

Patient leaflets from the BMJ Group

Outer ear infection

An outer ear infection can be uncomfortable. You're most likely to get one if you go swimming often. Mostly, they clear up in 10 days with treatment.

We've brought together the best and most up-to-date research about outer ear infection to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for you.

What is an outer ear infection?

When you have an outer ear infection, the skin of your outer ear canal (the tube from your ear to your eardrum) is inflamed and swollen. Doctors call this otitis externa.

Most outer ear infections are caused by bacteria. Some are caused by a fungus.

Outer ear infection usually happens because your ear canal gets wet (for example, from swimming) or damaged (for example, if you put a cotton bud inside your ear). It's more common if you have eczema or another skin problem in your ear.

Most people get a short-lasting (acute) infection. The symptoms come on quickly and can be treated quickly. In some people, the infection becomes long-lasting (chronic). The pain goes, but the inflammation lasts. This can make it hard to hear properly.

Both adults and children get outer ear infections.

What are the symptoms?

Pain is the main symptom of an acute outer ear infection. It can be quite bad. Your ear may also feel itchy and full, as if it's blocked. Sounds may be a bit muffled. The symptoms come on quickly, over a day or two.

If you've got a chronic outer ear infection, you've probably had an acute outer ear infection that has not completely gone away. Your ear remains inflamed for weeks or months. It doesn't hurt, but your ear may feel itchy or full. It may be hard to hear.

Your doctor will diagnose outer ear infection after looking into your ear.

What treatments work?

The best treatments for an outer ear infection are ear drops, which you squeeze into your ear. There are several different types. Research shows that the ones most likely to work contain **antibiotics**, **steroids**, or **aluminium acetate**.

Ear drops

There's good evidence that **antibiotic ear drops** work well to treat outer ear infection. There are lots of different types of antibiotic drops. They often contain another medicine

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called a steroid. You'll need a prescription from your doctor. Brand names include Betnesol-N and Predsol-N.

Research shows there's not much difference between the various types of antibiotic drops. If you try one type and it doesn't work, your doctor may suggest you try another type.

Steroid ear drops without antibiotics may calm down the swelling in your ear and stop the pain. You'll need a prescription from your doctor. Steroid ear drops include betamethasone (Betnesol) and prednisolone (Predsol) . There's no good research to show whether steroid ear drops work better than antibiotic ear drops.

Aluminium acetate ear drops dry out the ear canal. This may cure the inflammation. Research shows they work as well as antibiotic ear drops. But these drops are not used very much in the UK.

You may have bits of skin and wax blocking your ear. This could stop the ear drops getting to the infection. Your doctor may carefully **clean out your ear canal** before you start ear drops. But there hasn't been any research to show how well this works.

Things you can do for yourself

You can take **painkillers** such as paracetamol or ibuprofen to ease the pain. You can buy these from a pharmacy.

Your ear may heal faster if you **keep the ear canal dry and avoid any further damage**. Ask your doctor how long you should wait before you go swimming again. Try not to get your ears wet in the shower. Don't scratch your ear, even if it itches.

These are some things doctors advise to cut your chances of getting another infection.

- Wear a swimming cap over your ears or use ear plugs when you swim.
- Tip your head to get rid of any water that gets into your ear.
- Avoid getting shampoo in your ears.
- Don't use cotton buds to clean your ears. You may damage the ear canal.

Other treatments

If you get repeated mild ear infections, you could try **acetic acid ear drops** or spray (EarCalm). You can buy these from a pharmacy. But there's not enough research to show if they work.

Most outer ear infections are caused by bacteria, but some are caused by fungi such as Candida (the yeast that causes thrush). If this is likely, your doctor may prescribe **anti-fungal ear drops** like clotrimazole (Canesten). But there hasn't been any good research on how well these work.

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If your infection becomes chronic, or if your ear is quite swollen, your doctor may **clean out your ear canal** and put a piece of gauze soaked in medicine down your ear. This will help the medicine get to the infection.

Doctors don't usually prescribe **antibiotic tablets** for outer ear infection. Research shows it doesn't help to take antibiotic tablets as well as antibiotic ear drops. Antibiotic tablets can have side effects, including diarrhoea.

What will happen to me?

Most people who have treatment for an outer ear infection find the pain is much better after three days, and all the symptoms are gone after 10 days. If your pain has not gone after 10 days, go back to the doctor.

If you have a chronic ear infection, it may be difficult to hear. But it's rare to get long-term hearing problems from an outer ear infection.

Some people get repeated outer ear infections. If you swim a lot and have had one ear infection, you're quite likely to get another one.

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