



EARS AND FLYING

EAR PROBLEMS CAN OCCUR WHEN FLYING

- Some people experience ear problems when flying.
- The commonest complaints include blockage, pain and hearing loss.
- These problems are usually worse as the plane descends and is about to land.
- Usually, the problems are brief, but sometimes they can last for a long time.
- The problems are usually much worse if you have a cold or flu.

WHAT CAUSES THESE EAR PROBLEMS?

- The problems are caused by a difference in pressure on either side of the ear drum.
- Inside the ear drum is the "Middle ear".
- The middle ear is connected to the nose by the "Eustachian tube".
- When the tube is working normally, it stays closed most of the time and opens up occasionally to allow air to pass through and equalise pressure between the middle ear and the back of the throat.
- The tube opens whenever you yawn or swallow hard.
- When the tube is not working properly, it remains blocked and it is very difficult for pressure to equalise.

HOW CAN I AVOID THESE EAR PROBLEMS?

- Try to avoid flying when you have a cold or flu.
- If you are prone to having these ear problems when flying, there are several options to avoid difficulty.
- The options include:

1. **Physical measures:** As the plane descends, keep swallowing hard and yawning (chewing gum or sucking a hard boiled lolly can help) – the ears will "pop" as the Eustachian tube opens and the pressure equalises.
2. **"FESS" Saline spray:** This can be bought over-the-counter at your local pharmacy (no prescription required). Saline spray hydrates your nose and sinuses and can help keep the Eustachian tube open. It can be used throughout your flight as needed.
3. **Drixine/ Otrivine:** This can be bought over-the-counter at your local pharmacy (no prescription required). Drixine/ Otrivine shrinks the lining of the nose and Eustachian tube. It is much stronger than saline spray. Drixine/ Otrivine lasts for around 12 hours – it can be used prior to take-off or prior to landing on long flights.
4. **Pseudoephedrine tablets:** These can be bought over-the-counter at your local pharmacy. You need to ask for genuine pseudoephedrine tablets (not substitute tablets which contain phenylephrine) and will need to show the pharmacist your driver's licence (no prescription required). Pseudoephedrine shrinks the lining of the nose and Eustachian tube. It lasts for around

12 hours – it can be used prior to take-off or prior to landing on long flights.

5. **Prednisone tablets:** These require a prescription from your GP. The typical dose is around 25-50mg for an average-sized adult. Prednisone is taken before flying or around an hour before landing. Only take prednisone as directed by your GP – it can have side-effects and risks if not taken exactly as recommended!
6. **Grommets:** In severe cases, surgery can be performed. This involves placing a small plastic tube in the ear drum – this allows air pressure to equalise easily and continuously. This is rarely required and reserved for people who must fly frequently but always experience problems.
7. **Eustachian tube balloon:** A new option for severe cases involves an operation to "stretch" the Eustachian tube using a custom balloon. This is rarely required and reserved for people who must fly frequently but always experience problems. If you are interested in this option, Dr Singh will send you to a colleague who specialises in this procedure.

WHAT TO DO ON THE PLANE

- If you experience ear problems on the plane, despite having taken all the precautions, do the following:
- **Physical measures:** As the plane descends, keep swallowing hard and yawning – the ears will "pop" as the Eustachian tube opens and the pressure equalises.

WHAT TO DO ON THE GROUND

- If you still experience ear problems on the ground after landing, despite having taken all the precautions, do the following:
- **Physical measures:** Keep swallowing hard and yawning – the ears will "pop" as the Eustachian tube opens and the pressure equalises.
- **Valsalva Manoeuvre:** You can pop the ears by doing the following, all at the same time:
 - Pinch the nose closed.
 - Close the mouth tightly.
 - Blow hard against the closed nose and mouth.
 - You will feel your ears pop.
- Be aware that there is a very small risk of injuring the ear, ear drums, bones of hearing or inner ear by performing this manoeuvre. Perform the manoeuvre gently and stop if you experience any ill-effects. Do not perform the manoeuvre if you are concerned by the risks.
- Please note that this handout is only intended as general information and not as specific medical advice. For specific medical advice about your individual situation, you must consult Dr Singh.

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