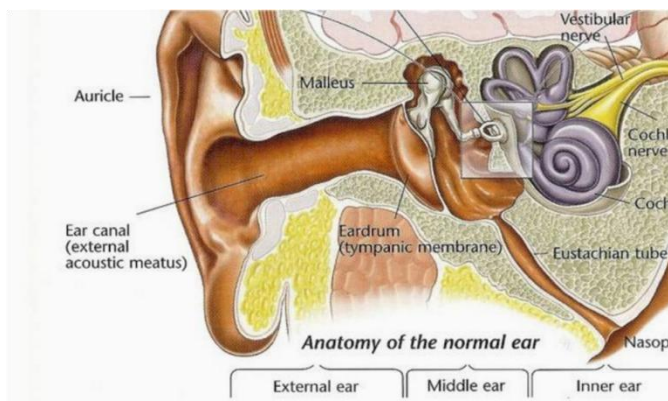


Protecting Your Ears While Flying

Flying with Eustachian tube dysfunction can increase the risk of middle ear damage and, in rare cases, severe inner ear damage. The Eustachian tube connects the back of the nose to the ear, helping to equalise pressure changes. Normally, gentle swallowing, yawning, or 'popping' the ears allows the tube to open, protecting the ear. However, when the tube is not functioning properly, pressure equalisation does not occur, causing discomfort.

The most common cause of this issue is a cold, which leads to nasal congestion. Some individuals may experience Eustachian tube problems without any other contributing factors.



Saline Sprays

Using saline sprays or rinses a few days before a flight can help clear thickened mucus from the nose. During long flights, saline sprays can also help moisturise the nose, which can become dry due to the aircraft's air-conditioning.

Intranasal Steroid Sprays

In some cases, particularly where significant allergies or chronic infections are present, we may prescribe a steroid spray to be used in the days or weeks leading up to your flight.

Nasal Decongestant Sprays (Oxymetazoline)

Use 2-3 sprays in each nostril approximately 30 minutes before both ascent and descent. Brands include Drixene, Logicin, and Otrivin.



Pressure-Regulating Earplugs

Earplugs designed to help the ear equalise pressure should be worn during both ascent and descent. A common brand is 'Ear Planes', available for both adults and children.



Auto-Inflation Exercises

To help with pressure equalisation, chewing and swallowing during ascent and descent can help, as well as gently 'popping' the ears (Valsalva manoeuvre) by blowing out through a blocked nose or puffing out the cheeks. For young children (and anyone for that matter) the Otovent device can be very helpful.



Oral Medications

Under medical supervision Pseudoephedrine . [Take 120mg 30 minutes before a flight] and prednisone [daily for a day or two before the flight] can be used.

If problems persist despite the above precaution

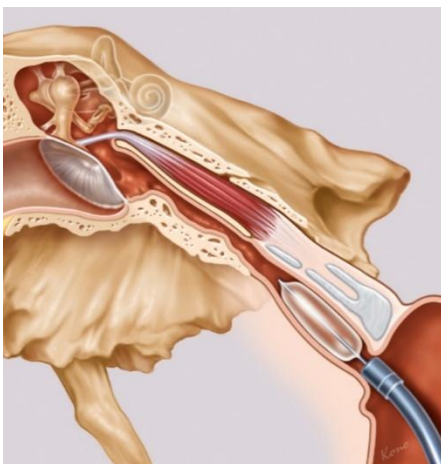
A temporary controlled perforation (myringotomy) can be performed (likely to stay open for a few days)



A ventilation tube (grommet) can be placed to bypass the malfunctioning Eustachian tube (generally grows itself out over 6-24 months)



Balloon dilatation of the Eustachian tube.



No absolute guarantee but a high proportion of patients experience subjective symptom improvement, including the possibility of diving or flying normally without symptoms with benefits sustained up to 24 months in some cohorts, with the ear remaining waterproof.

Further information

The Eustachian tube (ET) is a dynamic tubular structure connecting the middle ear cavity to the nasopharynx, serving as the sole pathway for ventilation and pressure equalization within the middle ear.

It also facilitates mucociliary clearance, prevents the reflux of sound and fluid from the nasopharynx, and protects against sniff-induced high negative middle ear pressure.

The primary function of the ET is to regulate air pressure in the middle ear, thereby ensuring efficient sound transmission.

Clearance of middle ear secretions occurs via a combination of muscular peristaltic action within the Eustachian tube and the mucociliary escalator.

Any dysfunction of the ET can lead to Eustachian tube dysfunction (ETD), which may manifest as negative middle ear pressure, aural fullness, muffled hearing, hearing loss, popping sounds, tinnitus, otalgia, intermittent sharp ear pain, disequilibrium, and autophony.