

Be Ready With Recommendations for Swimmer's Ear

Top Takeaways

- Recommend a topical treatment based on eardrum status, cost, dosing frequency, and convenience.
- Avoid NONsterile or ototoxic ear drops in patients with a perforated eardrum or ear tubes.
- Suggest earplugs, ear protection headbands, or OTC isopropyl alcohol drops to prevent swimmer's ear.

Summer will bring questions about how to manage swimmer's ear, also known as acute otitis externa.

Continue to recommend a topical treatment based on eardrum status, cost, dosing frequency, and convenience...since one product has not been shown to be superior.

But keep certain caveats in mind.

For instance, the neomycin/polymyxin/hydrocortisone (Cortisporin) suspension may be less irritating than the solution. And steroid combos may resolve pain a day sooner...but can be costly.

On the other hand, avoid NONsterile or ototoxic ear drops in patients with a perforated eardrum or ear tubes.

Point out that most EYE drops can be used in the ear...and may cost less than ear drops. For instance, ciprofloxacin 0.2% EAR drops cost about \$100-\$130/box...vs less than \$25/bottle for ciprofloxacin 0.3% EYE drops.

Use the chart below as a guide.

Examples of Rx Otic Meds Used to Treat Swimmer's Ear*					
Drug name	Dose	Sterile?	Ototoxic?	Can be used with a perforated eardrum or ear tubes?	Cost estimate
Acetic acid 2%, hydrocortisone 1%	3-5 drops 3 or 4 times a day for 7 days	No	Yes	No	\$130/bottle
Ciprofloxacin 0.2% (Cetraxal)	1 container (0.25 mL) twice daily for 7 days	Yes	No	Yes	\$100-\$130/box
Ciprofloxacin 0.3%, dexamethasone 0.1% (Ciprodex)	4 drops twice daily for 7 days	Yes	No	Yes	\$80-\$225/bottle
Ciprofloxacin 0.2%, hydrocortisone 1% (Cipro)	3 drops twice daily for 7 days	No	No	No	\$330/bottle

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HC)					
Neomycin 0.35%, polymyxin B 10,000 IU, hydrocortisone 1% (Cortisporin Otic)	4 drops 3 or 4 times a day for 7 days (maximum of 10 days)	Yes	Yes	No	\$80-\$100/bottle
Ofloxacin 0.3% (Floxin Otic)	5-10 drops daily for 7 days	Yes	No	Yes	Less than \$30/bottle

**This list is not all-inclusive.*

Don't routinely recommend systemic antibiotics. Save these for if the infection spreads beyond the ear, ear drops can't be used, or there are necrotizing otitis risk factors (diabetes or immunocompromise).

For pain, suggest oral acetaminophen or ibuprofen.

Be aware, OTC lidocaine drops (Ear Pain MD, etc) may provide temporary pain relief. But these aren't sterile...may mask disease progression...and aren't recommended in the guidelines.

Caution against home treatments withOUT evidence (isopropyl alcohol, white vinegar, etc). And tell patients ear candles have been shown to cause harm...such as hearing loss and tympanic membrane perforation.

Ensure patients know how to properly administer Rx ear drops.

Warm the bottle in the hands first. Lie down with the affected ear facing up, apply the correct number of drops to fill the ear canal, and massage the tragus area. After 5 min, the ear can drain and dry naturally.

To help PREVENT infection, suggest using earplugs or ear protection headbands (Neoprene, Ear Band-It, etc) while swimming. Or try OTC isopropyl alcohol drops (Swim-Ear, etc) after water exposure.

Additionally, patients can use a hair dryer on the lowest setting, several inches from the ear, to dry the ears after water exposure...along with Rx acetic acid drops after the ears are dry.

Tell patients swimming should be avoided during treatment (about a week). But competitive swimmers can sometimes return in 2-3 days after pain has resolved...AND if well-fitting earplugs are used.

Key References:

- Rosenfeld RM, Schwartz SR, Cannon CR, et al. Clinical practice guideline: acute otitis externa. Otolaryngol Head Neck Surg. 2014 Feb;150(1 Suppl):S1-S24.
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