

Ear Infections

The most common ear infections occur in the middle ear space. Children that are experiencing a middle ear infection usually cries on and on, even in the middle of the night. Another symptom could be an overly restless or cranky child. He or she may tug on an ear or even move their head side to side. In the early stage of an infection, it can be very painful and even disrupt sleep. Ongoing ear infections that linger on for months can affect a person's hearing and even language development. The reason why we call it "middle" ear infection is because it occurs behind the eardrum. The infections are usually due to bacteria or viruses, which can be related to a recent cold or allergy problem. Most of the time, both ears are involved. Children under age 5 years, bottle-fed infants, and children in daycare are in greater risk of infection. A few other risk factors can be exposure to mold, mildew, pet hair and secondhand smoke. If food allergies are a problem, identify the foods that trigger the reaction and help your child avoid them. In some cases, allergy to dairy products can cause tissue around the Eustachian tube to swell and make the problem worse.

Sometimes, the fluid produced to flush out the infection builds up in the middle ear chamber. This may cause pressure behind the eardrum, being forced outward and eventually may break.

Treatment:

Antibiotics may be used as a short term treatment plan, depending on whether it is your child's first or second acute infection. Usually, your primary care doctor will watch carefully to see if the antibiotics resolved the infection. He or she will probably retest to look for any eardrum or hearing changes. Normally, fluid outlasts the acute infection for two or three weeks after finishing the antibiotics. If the fluid buildup becomes chronic (keeps coming back), antibiotic treatment is not enough, you will need to see Dr. Sewell for evaluation of PE Tube placement.

PE Tube Placement is a very simple procedure. During the surgery, Dr. Sewell removes the fluid from the middle ear and places a tiny tube in the eardrum. This tube creates a small tunnel between the outer ear canal and the middle ear. This tunnel balances air pressure on both sides of the eardrum and prevents fluid buildup. The tubes are usually made of plastic. After the surgery and the entire time the PE tubes are in place, water precautions must be strictly enforced. Absolutely NO water should enter the ear. The team at Dr. Sewell's office will be glad to educate you on the reasons and ways to accomplish this rule.