ear. Then sound travels to the middle ear, which has three tiny bones and is filled with air. After that, sound moves on to the inner ear. The inner ear is where sounds are turned into electrical signals and sent to the brain. An ear infection affects the whole ear, but especially the middle and inner ear. Hearing is affected because sound cannot get through an ear that is filled with fluid.

How do I know if my child has otitis media?

It is not always easy to know if your child has an ear infection. Sometimes you have to watch carefully. Your child may get an ear infection before he or she has learned how to talk. If your child is not old enough to say, "My ear hurts," you need to look for other signals that there is a problem.

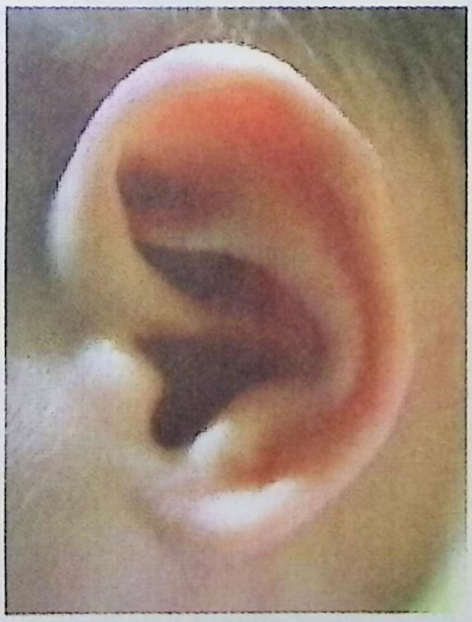
Here are a few signs your child might show you if he or she has otitis media:

- Does she tug or pull at her ears?
- Does he cry more than usual?
- Do you see fluid draining out of her ears?
- Does he have trouble sleeping?
- Can she keep her balance?
- Does he have trouble hearing?
- Does she seem not to respond to quiet sounds?
- A child with an ear infection may show you any of these signs. If you see any of them, call a doctor.

What will a doctor do?

Your doctor will examine your child's ear. The doctor can tell you for sure if your child has an ear infection. The doctor may also give your child medicine. Medicines called antibiotics are sometimes given for ear infections. It is important to know how they work. Antibiotics only work against organisms called bacteria, which can cause illness. Antibiotics are not effective against viruses, such as those associated with a cold. In order to be effective, antibiotics must be taken until they are finished. A few days after the medicine starts working, your child may stop pulling on his or her ear and appear to be feeling better. This does not mean the infection is gone. The medicine must still be taken. If not, the bacteria can come back. You need to follow the doctor's directions exactly.

A few days after the medicine starts working, your child may stop pulling on his or her ear and appear to be feeling better. This does not mean the infection is gone. The medicine must still be taken. If not, the bacteria can come back. You need to follow the doctor's directions exactly.



Your doctor may also give your child pain relievers, such as acetaminophen. Medicines such as antihistamines and decongestants do not help in the prevention or treatment of otitis media.

Will my child need surgery?

Some children with otitis media need surgery. The most common surgical treatment involves having small tubes placed inside the ear. This surgery is called a myringotomy. It is recommended when fluids from an ear infection stay in the ear for several months. At that stage, fluid may cause hearing loss and speech problems. A doctor called an otolaryngologist (ear, nose, and throat surgeon) will help you through this process if your child needs an operation. The operation will require anesthesia.

In a myringotomy, a surgeon makes a small opening in the ear drum. Then a tube is placed in the opening. The tube works to relieve pressure in the clogged ear so that the child can hear again. Fluid cannot build up in the ear if the tube is venting it with fresh air.

After a few months, the tubes will fall out on their own. In rare cases, a child may need to have a myringotomy more than once.

Another kind of surgery removes the adenoids. This is called an adenoidectomy. Removing the adenoids has been shown to help some children with otitis media who are between the ages of 4 and 8. We know less about whether this can help children under age 4.

What else can I do for my child?

Here are a few things you can do to lower your child's risk of getting otitis media. The best thing you can do is to pay attention to your child. Know the warning signs of ear infections, and be on the lookout if your child gets a cold. If you think your child has an ear infection, call the doctor.

Do not smoke around your child. Smoke is not good for the delicate parts inside your child's ear.

Source: National Institute on Deafness and Other Communicative Disorders, Online