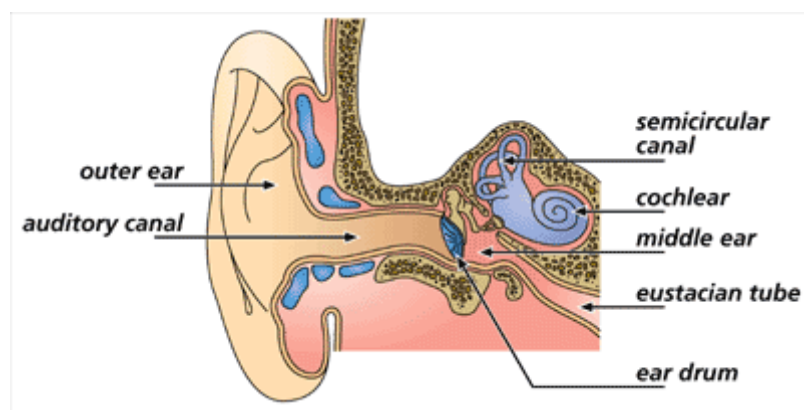




Ear infections and glue ear

Ear infections are very common in small children. Most infections get better quickly and are not usually serious. The two types of ear infections often seen in children are middle ear infections (otitis media) and outer ear infections (otitis externa). Most ear infections involve the middle ear.

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Every time a middle ear infection happens, fluid collects behind the ear drum. This fluid usually slowly clears by itself, but children who get frequent infections may have fluid stay behind the eardrum for longer. This is called glue ear. Glue ear may last for many weeks or months, making it harder for your child to hear. Occasionally, glue ear can temporarily affect language development.

What causes ear infections?

Babies and young children get more middle ear infections than older children because they have smaller tubes (called the Eustachian tubes) that connect the middle ear to the throat. When your child has a cold, germs from the throat can travel up to the middle ear and cause an infection. Infections develop more easily in smaller tubes and it's not uncommon for small children to have lots of ear infections in one year, sometimes as often as once every month.

Outer ear infections are usually due to excess moisture in the canal, for example after swimming. They can also be caused by damage to the canal (e.g. from scratching or cleaning with earbuds).

Signs and symptoms of ear infections

Babies and children may have ear pain with both middle and outer ear infections. This pain can cause irritability. Your child may also have symptoms of a cold (e.g. runny nose, sore throat).

Middle ear infections (otitis media)

- As fluid collects behind the eardrum, it causes the drum to bulge, resulting in intense pain. Occasionally, the eardrum will bulge so much that it tears (this is called a burst eardrum), and you will see a thick yellow discharge come from the ear. When this happens, children often suddenly feel better, as the bulging has stopped. A burst eardrum normally heals without treatment.
- Children with middle ear infections often have a fever – sometimes a fever will be the only symptom of a middle ear infection.

Outer ear infections (otitis externa)

- There can be discharge from the ear, or your child might complain of a feeling of fullness in their ear.
- The ear may be red and swollen. The redness may spread beyond the ear.
- The ear may be painful to touch and move.
- Your child may have a fever.

Glue ear

Glue ear is not an infection, but usually follows one or more middle ear infections. Signs and symptoms of glue ear can include:

- problems hearing – children may want to have things repeated, talk loudly or have the television up loud. Parents or teachers may notice this, especially in noisy places such as classrooms. In smaller children, hearing difficulties may delay or stall their language development.
- some pressure or pain in the ear
- irritability or problems sleeping
- problems with balance.

When to see a doctor

If you think your child may have an ear infection, take them to see the GP.

A middle ear infection may spread to the firm, bony area behind the ear. You should visit your GP or local emergency department if there is redness, swelling or pain in this area.

If your child has frequent ear infections or their hearing appears to be affected by glue ear, they should have their hearing tested by a hearing specialist (an audiologist). Your GP may also refer them to see a paediatrician or an ear, nose and throat (ENT) specialist.

Treatment

- Antibiotics are not often used to treat middle ear infections, as they are often caused by a virus. Antibiotics do not treat viruses. In very young or very unwell children, the GP may prescribe a short course of antibiotics if there's risk of bacterial infection.
- Outer ear infections always need treatment with antibiotic drops.

Glue ear

- If your child is not bothered by the glue ear, no treatment is needed. It usually goes away by itself over time.
- Sometimes antibiotics are prescribed to kill any germs left in the middle ear, and this may help the fluid to clear.
- If the glue ear still persists and is affecting your child's hearing over many months, your doctor or ENT specialist may suggest surgery. This is a quick operation during which small tubes (called grommets) are put into your child's ear. These tubes help fluid drain from the middle ear.

Care at home

- If your child is in pain, you can give them pain relief, such as paracetamol or ibuprofen. See our fact sheet [Pain relief for children](https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/) (https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/).
- If your child's doctor prescribes ear drops, have your child lie down with the affected ear facing the ceiling. Put the drops in and keep your child in the same position for a few minutes, to allow the drops to be absorbed (or place a cotton wool ball in the ear to keep the drops in the canal).
- Children with an outer ear infection should avoid swimming for one week to allow the infection to heal.
- If your child has hearing troubles that don't improve in the weeks following a middle ear infection, or continues to be irritable, go back to the GP as your child may have glue ear.
- Your child may sleep better at night if they are propped up on two or more pillows (only do this if your child is old enough to use pillows).
- Don't allow anyone to smoke in the home or around your child. Cigarette smoke has been shown to stop fluids from being able to drain from the eardrum.
- Most children outgrow middle ear problems (including glue ear), and have perfect and undamaged ears with normal hearing when they get older.

Key points to remember

- It's common for small children to have several ear infections in one year, as often as once every month.
- Antibiotics are not often needed for middle ear infections, but outer ear infections are treated with antibiotic ear drops.
- Glue ear is caused by fluid that collects behind the eardrum, in the middle ear. It usually clears on its own with no treatment, but sometimes requires surgery to insert grommets for drainage.
- Hearing and speech development can be affected if glue ear is persistent.

For more information

- Kids Health Info fact sheet: [Fever in children](http://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children) (http://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children).
- Kids Health Info fact sheet: [Pain relief for children](https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/) (https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/).
- Kids Health Info fact sheet: [Tonsillitis](https://www.rch.org.au/kidsinfo/fact_sheets/Tonsillitis/) (https://www.rch.org.au/kidsinfo/fact_sheets/Tonsillitis/).
- Better Health Channel: [Ear infections](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ear-infections) (<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/ear-infections>).

Common questions our doctors are asked

Can my child go swimming during an ear infection?

If your child has an outer ear infection, wait until one week after treatment to give the ear time to heal before letting your child swim. For middle ear infections and glue ear, swimming is OK but should be avoided if the ear drum is perforated. Discuss this with your GP or specialist.

If my child has speech problems caused by glue ear, will surgery help their speech improve?

If language delay is caused by difficulty hearing from glue ear, then correcting the glue ear often results in rapid improvements in language. Most children catch up quickly with their peers and the delay is completely corrected.

My child is in a lot of pain with his ear infection. Can I give Painstop?

Painstop is usually not required, and is now only available by prescription. It contains codeine, which may cause nausea or constipation in children. Paracetamol and ibuprofen can be used safely.

Will my child grow out of their ear infections?

As children grow, the tubes in their ears (called the Eustachian tubes) also grow. This is usually associated with fewer - and less severe - ear infections as the child grows. As they get older, children tend to have fewer colds, and this means they will also have fewer ear infections.

Should I clean my child's ears to prevent a build-up of wax?

No. There is no need to remove the wax in a child's ears. The body is able to do this by itself. Large clumps of wax that are visible at the opening of the ear canal can be removed, but earbuds should not be used in children.

Developed by The Royal Children's Hospital General Medicine, Emergency and Otolaryngology departments. We acknowledge the input of RCH consumers and carers.

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