HEALTH BASICS

Ear emergencies

Ear emergencies are problems involving hearing, injury, infection, or trapped objects that need rapid care.

WHAT IT IS
Ear problems requiring urgent assessment or treatment

WHERE IT COMES UP
Sudden hearing loss, injury, infection, foreign objects, or dizziness

WHY IT MATTERS
Prompt care can protect hearing and prevent complications

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Emergency services, urgent care, or an ear specialist

HOW IT IS CHECKED
Ear examination, hearing tests, and neurological assessment

Overview

"Ear emergencies" is a general term for ear-related situations that need prompt medical assessment. It is not a disease or a diagnosis.

Many ear problems are uncomfortable but not emergencies. Earwax, gradual hearing loss, and mild earache can usually be assessed through routine care. Other problems are more time-sensitive because they may threaten hearing, damage nearby tissue, or signal a head injury or stroke.

Important examples include sudden unexplained hearing loss, a button battery in the ear, serious ear or head trauma, and severe dizziness with neurological changes. Neurological changes are problems involving the brain or nerves, such as facial drooping, weakness, difficulty speaking, or loss of coordination.

The right place to seek help depends on what happened, how quickly it started, and whether other warning signs are present.

How it works

The ear has three main parts. The outer ear includes the visible ear and ear canal. The middle ear sits behind the eardrum. The inner ear contains delicate structures used for hearing and balance.

Different emergencies affect different parts:

Doctors may look into the ear with an otoscope, a lighted instrument used to examine the canal and eardrum. Hearing tests can help tell apart a blockage or middle-ear problem from inner-ear hearing loss. A neurological examination checks strength, speech, eye movements, coordination, and balance.

Imaging, such as a CT or MRI scan, is not needed for every ear problem. It may be used when there is significant trauma, suspected infection spreading beyond the ear, or concern about the brain, skull, or hearing nerve.

- A trapped object or severe outer-ear infection can damage the ear canal
- A blow, pressure change, or penetrating object can tear the eardrum
- Sudden sensorineural hearing loss affects the inner ear or hearing nerve
- A serious head injury can damage the skull or structures around the ear
- A balance disorder or stroke can cause sudden severe dizziness

Why it matters for your health

Timing can affect the chance of preserving hearing or preventing further injury.

Sudden sensorineural hearing loss may feel like a blocked ear, sometimes with ringing or dizziness. Because it can be mistaken for wax or congestion, an ear examination and hearing test are important. Sudden unexplained hearing loss that developed over three days or less should receive urgent assessment, especially if it began within the past month.

Button batteries can cause chemical and electrical burns while lodged in the ear. They need immediate professional removal. Attempts to wash out the ear may worsen the injury.

Infections can sometimes spread into nearby bone or deeper tissues. Mastoiditis is an infection of the bone behind the ear. Necrotising otitis externa is a serious infection that begins in the ear canal and occurs mainly in people with diabetes or a weakened immune system.

Ear findings can also be part of a wider emergency. Clear fluid from the ear after a head injury may be fluid from around the brain. Sudden dizziness combined with weakness, speech problems, or severe difficulty walking can be a sign of stroke rather than an isolated ear

problem.

What can go wrong

Situations linked with ear emergencies include:

Ear bleeding can come from a small scratch in the canal, but bleeding after significant trauma needs prompt assessment. Heavy bleeding, a penetrating injury, or bleeding with confusion or loss of consciousness requires emergency care.

- Sudden sensorineural hearing loss: a rapid, unexplained loss of hearing in one or both ears, caused by a problem in the inner ear or hearing nerve
- Foreign objects: items stuck in the ear canal, especially button batteries, sharp objects, or objects pushed deeply inside
- Traumatic eardrum perforation: a torn eardrum following a blow, blast, pressure change, or object placed in the ear
- Auricular haematoma: a collection of blood under the skin of the outer ear, often after a sports injury or blow
- Mastoiditis: infection and swelling of the bone behind the ear, sometimes following a middle-ear infection
- Necrotising otitis externa: an invasive ear-canal infection associated with severe, persistent pain
- Head or skull injury: trauma causing bleeding, clear fluid leakage, confusion, loss of consciousness, or other neurological changes
- Stroke or another neurological emergency: sudden severe dizziness with facial drooping, weakness, speech difficulty, double vision, or inability to walk normally

What you can do

Call emergency services for ear-related symptoms accompanied by signs of stroke, severe head injury, reduced consciousness, a seizure, or difficulty breathing. Do not drive yourself if you may be having a stroke or are seriously injured.

Go to an emergency department promptly for:

Arrange same-day urgent assessment for sudden unexplained hearing loss, even if the ear feels blocked. Also seek urgent help for a painful swollen outer ear after trauma, or severe

persistent ear pain if you have diabetes or a weakened immune system.

Until the ear is assessed:

There is no reliable home test that can rule out inner-ear hearing loss, eardrum damage, or a deeper infection. A clinician may arrange formal hearing testing or specialist review.

Gradual hearing changes, recurring mild discomfort, or suspected wax without warning signs can usually be handled through a routine appointment.

- A button battery in the ear
- A penetrating ear injury or object that cannot be removed safely
- Clear fluid or substantial bleeding from the ear after head trauma
- Severe dizziness with new weakness, speech difficulty, double vision, or inability to walk
- Rapidly worsening illness with swelling behind the ear
- Do not insert cotton swabs, tweezers, or other tools
- Do not pour oil, water, or ear drops into an injured ear
- Do not irrigate an ear containing a battery or unknown object
- Keep a possibly perforated eardrum dry
- Record when the problem began and whether it was sudden or gradual
- Note any injury, pressure change, discharge, dizziness, ringing, or hearing change

Common questions

Is ear pain always an emergency?

No. Mild ear pain often comes from a routine ear infection, irritation, or pressure change. Seek urgent care if pain is severe or worsening, follows an injury, occurs with swelling behind the ear, or affects someone with diabetes or a weakened immune system.

What if sudden hearing loss improves?

Improvement does not show what caused it. If hearing dropped suddenly without a clear explanation, seek urgent assessment rather than waiting for it to settle completely.

Can I remove an object from an ear?

Do not probe the canal. Attempts with tweezers or cotton swabs may push the object deeper or tear the eardrum. A button battery needs immediate emergency assessment. Other lodged, sharp, painful, or deeply placed objects also need professional removal.

Does a torn eardrum always need emergency treatment?

Not always. Many perforations heal, but the ear should be assessed if the tear followed trauma or caused marked hearing loss, dizziness, discharge, or severe pain. Major head injury or neurological symptoms require emergency care.

When is dizziness an ear emergency?

Dizziness can come from the inner ear, but it can also have neurological causes. Call emergency services for sudden dizziness with facial drooping, limb weakness, difficulty speaking, double vision, a new severe headache, or inability to stand or walk normally.

Sources

- National Institute for Health and Care Excellence. Hearing loss in adults: assessment and management (NG98)
- Chandrasekhar SS, Tsai Do BS, Schwartz SR, et al. Clinical Practice Guideline: Sudden Hearing Loss (Update). Otolaryngology-Head and Neck Surgery. 2019;161(1_suppl):S1-S45
- National Institute for Health and Care Excellence. Head injury: assessment and early management (NG232)
- NHS. Mastoiditis
- NHS. Perforated eardrum
- Royal Children's Hospital Melbourne. Clinical Practice Guidelines: Foreign bodies