What is Otolaryngology? (pronounced oh/toe/lair/in/goll/oh/jee) is the oldest medical specialty in the United States.

Otolaryngologists are physicians trained in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat (ENT), and related structures of the head and neck.

They are commonly referred to as ENT physicians.

Ears

What causes an ear infection (otitis media)?
An ear infection is caused by improper drainage of fluid that collects behind the eardrum during a cold, allergy, or upper respiratory infection and the presence of bacteria or viruses. The build up of pressurized pus in the middle ear causes an earache, swelling, and redness. Since the eardrum cannot vibrate properly, the individual may experience hearing problems.

What causes swimmer’s ear?
Swimmer’s ear (otitis externa) is typically a bacterial infection of the ear canal; this differs from otitis media which involves fluid behind the eardrum. It often follows injury to the skin of the ear canal caused by aggressive “cleaning” with Q-tips, bobby pins, matchsticks and other devices.

What does the doctor mean when he/she says my child would benefit from “tubes”?
Most of the time, otitis media clears up with proper medication. When it doesn’t, further treatment may be recommended. This treatment may be the surgical placement of a ventilation tube (Pressure equalization tube, PE Tube) in the eardrum. This “tube” allows fluid to drain from behind the eardrum preventing fluid accumulation. The tube prevents the negative pressure that leads to the fluid
behind the ear in the first place. The individual will probably notice a remarkable improvement in hearing and a decrease in the frequency of ear infections.

**Why do I have ear wax?**

Ear wax (cerumen) is normal in healthy ears. The purpose of cerumen is to moisturize and protect the skin of the ear canal and to trap dust and particles before they reach the eardrum. Cerumen is formed in the outer part of the ear canal. Normally, wax makes its way to the outer opening of the ear canal, flakes up, and falls out.

**How do I remove ear wax?**

In most cases, swabbing the opening of the ear canal with a damp washcloth with your finger will remove excessive ear wax. Avoid too much moisture or going too deep since prolonged moisture in the ear canal can lead to an infection. Probing with bobby pins, matchsticks, Q-tips, etc. is strongly discouraged.

**What’s wrong with Q-tips?**

The problem with Q-tips is that they pack the ear wax from the outer ear canal deep into the ear canal until it jams against the ear drum, much like a cannon being packed with black powder and a tamping rod. Cerumen lodged against the eardrum is much more difficult and painful to get out and can cause a temporary hearing loss.

**What is tinnitus (ringing or roaring in the ears)?**

Any noise of the ear, as long as it is not someone talking to you, is called tinnitus. Tinnitus is very common and can be annoying and distracting. Almost 37 million Americans have tinnitus. It may come and go or may be a constant bother. It might
be soft or loud, low pitched (roaring), or high-pitched (ringing) kind of sound. More than 7 million people are so badly afflicted that they can’t lead normal lives.

**What might cause tinnitus?**
There are various causes including a plug of wax, allergy, ear infections, circulatory problems, certain medications, and prolonged exposure to loud noise.

**What are some treatments for tinnitus?**
There are multiple treatments for tinnitus because most treatments don’t completely eradicate the noise for most people. It is very important that you obtain a formal hearing test in a sound both.

**What if the tinnitus goes with my pulse (pulsatile tinnitus)?**
This has a different differential diagnosis, but the first step in evaluation is also history, physical, and hearing test. This needs to be evaluated.

**Nose**

**What causes a nosebleed?**
The quick answer is dryness leading to exposed vessels in the nose. There can be a variety of underlying reasons:

Allergies, infections, or dryness can cause itching and lead to picking of the nose. Vigorous nose blowing can rupture superficial nasal blood vessels in the elderly and the young.

Clotting disorders that run in families

Medications like Aspirin that impair clot formation

Fractures of the nose or the base of the skull can cause bleeding and should be
regarded seriously when the bleeding follows a head injury.

Rarely, tumors (both malignant and nonmalignant) have to be considered, particularly in the older patient or in smokers.

**What can be done to stop a simple nosebleed?**

First, help the person stay calm, especially a young child. A person who is agitated may bleed more than someone who’s been reassured and supported. Then:

Pinch all the soft parts of the nose together between your thumb and the side of your index finger or soak a cotton ball with Afrin, Neo-Synephrine or Dura-Vent spray and place this into the nostril. Placing several squirts of Afrin into the nose can help also.

Hold that position for a full five minutes by the clock. Keep the head higher than the level of the heart. Sit up or lie back a little with the head elevated.

Apply ice – crushed in a plastic bag or washcloth – to nose and cheeks.

Call the office or go to the Emergency Room if the bleeding cannot be controlled.

**Throat**

**What causes laryngitis?**

Swelling of the vocal cords prevents them from coming together properly which makes a change in the voice. Acute laryngitis usually occurs due to swelling of the vocal cords from a common cold, upper respiratory tract viral infection, or irritation caused by excessive voice use such as screaming at a sporting event or rock concert.

**What can you do to prevent and treat mild hoarseness?**
If you smoke, quit.
Avoid substances that dehydrate the body, such as alcohol and caffeine. Avoid secondhand smoke.
Drink plenty of water.
Humidify your home.
Watch your diet – avoid spicy foods.
Try not to use your voice too long or too loudly.
Seek professional voice training.
Avoid speaking or singing when your voice is injured or hoarse.

**Are there specific risk factors for head and neck cancer?**
Yes, as many as 90 percent of head and neck cancers arise after prolonged exposure to specific factors. Use of tobacco (cigarettes, cigars, chewing tobacco or snuff) and alcoholic beverages are closely linked with cancers of the mouth, throat, voice box, and tongue. Prolonged exposure to sunlight is linked with cancer of the lip and is also an established major cause of skin cancer.

**What are the symptoms of tonsillitis?**
Swelling of the tonsils
Redder than normal tonsils
A white or yellow coating on the tonsils
A slight voice change due to swelling
Sore throat
Uncomfortable or painful swallowing
Swollen lymph nodes (glands) in the neck
Fever
Bad breath

**What are the symptoms of enlarged adenoids?**

Breathing through the mouth instead of the nose most of the time
Nose sounds “blocked” when the person speaks
Noisy breathing during the day
Recurrent ear infections
Snoring at night

**When is the removal of tonsils and/or adenoids recommended?**

The two primary reasons for removal of tonsils and/or adenoids are (1) recurrent infection despite antibiotic therapy and (2) difficulty breathing due to enlarged tonsils and/or adenoids. Recent studies also indicate the removal of adenoids is a beneficial treatment for some children with fluid in the middle ear.

**Sinus**

**What are sinuses?**

Sinuses are openings in the bones around your nose. Four pairs of sinuses are connected to the nose by small openings. These sinuses are located behind the cheekbones, alongside your nose, and above your eyebrows.

**What do the sinuses do?**

Humans produce almost one liter of fluid (mucus) per day that cleanse the passageways and provide necessary moisture to the lining of each sinus. Tiny little hairs, called cilia, line the sinus membranes and flush the mucus through in a
constant carwash-like motion. Under normal conditions, air passes in and out of the sinuses and mucus fluid drains from the sinuses into the nose.

**What is sinusitis?**

Sinusitis is the inflammation of the sinus cavities located on either side of your nose, and between and above your eyes. Inflammation occurs when there is an undrained collection of pus or mucus in one or more of the sinuses. Mucus production increases during inflammation resulting in a drippy, runny nose. This drainage thickens over time. If this mucus cannot drain out of the sinus due to a blockage, bacteria will grow and an infection occurs. This infected sinus is what produces the symptoms of sinusitis.

**What does sinus surgery accomplish?**

The surgery enlarges the natural opening to the sinuses. Additionally, the procedure should leave as many cilia (tiny little hairs in the sinus), in place as possible. Endoscopic sinus surgery is particularly successful in removing areas of obstruction and allowing the normal flow of mucus.

**What causes snoring?**

Snoring occurs when floppy tissue in the airway relaxes during sleep and vibrates. Forty-five percent of normal adults snore at least occasionally, and 25 percent are habitual snorers. Problem snoring is more frequent in males and overweight persons, and it usually grows worse with age.

**What can you do to help “light” snoring?”**

Adults who suffer from mild or occasional snoring should try the following self-help remedies:
Adopt a healthy and athletic lifestyle to develop good muscle tone and lose weight.

Avoid tranquilizers, sleeping pills, and antihistamines before bedtime.

Avoid alcohol for at least four hours and heavy meals or snacks for three hours before bedtime.

Establish regular sleep patterns

Sleep on your side rather than your back

Tilt the head of your bed upwards four inches.

**My husband snores. Does it mean that he has sleep apnea?**

No, but he may. Most patients with sleep apnea snore. Not all patients that snore have sleep apnea. It is important to determine if a patient that snores has sleep apnea. Untreated sleep apnea increases the risk for hypertension, pulmonary hypertension, cardiac arrhythmias (funny heart beats), congestive heart failure and an eight-fold increased risk of automobile accidents.

**How do I know if my husband has sleep apnea?**

If you think he obstructs, most of the time you are right. Normal obstruction is defined as less than five episodes per hour. After completing a history and physical, an overnight sleep study is ordered that will determine whether sleep apnea is present.