

Dealing with post-swimming ear issues

By CYNTHIA WEISS

Mayo Clinic News Network

DEAR MAYO CLINIC: I swim for exercise and relaxation. I try to get in the pool about three times a week. Recently, I have begun to have episodes where it feels like water is still in my ear. Then my ear becomes red and painful. A friend suggested I might have swimmer's ear. Is this something that is easy to treat? Do I need to stop swimming?

ANSWER: Swimmer's ear is an infection in the outer ear canal, which runs from your eardrum to the outside of your head. It's often brought on by water that remains in your ear, creating a moist environment that aids the growth of bacteria.

Swimmer's ear also is known as otitis externa, and it can affect people of any age. And it can affect those who do not spend time in the water, since it occurs because of bacteria invading the skin inside the ear canal. Excess moisture in the ear from heavy perspiration or prolonged humid weather also can be a culprit.

Scratches or abrasions in the ear canal increase the risk of developing otitis externa. Putting fingers, cotton swabs or other objects in the ears, such as earbuds or hearing aids, also can lead to this infection by damaging the thin layer of skin lining the ear canal. Any small breaks in the skin can allow bacteria to grow.

Being aware of the risk for the condition and prompt treatment can prevent complications and



Suzanne Tucker/Dreamstime-TNS

Swimmer's ear is an infection in the outer ear canal, which runs from your eardrum to the outside of your head.

other, more serious issues. Typically, you can treat swimmer's ear with ear drops. Recurrent infections may require additional treatment.

Common signs of swimmer's ear are what you described: redness and mild discomfort that worsens when the ear is

pulled or pushed. Occasionally, people have itching in the ear canal as well as some drainage of clear, odorless fluid. Swimmer's ear symptoms are usually mild at first, but they can worsen if the infection isn't treated or spreads.

It is important to be aware if you begin to experience

a feeling of fullness in your ears, increased pain or more intense itching, or begin to have hearing complications. The infection may be progressing. However, temporary hearing loss could occur until the infection clears.

Follow these tips to avoid swimmer's ear:

- Keep ears dry. After swimming or bathing, dry your ears by wiping the outer portion gently with a soft towel or cloth. Tip your head to the side to help water drain from the ear canal. You also can use a hair dryer on the lowest setting, holding it at least a foot away from the ear.

- Use a preventive treatment. As long as you do not have punctured eardrums, you can use homemade preventive eardrops before and after swimming to help reduce the risk for swimmer's ear. A mixture of one-part white vinegar to one part rubbing alcohol can promote drying and prevent the growth of bacteria and fungi that can cause swimmer's ear. Pour 1 teaspoon of the solution into each ear and let it drain back out. Similar over-the-counter solutions might be available at your drugstore. Additionally, consider wearing earplugs while swimming.

- Avoid putting foreign objects in the ear. Cotton swabs can pack material deeper into the ear canal, irritate the thin skin inside the ear or break the skin. If you are trying to clean the ear and remove wax, do so without using cotton swabs or other instruments.

- Protect ears from irritants. Putting cotton balls in the ears while applying products such as hair sprays and hair dyes can reduce risk of bacteria getting into the ear canal.

Since you have not been diagnosed with swimmer's ear, it would be helpful to talk with your primary health care professional to confirm the condition and provide the proper treatment. You should not have to give up swimming for exercise, but you may need to take a temporary break from the pool for a few days. Your health care team can offer guidance on when to return to the water.

— Compiled by Mayo Clinic staff

FORMULA

Continued from Page B1

But when Amelia was born in April the shortage had gotten worse. Combing through a Facebook group for people buying and selling formula, Brown found a woman in Ohio selling six cans of the Costco-brand formula she needed for \$200 — \$60 more than it would have cost in the store, if she'd been able to get it there.

"I absolutely needed it. I said, 'OK, fine, I guess I'm going to have to pay it so my kid can eat,'" Brown said.

Brown said she's grateful such groups have cropped up and said most people she's met through them have good intentions. She does worry, though, that people who want to make a profit off desperate parents will make the shortage worse by buying up what little supply is available in stores.

"When I walk into Walmart, Target and the grocery stores and see the shelves empty, it breaks my heart," she said. "It is so scary not being able to buy formula."

When she can't find formula in stores, she has turned to baby pantries in her area. She tries to bring other donations in exchange for a can of the formula she needs.

The shortage has been hardest on families that can't afford marked-up prices, don't have time to scour the stores or cruise

the internet, and don't have the cash to stock up even if they find what they need, said Veronica Briggs-Francis, a certified lactation consultant and owner of Balance Lactation in Philadelphia.

"That was me," Briggs-Francis recalled. She struggled to breastfeed her baby (who is now 13 years old) and when she called the hospital for help, they suggested formula. "The stress and financial hardship — I can't imagine going through that now, not even being able to find the formula."

Formula for a newborn who eats an average of 21 ounces a day costs between \$340 and \$730 a month, depending on the brand. By six months, the cost could be upwards of \$1,100.

Briggs-Francis is among the medical professionals who worry that these families will resort to dangerous work-arounds — such as diluting formula, which can cause seizures and other emergency medical problems.

"No one wants to do those things, but you feel you're in a position where you don't have options," Briggs-Francis said. "In desperate times, you're not thinking about the long-term effects. You're thinking about the now."

Dietitians are urging families in dire need of formula to contact their pediatrician, try a generic brand or consider a milk bank, where donated breast milk is pasteurized for donation. Even in tough times, buying from individuals online or

accepting formula from someone you don't know can be dangerous, said Jessica Libove, a lactation program manager at Philadelphia Department of Health's division of maternal, child and family health.

If you are going to acquire formula from unofficial retailers or individuals, Libove said, make sure the formula is unopened, unexpired and not subject to the Abbott recall, which you can confirm by looking up the lot number on Abbott's website. When possible buy from someone you know or who lives locally and can meet in person for pick-up, she said. Neighborhood formula exchanges are one way for families help each other safely, Libove said.

That's the kind of connection Briggs-Francis is helping families make. She and another Philadelphia group, Magpi Midwifery, paired up to play matchmaker between their clients. They track which families need formula, which can use breast milk, which have formula or milk they can donate or trade. Often, Briggs-Francis handles the pick-up and drop-off herself.

Official milk banks, such as those run through hospitals or the Human Milk Banking Association of North America (HMBANA), require donors to complete health screening and, sometimes, drug testing to be sure their milk is safe. Donations are pasteurized and sterilized before being distributed. But these organizations are

typically designed to help medically fragile babies who are in the greatest need, Briggs-Francis said.

Informal milk exchanges, like she's coordinated, can be a resource for families whose babies can tolerate breast milk — if they can get it. Briggs-Francis recommends working with a lactation consultant or pediatric dietitian, who can help coordinate exchanges between families they work with.

Through Briggs-Francis, Kylie Bigler has donated 700 ounces of breast milk to five Philadelphia-area families since her daughter was born almost a year ago. Bigler, 31, started donating before the shortage, when her supply became more

than her child needed.

Now 11 months old, Bigler's daughter will be transitioning away from breast milk soon. But Bigler is considering keeping up her supply anyway, to help families who need it.

Pumping is physically and emotionally draining, but she wants to support other parents and caregivers who — like her — are doing their best to provide for their children.

"Motherhood can be so isolating and so challenging, and something as easy as feeding your baby shouldn't be a stressor," Bigler said.

Breastfeeding wasn't an option for Weiser, whose son's allergies make him intolerant of breast milk. So

far, she's never completely run out of formula, but the thought that it could happen is terrifying.

The community she's help build has lightened the load, just a little. Within three days Delco Formula Finders amassed close to 300 members. Some follow Weiser's example, posting photos of store shelves, to alert others what brands are available at various stores.

Others post desperate pleas for the brand they are looking for. Within minutes of a new mom asking people to be on the lookout for her daughter's Enfamil formula, four others had posted leads on where it was in stock. One even offered to give her a couple cans, free.

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