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AIR FLIGHT INSTRUCTIONS

The eustachian tube may become blocked during ascent or descent and you may have difficulty clearing your ears. When an airplane changes altitudes, atmospheric pressures change and this alters the pressure in your ears. Whenever there is a pressure change within the middle ear, discomfort may result. The ultimate goal of caring for your ears during airplane travel is to maintain a steady pressure within the middle ear.

To minimize your risk of ear problems associated with air flight, it is recommended that you do not fly if you have a common cold, severe nasal allergy problems or a sinus infection. If you must fly with one of these disorders or if you have a chronic ear problem, you may minimize your risk of ear discomfort by following these recommendations:

1. The night before your air travel and the morning of your air travel, use an over-the-counter antihistamine/decongestant preparation such as Sudafed (or prescription medication) unless your physician has previously told you these medications should be avoided.
2. Approximately ½ hour before taking off and ½ hour before landing, spray both nasal passages with Afrin nasal spray.
3. Continue to take the antihistamine/decongestant medication for approximately 24 hours after the flight if you have had any ear problems during the flight.
4. Chewing gum in older children and adults and frequent drinking in younger children will stimulate swallowing which aids in equalizing the pressure in the ears. It may be necessary to hold your nose and swallow or to hold your nose and gently blow to force air into the middle ear to equalize ear pressure. This should be done approximately every 20 to 30 seconds during ascent or descent and at the beginning of any ear pressure discomfort.

It is important not to fly if you have any nasal or sinus problems. If you must fly with a cold, it is not recommended that you forcefully clear your ears.

For those individuals who have functioning ventilation tubes in their eardrums, these recommendations do not need to be adhered to as the pressure will automatically be equalized as changes occur.

In some situations an anesthetic eardrops (e.g. Auralgan or Americaine) may be used to stop ear pain. However, this should be discussed with your physician before use and should not be used if there is any previous injury to the eardrum, a hole in the eardrum, or a ventilation tube in place.

Should you have any questions, please discuss them with your physician. In some medical conditions medications should be avoided.

