) after the other symptoms of the infection have gone. This is because the trapped mucus and swelling may take a while to clear even when the germ causing the infection has gone. Sometimes the infection is very mild. However, ETD may still develop in some people for a while.

Allergies

Allergies that affect the nose, such as persistent rhinitis and hay fever, can cause extra mucus and inflammation in and around the Eustachian tube and lead to ETD.

Blockages

Anything that causes a blockage to the Eustachian tube can cause ETD - for example, enlarged adenoids. Rarely, ETD can be a symptom of tumors that develop at the back of the nose. These will usually cause other symptoms in addition to ETD.

Air travel and the Eustachian tube.

Some people develop ear pain when descending to land during a plane journey. It is caused by unequal pressures that develop on either side of the eardrum as the plane descends. As a plane descends, the air pressure becomes higher nearer the ground. This pushes the eardrum inwards

which can be painful. In most people, just normal swallowing and chewing quickly cause air to travel up the Eustachian tube to equalize the pressure. However, if you have a narrow Eustachian tube, a cold, or anything else that can cause blockage to the Eustachian tube, the pressure does not equalize very easily when the plane descends. This can cause severe ear pain.

What is the treatment for Eustachian tube dysfunction (ETD)?

Often, no treatment is needed. In many cases, the ETD is mild and does not last longer than a few days or a week or so. For example, this is common following a cold. No particular treatment is needed and the symptoms often soon go.

Try to get air to flow into the Eustachian tube. Air is more likely to flow in and out of the Eustachian tube if you swallow, yawn or chew. Also, try doing the following. Take a breath in. Then, try to breathe out gently with your mouth closed and pinching your nose (the Valsalva maneuver). In this way, no air is blown out but you are gently pushing air into the Eustachian tube. If you do this you may feel your ears go 'pop' as air is forced into the middle ear. This sometimes eases the problem. This is a particularly good thing to try if you develop ear pain when descending to land in a plane.

Decongestant nasal sprays or drops. A decongestant may be advised by your doctor if you have a cold or other cause of nasal congestion. You can buy these from any pharmacy. They may briefly relieve a blocked nose. However, you should not use a decongestant spray or drops for more than 5-7 days at a time. If they are used for longer than this, they may cause a worse rebound congestion in the nose.

Antihistamine tablets or nasal sprays. Antihistamines may be advised by your doctor if you have an allergy such as hay fever. In this situation they will help to ease nasal congestion and inflammation.

Steroid nasal spray. A steroid nasal spray may be advised if an allergy or other cause of persistent inflammation in the nose is suspected. It works by reducing inflammation in the nose. It takes several days for a steroid spray to build up to its full effect. Therefore, you will not have an immediate relief of symptoms when you first start it. However, if any inflammation is reduced in the back of the nose then the Eustachian tube is able to work better.