
HOW TO DIAGNOSE OME

Formal assessment of a child with suspected OME should include:³

- Clinical history, focusing on: poor listening skills; indistinct speech or delayed language development; inattention and behaviour problems; hearing fluctuation; recurrent ear infections or upper respiratory tract infections; balance problems and clumsiness; poor educational progress
- Clinical examination, focusing on: otoscopy; general upper respiratory health; general developmental status
- Hearing testing, which should be carried out by trained staff using tests suitable for the developmental stage of the child, and calibrated equipment
- Tympanometry



Why Otovent® in the treatment of glue ear?

- Avoidance of a distressing wait for medical treatment - 64 percent of trial patients demonstrated immediate improvement²
- A mechanical treatment without the use of drugs
- Minimal demand on physicians time
- Easy and fun to use
- Immediate relief encourages patients and relieves anxiety



FIRST-LINE TREATMENT OF NEGATIVE PRESSURE IN THE MIDDLE EAR



Otitis media with effusion (OME)

OME or Glue ear is a very common condition that affects 80 percent of children at some point during their childhood. Also known as secretory otitis media, otitis media with effusion or serous otitis media, more than 7 in 10 children have at least one episode of glue ear before they are 4 years old, and boys are more commonly affected than girls.¹

Otovent® both regulates and prevents

Otovent® is the only clinically effective, non surgical, drug free treatment for glue ear. Regulation of the pressure in the middle ear is a known and important mechanism in the treatment of disorders in the middle ear in children. Normally, the pressure in the middle ear is equalized by swallowing or yawning. If the mechanisms for regulating negative pressure are not fully effective, after a few weeks gluey secretions develop, leading to hearing impairment.

Otovent® is a proven first-line treatment option in which up to 50 percent of patients can avoid the insertion of tympanoplasty tubes.

A two-phase method

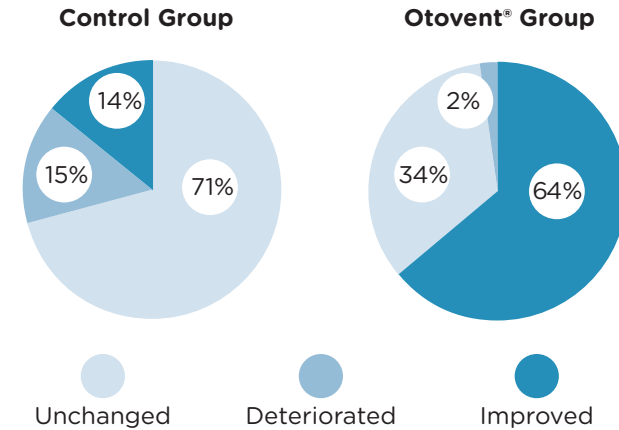
Using a nose piece and balloon, a positive pressure is generated in the nasopharynx to equalize the negative pressure in the middle ear via the Eustachian tube. Children view blowing up the balloon as a game, improving compliance and ease of treatment. No negative effects have been reported or demonstrated in clinical trials.

The Otovent® method can be divided into two phases; inflation phase and deflation phase.

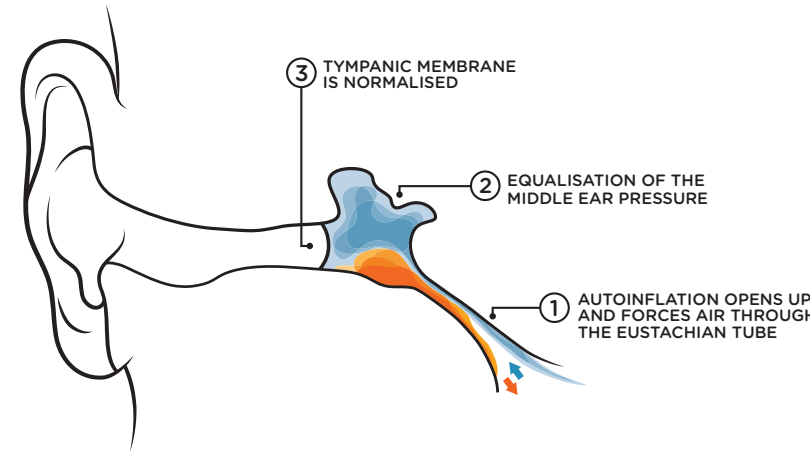
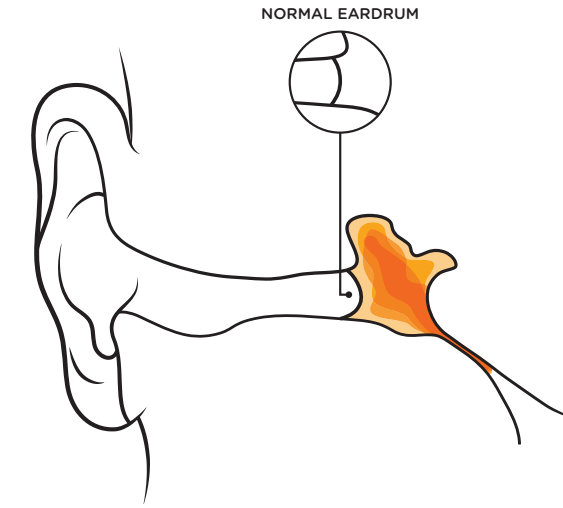
- 1 Inflation phase:** induction of the Valsalva manoeuvre (forced expiration against a closed airway) increases the pressure within the nasopharynx. Equalization of the middle ear may occur at this stage.
- 2 Deflation phase:** induction of the Politzer manoeuvre (inflating the middle ear while swallowing) inward moving air flows into the middle ear (Eustachian tube opened while swallowing) to equalize the middle ear pressure.

Proven clinical effects²

Tympanometry after two weeks of Otovent® treatment:



If the Eustachian tube becomes blocked, the negative pressure within the middle ear will draw the eardrum inwards. A middle ear effusion can develop and if not treated will become glue like in consistency.



The Otovent® method induces autoinflation of the middle ear by combining two clinically proven treatment techniques (Valsalva and Politzer).

HOW TO USE OTOVENT®



- 1** Connect the balloon to the nose piece. Hold the round part of the nose piece firmly against the right nostril with the right hand. Press the left nostril closed with the left hand.
- 2** Inhale deeply, close the mouth and inflate the balloon until it is the size of a grapefruit by blowing through the nostril.
- 3** Repeat the procedure with the left nostril. You will know that the treatment works if the child experiences a pressure increase and/or a “click” in the ear.

If the child does not experience any change:

Repeat step 2, then incline the head slightly forward and turn the head to the right.

Repeat step 3, when the balloon is inflated, try to swallow. Observe that the nose piece should be held tightly against the nostril.

1. Zeilhuis GA, Rach GH, Broek PV. Screening for otitis media with effusion in pre-school children. Lancet 1989;1:311-314.
 2. S-E Stangerup M.D., J. Sederberg-Olsen M.D., V. Balle M.D. Autoinflation as treatment of Secretory Otitis Media. Arch Otolaryngol Head Surg 1992; 118: 149-152.
 3. National Institute for Health and Clinical Excellence, London UK, www.nice.org.uk, ISBN 1-84629-595-5