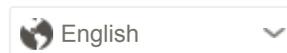




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Airplane ear



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Diagnosis



Your doctor will likely be able to make a diagnosis based on questions he or she asks and an examination of your ear with a lighted instrument (otoscope). Signs of airplane ear might include a slight outward or inward bulging of your eardrum. If your condition is more severe, your doctor may see a tear in the eardrum or a pooling of blood or other fluids behind your eardrum.

If you're experiencing a spinning sensation (vertigo), there may be damage to structures of your inner ear. Your doctor may suggest a hearing test (audiometry) to determine how well you detect sounds and whether the source of hearing problems is in the inner ear.

Treatment

For most people, airplane ear usually heals with time. When the symptoms persist, you may need treatments to equalize pressure and relieve symptoms.

Medications

Your doctor may prescribe medications or direct you to take over-the-counter medications to control conditions that may

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prevent the eustachian tubes from functioning well. These drugs may include:

- Decongestant nasal sprays
- Oral decongestants
- Oral antihistamines

To ease discomfort, you may want to take a nonsteroidal anti-inflammatory drug, such as ibuprofen (Advil, Motrin IB, others) or naproxen sodium (Aleve, others), or an analgesic pain reliever, such as acetaminophen (Tylenol, others).

Self-care therapies

With your drug treatment, your doctor will instruct you to use a self-care method called the Valsalva maneuver. To do this, you pinch your nostrils shut, close your mouth and gently force air into the back of your nose, as if you were blowing your nose. Once the medications have improved the function of the eustachian tubes, use of the Valsalva maneuver may force the tubes open.

Surgery

Surgical treatment of airplane ear is rarely necessary. However, your doctor may make an incision in your eardrum (myringotomy) to equalize air pressure and drain fluids.

Severe injuries, such as a ruptured eardrum or ruptured membranes of the inner ear, usually will heal on their own. However, in rare cases, surgery may be needed to repair them.

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Preparing for your appointment

If you experience severe pain or symptoms associated with

airplane ear that don't resolve with self-care techniques, you'll likely see your family doctor or a general practitioner first. You may, however, be referred to an ear, nose and throat (ENT) specialist. It's useful to prepare for your appointment.

What you can do

- **Write down any symptoms you're experiencing**, including any that may seem unrelated to your ear problems.
- **Make a list of all medications**, vitamins or supplements you're taking.
- **Write down questions to ask** your doctor.

Preparing a list of questions will help you make the most of your time with your doctor. If you're experiencing signs or symptoms of airplane ear, you might want to ask the following questions:

- Are these signs and symptoms likely related to my recent airplane travel?
- What is the best treatment?
- Am I likely to have any long-term complications?
- How will we monitor for possible complications?
- How can I prevent this from happening again?
- Should I consider canceling travel plans?
- Are there brochures or other printed material I can take with me? What websites do you recommend?

Don't hesitate to ask your doctor any other questions you have.

What to expect from your doctor

Your doctor will ask you a number of questions, including:

- When did your symptoms begin?

- How severe are your symptoms?
- Do you have allergies?
- Have you had a cold, sinus infection or ear infection recently?
- Have you had airplane ear before?
- Were your past experiences with airplane ear prolonged or severe?

What you can do in the meantime

To treat pain, you may take a nonsteroidal anti-inflammatory drug, such as ibuprofen (Advil, Motrin IB, others) or naproxen sodium (Aleve, others), or an analgesic pain reliever, such as acetaminophen (Tylenol, others).

By Mayo Clinic Staff

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