

Otitis Externa (Swimmer's Ear)

A plain-English guide for you and your family

WHAT IS HAPPENING

Otitis externa, often called swimmer's ear, is an infection of the ear canal—the tube that runs from the opening of your ear to your eardrum. Normally, this canal has a thin layer of earwax that protects the skin and keeps it slightly acidic, which stops bacteria and fungi from growing. But when water gets trapped in the canal (like after swimming or showering), the skin stays wet for too long. That wetness washes away the protective wax, makes the skin swell and soften (like your fingers do in the bath), and raises the pH so it's no longer acidic. Now bacteria—usually *Pseudomonas* or *Staphylococcus*—can stick to the damaged skin and multiply. The canal becomes red, swollen, and very painful, especially when you touch the outside of the ear or move your jaw. You might also notice itching, clear or yellow-green drainage, and sometimes trouble hearing because the swelling narrows the canal. It's most common in swimmers and in hot, humid climates, and it usually clears up with antibiotic ear drops if you catch it early and keep the ear dry.

What you might feel

- Ear pain that gets worse when you tug on the outer ear or press the little bump in front of the ear canal
- Itching deep inside the ear
- Clear or yellowish fluid draining from the ear
- Ear canal looks red and swollen when the doctor looks inside
- Feeling of fullness or blockage in the ear, sometimes with muffled hearing
- Tender or swollen lymph nodes in front of the ear or down the neck on the same side
- Fever
- Severe pain that does not get better with over-the-counter pain medicine
- Redness or swelling spreading onto the face or scalp around the ear

Call the doctor right away if...

- Fever above 100.4°F (38°C)

- Swelling or redness spreading to the face, jaw, or neck
- Severe pain that does not improve with ibuprofen or acetaminophen
- New hearing loss or dizziness
- Diabetes or a weakened immune system (higher risk for dangerous spread of infection)

What the care team will do

- Give pain medicine right away, before other treatments.
- Clean out debris and drainage from the ear canal gently before putting in drops.
- Teach the patient how to put ear drops in correctly: lie on side with bad ear up, pull the ear backward and upward, put drops in, and stay lying down for 5 minutes.
- Tell the patient to keep the ear completely dry until healed—no swimming, use a cotton ball coated with petroleum jelly when showering, and do not stick anything in the ear.
- Watch closely for spreading redness, increasing swelling around the ear, new fever, or worsening pain despite treatment, and report these immediately.

Medicines you may be given — and why

Ciprofloxacin + Dexamethasone ear drops (Ciprodex)

Ciprofloxacin kills bacteria by breaking the machinery they use to copy their DNA (so they can't multiply), and dexamethasone calms down inflammation (swelling, redness, pain) by stopping the body's alarm chemicals from being made.

Ofloxacin ear drops (Floxin Otic)

Ofloxacin kills bacteria by breaking the tools they use to twist and copy their DNA, so the germs can't reproduce and the infection clears.

Acetic acid 2% ear drops (VoSol, Domeboro Otic)

Acetic acid makes the ear canal more acidic (lowers the pH), and most bacteria and fungi that cause swimmer's ear can't survive in that acidic environment, so the infection clears.

Neomycin + Polymyxin B + Hydrocortisone ear drops (Cortisporin Otic)

Neomycin and polymyxin B kill bacteria by punching holes in their outer walls and jamming their protein-making factories, and hydrocortisone calms inflammation (swelling, redness, pain) by blocking the body's alarm signals.

Ibuprofen or Acetaminophen (oral pain relief)

Ibuprofen blocks an enzyme (cyclooxygenase) that makes prostaglandins—chemicals that cause pain, swelling, and fever—so you feel less pain and the swelling goes down.

Acetaminophen works in the brain to raise your pain threshold (you notice pain less) and lower fever, but it does not reduce swelling.

Where this information comes from

- American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Clinical Practice Guideline: Acute Otitis Externa 2014
- CDC
- UpToDate
- American Academy of Family Physicians (AAFP)

Last reviewed: 2026-07-09