Faculty of Medicine, Dentistry & Health Sciences

Melbourne Audiology & Speech Pathology Clinic

Conductive hearing loss

The ear is made up of three portions;

- **Outer ear** – pinna (most outer part of the ear) and ear canal
- **Middle ear** – ear drum and ossicles (middle ear bones)
- **Inner ear** – cochlea (hearing organ) and vestibular system

A conductive hearing loss occurs when sound cannot travel through the outer or middle ear as efficiently as possible. This results in sounds getting to the cochlea at a softer level.

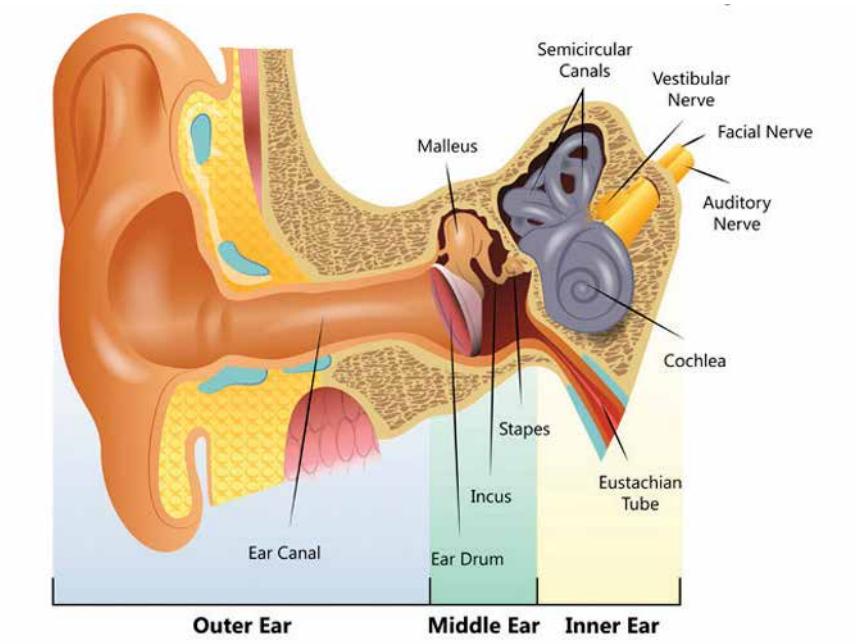
CAUSES OF A CONDUCTIVE HEARING LOSS

Outer ear

- blockage of the ear canal by wax or foreign objects
- an outer ear infection (otitis externa)
- a malformation of the outer ear

Middle ear

- a middle ear infection
- congestion or fluid behind the ear drum ("glue" ear)
- the little bones of the middle ear not moving properly
- a perforated ear drum
- poor Eustachian tube function



MANAGEMENT FOR A CONDUCTIVE HEARING LOSS;

Conductive hearing losses are often treatable however management will depend on the cause.

Outer ear

- removal of the blockage by an audiologist or an Ear Nose and Throat specialist

Middle ear

- Antibiotics are often prescribed for congestion or fluid in the middle ear. If the middle ear is unable to clear, a grommet (small tube) can be inserted into the ear drum by an Ear Nose and Throat specialist to allow air back into the middle ear.
- If the bones in the middle ear have stiffened then an Ear, Nose and Throat specialist will advise if surgery can fix the problem.

For adults, when conductive hearing loss is diagnosed your audiologist will suggest getting a referral to an Ear, Nose and Throat specialist who will be able to advise you of your options.

In cases where a conductive hearing loss cannot be fixed medically, hearing aids may be helpful. Your audiologist will be able to discuss your hearing aid options available to you.

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