

# Fact Sheet

## Ear Problems in Children



Ear problems, like earaches and glue ear, are common in children. Ear problems may affect the outer ear, middle ear or inner ear.

### Excess wax

The special skin of the outer ear (the ear canal) produces wax that may help protect the ear. This wax usually comes out by itself and all that is necessary is to clean your child's outer ear with a damp washer. Do not use cotton buds as they may damage the ear and push the wax in further. Occasionally, excess wax collects in the outer ear and may need to be removed. Check with your family doctor.

### Infection

Sometimes, infection in the outer ear occurs after heavy sweating or swimming. There may be a smell, itch or discharge from the ear. This needs to be treated by your family doctor who will examine the ear canal and prescribe drops.

### Objects

Your child may poke something into the ear, such as a bead. Do not try to remove this yourself. Your family doctor will be able to remove it or suggest referral to a specialist.

### Middle ear problems

The middle ear is the small box behind the eardrum. It contains tiny bones and is filled with air. The middle ear is connected to the throat by the eustachian tube. This tube opens briefly when we swallow or yawn and air is let into the middle ear.

### Middle ear infection

This usually occurs when your child has a cold. Germs cause the eustachian tube to swell and air cannot reach the middle ear. Your child gets an earache and

fever. Your child should be taken to the family doctor who will consider prescribing antibiotics and pain relievers. Some children are at a higher risk of middle ear infections, particularly those with allergic rhinitis or cleft palate or Downs syndrome.

### Glue ear

When middle ear infection occurs, the lining of the middle ear secretes fluid. This is thin at first but may become thick, like glue, if the middle ear stays inflamed and the air cannot get in. If the thick fluid does not go away this is called glue ear. Your child hears poorly through this thick fluid and may seem deaf (and need the TV up louder) or seem inattentive or off-balance or irritable. Your child needs to see your family doctor.

If your child normally has good hearing and speech, your family doctor may prescribe antibiotics but will usually wait a few weeks, checking your child frequently to see that the fluid disappears naturally. This can depend on how long the fluid has been present. If the middle ear fluid does not disappear or if your child has hearing loss or speech problems, your family doctor may refer you to a specialist. Your child may need grommets (tiny tubes) put in the eardrum to let air into the middle ear and drain the fluid. The grommets will gradually fall out of the drum after three - 12 months. Most children will recover hearing fully. The fluid may come back in some children and further treatment will be needed. Some children need grommets again.

Children should not be left for long periods with untreated glue ear. The hearing loss which occurs in this case may affect your child's speech development, understanding of language, reading and spelling. Because hearing loss occurs in glue ear, it is very important that your child has a hearing test after the glue ear is better.

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This is available in some hospitals, community health centres, in some ear, nose and throat specialists' offices or at Australian Hearing Services. If hearing is not back to normal, further investigation is needed.

### How to keep ears dry

Ears will need to be kept dry if grommets have been inserted or if your child is having repeated outer ear infections. You may use cotton wool and Vaseline™, Blue Tac™ or ear plugs. Use a bathing cap as well if your child is going swimming. Discuss this with your family doctor. Your child should be able to continue swimming in most cases.

### Inner ear problems

Deafness can be caused by problems of the inner ear. In patients with inner ear deafness (nerve deafness), the outer and middle ear is usually normal. Soon after a baby is born all families need to ask, 'Does the baby hear?' In NSW all babies born since 2004 should have had a hearing screen in the newborn period.

You need to watch your baby's responses to sound in the early months of life. Seek medical advice if you think your child is not hearing or listening at any age. Parents are good observers and are often very accurate when they suspect hearing loss in their babies or young children. Hearing can be tested at any age at the Australian Hearing Services, in some hospitals, in children's audiology units, and in some ear, nose and throat specialists' offices. Your child's hearing can only be properly tested in a

soundproof room. Ask for a referral, or refer yourself to:

**Australian Hearing Services** (formally NAL) 131797 where staff will advise you about a hearing centre close to your home.

### Remember

- Don't poke things in ears.
- Middle ear infection requires prompt treatment by your doctor.
- Watch for hearing loss with or without glue ear. Don't let it continue for long and check that hearing returns to normal after glue ear is gone.

This fact sheet is for education purposes only.  
Please consult with your doctor or other health professional  
to make sure this information is right for your child.

*This document was reviewed on Thursday, 6 April 2006.*

the  
children's  
hospital at Westmead

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