

The Tampa Bay Hearing and Balance Center

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Transtympanic Steroids

What is “transtympanic steroids?”

Transtympanic steroid injection delivers a dose of cortisone-like medicine through the eardrum membrane into the middle ear, from which the medication diffuses into the inner ear. The medication is delivered with a tiny 27-gauge needle. The medication burns for a brief period of time after insertion and some may go down the Eustachian tube into the throat where it has a funny taste. After medication delivery, the patient lies down for about 45 minutes to hold the medicine next to the inner ear openings. The goal is for the medication to enter the inner ear.

What is the purpose?

Some published evidence shows that patients with inner ear disorders like Meniere’s disease and sudden inner ear hearing loss may improve with transtympanic steroids. Probability of benefit cannot be predicted in most cases, but risks rates are small. Rare patients with non-specific middle ear inflammatory disorders may benefit from transtympanic steroid placement as well. In this latter group are patients with Wegener’s Granulomatosis and similar disorders for which only sterile inflammation is present.

Alternatives to transtympanic steroids?

Without therapy, some ears that are candidates for transtympanic steroids may improve spontaneously. For Meniere’s disease, transtympanic gentamicin therapy is more likely to relieve the vertigo spells, but also more likely to worsen the hearing and ringing. Meniere’s disease also has surgical alternatives that are sometimes appropriate. Steroids by mouth are possible but carry a higher risk of steroid side effects like acne, sleeplessness, weight gain, stomach acid secretion, bone problems, hip and other bone fractures.

Resuming normal activities:

Use Vaseline (petroleum jelly) coated cotton to keep water out of the ear for about three days. Even then, avoid swimming under water for about a month after the last injection. Some persons have mild dizziness from the injections and should be careful with all situations where balance is critical until feeling normal.

Risks of transtympanic steroids?

Steroids (cortisone-like medications) placed in the middle ear represent high dose therapy to the inner, but low dose to the rest of the body. Nevertheless, some risk of blurry vision, acne, stomach upset, sleeplessness, and bone problems exist. With higher dose steroids by mouth, hip fracture and backbone vertebral fractures are possible. If the medication is placed in the middle ear, total dose administered is quite small. If one were to get water in the treated ear shortly after an injection, infection in the treated ear may occur. If an infection occurred right after an injection, a risk of developing a secondary hole in the eardrum membrane exists, but the risk is quite low. If a hole in the eardrum membrane occurred, surgery to repair it might be necessary. Other methods of delivering steroids to the middle ear include placing a tube or catheter in the ear, which has a substantially higher risk of causing a hole in the eardrum membrane.

Patient/Guardian Statement: The patient or patient’s guardian and/or legal representative state by signing below that doctor has discussed the surgery, alternatives, and major risks, that the above information has been communicated to the patient, guardian, and/or legal representative and that an opportunity to ask questions has been given. The consent form should not be signed until the patient, guardian, and/or legal representative have obtained a layman’s understanding of the surgery and have obtained satisfactory answers to all questions. By signing the consent form, the patient, guardian, and/or legal representative indicate a layman’s understanding of the surgery, potential alternatives to surgery, and reasons for surgery and indicate a desire to proceed. If the surgery has been explained in another language, the person who has translated must indicate by cosigning the document that all information from the doctor and from this consent form have been communicated to the patient, guardian, and/or legal representative and that all questions have been answered satisfactorily.

Patient printed name			Patient/guardian signature		Date Signed
Circle Surgery ear	R	L	Doctor: Loren J Bartels MD FACS	Date-Planned Time line for Injections	
Witness		Guardian printed name		Translator	Language

Account Number: _____