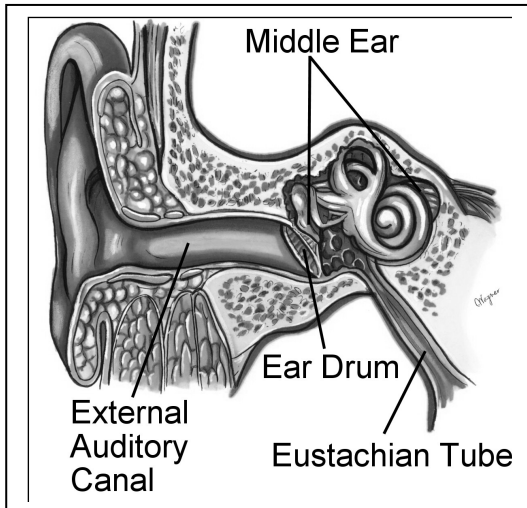


Patulous Eustachian tube



WHAT IS PATULOUS EUSTACHIAN TUBE?

The Eustachian tube is a bone and cartilage passage that joins the middle ear to the back of the nose to drain fluid and equalize pressure between the middle and outer ear. There is normally a one way valve in the Eustachian tube which prevents air from entering the middle ear during sniffing or blowing the nose. A patulous Eustachian tube does not have a valve that works properly allowing air to head backwards into the middle ear.

If you have a patulous Eustachian tube, you may experience a feeling of fullness in your ear, tinnitus (ringing, buzzing or humming in the ear) and *autophony* (the abnormal hearing of one's own voice, breathing or swallowing). The characteristic feature of patulous Eustachian tube is improvement with the head dependant (eg hanging upside down).

DIAGNOSIS (HOW DO YOU TELL WHAT IS WRONG)

Your doctor can rule out another cause for ear symptoms eg fluid in the middle ear, by examining the eardrum with an otoscope. This is an instrument used to look inside the ear. Sometimes a special test called a "tympanogram" is used to identify fluid in the middle ear. Hearing is assessed with a test called an audiogram to check for another cause for your symptoms.

OPTIONS FOR TREATMENT

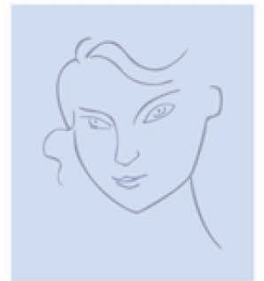
It is important to understand that patulous Eustachian tube is a benign (non serious) condition that will not result in hearing loss or generally get worse over time. For most people, reassurance is the best treatment. Nevertheless, symptoms may become very annoying. Procedures which improve breathing through the nose may make symptoms worse (by allowing greater amounts of air to flow up the nose and into the middle ear) and some people have deliberately made breathing through the nose worse (eg prolonged use of decongestants) to treat symptoms. This is generally not recommended as you are trading one lot of symptoms for another. Ventilation tubes are generally not very helpful for relieving symptoms but can be tried.

In severely bothersome cases, fat may be injected around the Eustachian tube to "block it". Fat largely reabsorbs over time so a permanent material can be injected if the initial trial is successful.

RISKS OF SURGERY

The surgery aims to block up the Eustachian tube so risk may include:

1. Fluid collecting in the middle ear causing hearing loss which may require a grommet for treatment until the fat reabsorbs.
2. The symptoms not going away (due to another underlying cause eg for tinnitus).
3. Scarring around the Eustachian tube causing it to not work properly again.



North Melbourne ENT
ABN 28 582 450 307

100/30 Wreckyn Street
North Melbourne VIC 3051
T 03 9078 8074
F 03 9078 8105
northmelbourne@nment.com.au
www.nment.com.au

Also located at:
Williamstown ENT

54 Electra Street
Williamstown VIC 3016
T 03 9397 5507
F 03 9397 6914
williamstown@nment.com.au

A/Prof Tim Iseli
MBBS (hons.), FRACS
ENT Surgeon
Provider No. 231248MT (N)
Provider No. 231248NB (W)

Dr Claire Iseli
MBBS (hons.), FRACS, MS
ENT Surgeon
Provider No. 246559JX (N)
Provider No. 246559PB (W)

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