



the Trumpeteer

An Ear- Responsible Publication of Central Carolina ENT, PA

“MY EARS ARE STOPPED UP, SO WHY ARE YOU TESTING MY HEARING?”

**Ellen R. Wilson, AuD CCC-A
Doctor of Audiology**



This is a very logical question and one that audiologists hear frequently. Sometimes, patients who come in with this symptom are often curious about this. They do not feel a test would be accurate when their

ears are stopped up from allergy, sinus issues, or ear infections. However, there are many things that are assessed in an audiological examination that can give true insight into what the main problem is. Symptoms are not always specific to only one pathology. Aural (ear) pressure can occur in the external, middle, or inner ear, and it is important to know the difference. This is why specific tests are recommended and ordered.

First, the otoscopic examination (when we look in your ears with the ear light) tells us immediately if the ear canals are clear, if there is any obstruction (wax or foreign body), and the condition of your tympanic membrane (eardrum). Perforations (holes in the eardrum), retraction pockets (eardrum pulled inwardly from negative pressure and suction), bulging tympanic membrane (from excessive

positive pressure or extreme fluid in the middle ear) and tympanosclerosis (scar tissue or hardened areas of the eardrum) are easily visible with an otoscope. Rarely, there are even more serious issues, but these are beyond the scope of this article.

Next, tympanometry, the assessment of ear pressure and mobility of the tympanic membrane is done. In normal functioning middle ears, the tympanic membranes move freely and pressures are within a set “normal” range. With Eustachian tube issues, the tympanogram will often record normal mobility but negative pressure. With ear infections or serous fluid, we may see limited or no mobility of the tympanic membrane and may or may not record

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[Xeomin Happy Hour](#)

August 14th - Sanford

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Sleep Hygiene

By Christine Lupienski, FNP

Sleep hygiene is important for everyone, from childhood through adulthood. A good sleep hygiene routine promotes healthy sleep and daytime alertness. Sleep hygiene is a variety of different practices that are necessary to have normal, quality nighttime sleep and full daytime alertness.

GOOD SLEEP HABITS

- **Stick to a regular sleep schedule---even on weekends.**
- **Get regular exercise---avoid exercise in the late evening.**
- **Go to bed only when you are sleepy.**
- **Put your worries away when you go to bed.**
- **Do something relaxing and enjoyable before bedtime.**
- **Make your bedroom quiet and comfortable.**
- **Avoid large meals just before bedtime.**
- **Use your bedroom only for sleep and sexual activity.**
- **If you do not fall asleep within 15 to 20 minutes, get up and go to another room. Return to bed only when you feel drowsy.**
- **Remove your clock from sight.**
- **Do not nap during the day. If you must nap, do so only for 30 minutes in the early afternoon.**
- **Avoid alcohol, nicotine, and caffeine.**
- **Avoid frequent use of sedatives.**
- **Spend time outdoors at the same time each day.**
- **Have your pharmacist check your medicines, in case any of them keep you from sleeping.**
- **Avoid bright lights from the TV, computers, video games, etc. before bed.**

Adapted from Jermain DM. Sleep disorders. PSAP. 1995:139-154.

The amount of sleep you need each day will change over the course of your life. Although sleep needs vary from person to person, the chart below shows general recommendations for different age groups.*National Institutes of Health 2014*

Age	Recommended Amount of Sleep
Newborns	16–18 hours a day
Preschool-aged children	11–12 hours a day
School-aged children	At least 10 hours a day
Teens	9–10 hours a day
Adults (including the elderly)	7–8 hours a day

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"Sleep Hygiene" continued from page 2

Certain medical conditions have been linked to sleep disorders. Heart failure, heart disease, obesity, high blood pressure, stroke, depression, attention-deficit hyperactivity disorder (ADHD) are some medical conditions that have been linked to sleep disorders. If you have or have had one of these conditions, we can determine if you might benefit from a sleep study. A sleep study allows our providers to measure how much and how well you sleep. It also helps show whether you have a sleep problem and how severe they are. For children who are overweight, talk with us about your child's sleep habits. A sleep study may be in order for your child based on your child's sleep habits.

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"My Ears are stopped up..." continued from page 1

a pressure on the tympanogram. When there is nowhere for the fluid behind the eardrum to be displaced, the tympanic membrane does not move freely. Also, part of the tympanogram involves checking the volume of the external ear which can confirm a normal external ear with an intact tympanic membrane, if a ventilation tube is open, if there is a perforation, or if a perforation has healed.

Finally, a hearing examination where the patient listens and responds to tones of different pitches both via earphones and through a bone conductor and where the patient listens to and repeats words will tell us the degree of hearing loss, type of hearing loss, and if the hearing loss is medically treatable. Bone conduction testing is imperative to differentiate conductive versus nerve losses and sometimes, it is a mixed loss, meaning a combination of the two. Bone conduction gives the most accurate assessment of where a person's true/natural hearing is if he/she did not have fluid or other congestive issues. If the physician is considering any medical intervention or surgical option, he will need a preoperative hearing test to confirm the hearing loss and to objectively make an assessment with regard to expected improvement and benefit. A preoperative hearing examination is a "best practice" standard and requirement and for the benefit of you, the patient.

Finally, there are pathologies such as cochlear hydrops and sudden sensorineural hearing loss that may make it seem that your ears are just stopped up and aural pressure is often reported. These pathologies onset very quickly, therefore, if you experience a sudden decrease of hearing in your ears for any reason, it is imperative not to wait, but to go on to the doctor because it may be more than just an ear infection or sinus issue. An otoscopic examination, a tympanogram, and a screening audiogram are the first places to start and set the course for further medical intervention.

Our Hearing aid patients speak up.....



J.P. Miller, MS CCC-A
CCENT Audiologist

"Just a note to let you know about my new hearing aids and to thank you for your assistance in getting the most from them. First, there is no question that the new digital based aids are the only way to go. I had several different analog devices before and while they increased the volume, they were frustrating because they did nothing to clarify speech. These new devices definitely make speech clearer, even at lower volumes. With the personal programming you were able to do, I can hear speech clearly in movies, on tv, and in meetings. Also, the setting for the car virtually eliminates background noise while letting me hear voices. This is a big plus. It's been a long time since I could understand people talking from the back seat.

I had always said that even though they were expensive, it would be worth it if they worked. Since you offered a money back period to get adjusted, I bought the aids, thinking I would turn them back in if they didn't work. But they do.

Again, thank you for your help. I look forward to continue working with you."