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MACARTHUR ENT

Otitis Externa

Swimmer's ear and ear canal infection

This sheet explains otitis externa, how it is treated and how to reduce the risk of another infection.

The key to treatment

- Keep the affected ear completely dry - 'bone dry' - while it heals.
- The usual treatment is careful cleaning of the canal, followed by prescribed ear drops or ointment for 10 to 14 days and a follow-up examination.

What is otitis externa?

Otitis externa is inflammation or infection of the ear canal, the passage between the outside opening of the ear and the eardrum. It is often called swimmer's ear because trapped moisture is a common trigger, although it can occur without swimming.

What causes it?

The ear canal is normally protected by healthy skin, a thin layer of wax and a mildly acidic environment. Infection can develop when this protection is disrupted by:

- Water from swimming, bathing, showering or sweating that remains in the canal
- Cotton buds, fingernails or other objects that scratch the canal
- Frequent cleaning that removes protective wax
- Hearing aids, earbuds, earplugs or headphones that irritate the skin or trap moisture
- Eczema, dermatitis, psoriasis, allergy or a naturally narrow ear canal

Bacteria are the most common cause. Fungal infection can also occur, particularly after prolonged moisture exposure or previous antibiotic drops. The appearance of the canal and discharge helps guide treatment, and a swab is sometimes required.

Common symptoms

- Ear pain, often worse when the outer ear is moved or the small flap in front of the canal is pressed
- Itching, redness or swelling
- Discharge, moisture or an unpleasant smell
- A blocked or full sensation and temporary muffled hearing

How otitis externa is treated

- **Microsuction:** discharge, debris and infected material are gently removed under magnified vision so treatment can reach the canal skin. More than one cleaning may occasionally be needed.
- **Topical treatment:** depending on the likely causative organism and the condition of the eardrum, your ENT surgeon may prescribe ciprofloxacin 0.3% ear drops, Kenacomb ointment, or another treatment.
- **Duration:** use the treatment exactly as prescribed, commonly for 10 to 14 days, even if symptoms improve sooner.
- **Follow-up:** the canal is re-examined to confirm that the infection and swelling have resolved and to clear any remaining debris.

Use only the treatment prescribed for this episode

- Do not use old drops, another person's medication or home-made preparations unless your ENT surgeon has advised this. The safest treatment depends on whether the eardrum is intact and whether the infection appears bacterial, fungal or inflammatory.
- If the canal is very swollen, your ENT surgeon may place a small wick or ointment dressing so medication can reach the deeper canal. Do not remove it unless instructed.

Keeping the ear bone dry

- Do not swim, surf or submerge the ear during treatment and until your ENT surgeon confirms that it has healed.
- When showering, keep water away from the canal. A cotton ball lightly coated with petroleum jelly may be placed at the outer opening, then removed immediately after the shower.
- Do not push cotton, tissue, earplugs or any object down the canal.

- Do not use a syringe or flush the ear yourself.

Using ear drops correctly

Step	What to do
1	Wash your hands and warm the bottle in your hand for a minute.
2	Lie with the affected ear facing upwards. Place the prescribed number of drops into the canal without touching the bottle tip to the ear.
3	Gently move the outer ear and press the tragus several times to help the medicine enter the canal.
4	Remain on your side for 3 to 5 minutes. Replace the cap and wash your hands.

Pain relief and recovery

- Paracetamol and/or ibuprofen are often sufficient if they are safe for you. Use them according to the label or your clinician's advice.
- Symptoms should usually begin improving within 48 to 72 hours after effective treatment.
- Temporary muffled hearing generally improves as swelling, discharge and medication clear from the canal.
- Oral antibiotics are not usually required. They may be used if infection has spread outside the canal or when particular medical risk factors are present.

Hearing aids, earbuds and earplugs

Avoid using hearing aids, earbuds and in-ear plugs in the affected ear until the infection has cleared, unless your ENT surgeon advises otherwise. Clean any reusable device or mould as directed before wearing it again so that moisture and organisms are not reintroduced.

Preventing another infection

- Avoid cotton buds, scratching and unnecessary ear cleaning.
- After future water exposure, dry only the outside of the ear. Tilt the head to allow water to drain and use a hairdryer on the coolest, lowest setting at arm's length if needed.
- Use well-fitted swim plugs or a swim cap if advised, particularly if water repeatedly triggers infections.
- Have obstructing wax removed professionally rather than attempting removal at home.
- Do not start acidifying or alcohol-based prevention drops unless your ENT surgeon confirms they are safe for your eardrum and suitable for you.

Recurrent or persistent otitis externa

Some people are prone to repeated infections because of skin disease, ongoing water exposure, device irritation, exostoses or a naturally narrow canal. Recurrent episodes may need cultures, treatment of the underlying skin condition and regular review. If the canal remains too narrow for ventilation, cleaning or drop delivery, surgery to widen the ear canal may be considered.

Contact the clinic promptly if

- Pain or discharge is not improving after 48 to 72 hours, or symptoms worsen during treatment
- You develop fever, spreading redness, swelling of the outer ear, face or neck, or foul-smelling discharge
- Pain is severe, especially at night, or is not controlled with the recommended medication
- Hearing remains reduced after the infection appears to have cleared
- You have diabetes, reduced immunity or significant medical problems and develop new ear pain or discharge

Seek urgent medical attention

- Seek urgent review for severe or rapidly worsening pain, facial weakness, marked swelling, high fever, confusion or other significant deterioration.

Evidence note: This advice is consistent with clinical guidance favouring canal cleaning when required, topical treatment as first-line therapy, keeping the ear dry and reassessment when symptoms fail to improve within 48 to 72 hours. Treatment is individualised after examination.