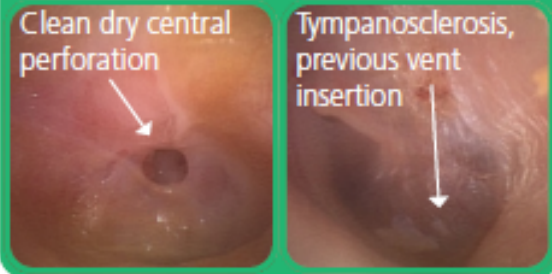


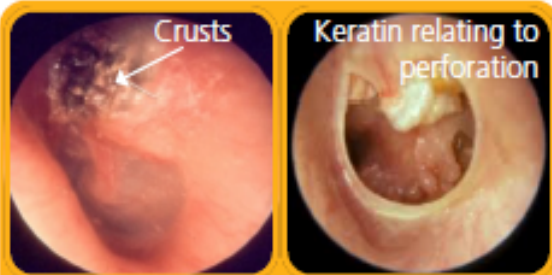
History

- Previous ear disease, surgery or trauma
- Hearing loss
- Otalgia
- Discharge
- Restriction in activity

Examination



- External scarring from previous surgery
- Examination with otoscope
- Tuning fork tests – conductive hearing loss



Treatment/Management

Non-Traumatic perforation e.g. post-acute suppurative otitis media (ASOM)

- Do not instrument, (for patient - no cotton buds)
- Water exclusion, (e.g. Cotton wool and Vaseline for protection when bathing)
- Treat infection with an appropriate formulary choice topical medication see subsection [anti-infection preparations](#)

1st line

Gentamicin 0.3% and Hydrocortisone acetate 1% ear drops: 2-4 drops 3-4 times daily

OR

Otomize® Ear Spray (Neomycin sulfate 0.5%/ Dexamethasone 0.1%/Glacial Acetic Acid 2.0%): 1 spray 8-hourly

OR

Betnesol-N® (Neomycin 0.5% and Betamethasone 0.1%): 2-3 drops 3-4 times daily

Please note: Topical agents are interchangeable with respect to efficacy.

N.B. All of these drops are potentially ototoxic and should not be used >10 days.

- Care should be taken if patient has had recent dose of any aminoglycoside drops in the preceding month, as dose is cumulative in the inner ear.
- **2nd LINE OR non-ototoxic regimen:** **Ciprofloxacin ear drops +/-steroid ear drops**

Traumatic perforation

- Do not instrument, (for patient - no cotton buds)
- Water exclusion, (e.g. Cotton wool and Vaseline for protection when bathing)
- Advise that 90% will heal within 3 months - therefore review at this point

Referral Criteria

Non-traumatic perforation

- Consider referral to ENT if persists more than 6 months and either causing otalgia, discharge, loss or restriction in activity due to water exclusion
- Consider referral to audiology if causing hearing loss and patient not keen for surgical intervention
- Consider referral if discharging ear and interfering with hearing aid function

Traumatic perforation

- Consider referral after 3 months if not healed or hearing not recovered
- Consider referral to audiology for a hearing aid if not wanting surgical intervention
- Consider referral to routine ENT if wanting surgical intervention

Cholesteatoma

- Refer urgently if possible cholesteatoma

Tympanic Membrane Perforation Advice