

Lexi - Eustachian tube dysfunction

D - Come in

P - Morning.

D - Morning, Ian.

P - Ian has an appointment following mine. Thank you, I've got a bad hand.

D - Is it your hand you're here about today, then?

P - Well, it was going to be, but I've got a different problem, so...

D - Right

P - It's my right ear. I've had tinnitus on and off since 1991 - it'll not be on the records, but I know I have. Occasionally I do have a bit of ringing or a high-pitched noise in both ears but I'm seeing in at least the last month, my right ear has been... I can sometimes hear when I'm watching the telly, it's like the washer's draining, but when I go to bed, the noise - it's like it's right next to me. It's really, really loud; different to the normal tinnitus I've had. I didn't know whether I had- whether I've had wax or what, or whether it's just tinnitus. I don't know.

D - Okay

P - It's just this ear, I've got a bit of ringing this morning, but it's this ear which I haven't got that noise going on with it - but when it starts... terrible.

D - So, the main thing you want me to help you with today really relates to your right ear. It's been going on for a month, although you have had a problem with tinnitus historically since 1991.

P - I have, since 1991, and it's only been a bit of buzzing, and what I would call is probably tinnitus. But this has just become - just the right ear - very loud and worse in bed, but *really* loud.

D - So that's your priority, but you also mentioned that there's a hand issue?

P - It's just this... it's down this morning, but for the last few days it's been up like a pudding and I've had radiating pain there.

D - Okay.

P - I have eczema and I don't know whether it's to do with that, I don't know, but my right hand tends to get very puffy and yesterday these fingers were quite big. It's down this morning, because it was up from here, but it is a lot down this morning, and I haven't got the aching and pain going on this morning, that I had yesterday.

D - Okay, how are you in yourself?

P - Fine.

D - Okay, so if we prioritise your ear in the first instance is that okay?

P - That's all I want today.

D - What did you think was going on with your ear?

P - I don't know - I don't know whether I've got wax in, whether it is tinnitus; it's just so loud, to the point you can't sleep for it.

D - Okay, any discharge coming out of the ear?

P - No, no

D - Any change in your hearing?

P - I feel a bit, a little bit muffled, as if you could do with some Sudafed or something to clear your head. That kind of muffled.

D - Other than that, have you noticed any congestion?

P - No

D - No cold symptoms at the moment, no cough or anything?

P - No, not had a cold for a couple of months.

D - Any spinning sensations at all?

P - No

D - Nothing like that?

P - No

D - Okay. And the hand problem, if I can just double check?

P - I don't know whether it's just arthritis or something because I haven't knocked it or anything like that.

D - No injury, and no family history of arthritis?

P - I have, I know I've got it in those two fingers, because I got told once when I had an x-ray, but it just seems like this pain gets quite intense. I did have toothache the other day and I was already backing it with paracetamol, and it didn't touch that.

D - Sure, okay. But it seems to be getting better of its own accord.

P - I haven't got it today, I haven't got it today.

D - Yeah. What was your deepest fear related to that?

P - I don't know really, not... I didn't have a fear. I just thought 'is it a touch of arthritis', or what is it.

D - No clots in the family? Nothing like that?

P - No, no.

D - Okay, and any drastic things that you'd read on the internet for the ear?

P - No, I've never looked.

D - Nothing like that, no? Alright. Was there anything in particular that you wanted me to do about the thing with the ear?

P - Just to have a look, to see, is it wax, or could it be tinnitus - that was all. Just a reason for it, really.

D - Alright, okay. You've got type 2 diabetes?

P - I have, yes.

D - You've recently changed your treatment a little bit with your pioglitazone; are you tolerating that okay?

P - Yeah, all that's doing is making me go to the toilet a little bit more, but nothing else.

D - Okay, otherwise you're tolerating that okay?

P - During the night and during the day, but fine, no problems.

D - But Janet's keeping an eye on that for you?

P - I'm there at 9 o'clock this morning with a urine sample and for bloods.

D - Good, can I check there's no swellings anywhere else?

P - Yes.

D - No joint swellings, no joint tenderness, no stiffness in the mornings or anything like that?

P - I haven't got anything, no.

D - And your weight's been fairly stable at the moment, is it?

P - No, but only because I've been really naughty. That has gone up a bit, but it's nothing unusual to what I've been eating. I expect that.

D - Okay, and you're not a smoker?

P - No, never.

D - Alright, okay. Good, okay, well why don't we check you over? We'll start with your ear and then have a wee look at your hand as well, if that's okay?

P - Yeah.

D - I'm going to test your hearing if I may?

P - Yeah.

D - Just tell me what I'm saying... [whispered] 'twenty-one'.

P - Twenty-one.

D - Good... [whispered] 'ninety-eight'.

P - Ninety-eight.

D - So, you're hearing's pretty good.

P - I've always had excellent hearing, always, but it does feel a little bit muffled.

D - Okay, and the world's not going 'round when you turn over in bed?

P - Nothing, no spinning, no nothing.

D - Alright, you've had no chest pains and no breathlessness?

P - No, no.

D - Not sore when I press on there?

P - No.

D - And your teeth are okay, are they?

P - Yeah.

D - Yeah, okay. Open your mouth... breathe in; close your mouth. And no pain in your face at all?

P - No.

D - And as you said, no cold symptoms, not sneezing. If you can look towards your husband? And you've never been a smoker, have you? Good, okay. Let's have a wee look at your hand as well.

P - It's just that one.

D - So, no swelling of your joints there.

P - No, I wouldn't have been able to have stood you pressing it yesterday.

D - Oh, alright. And you're not tender there?

P - No, no.

D - Can you cock your wrist up there?

P - No pain, nothing.

D - It doesn't hurt when you do that?

P - No.

D - Great, okay, so it seems to be getting better, whatever it's been.

P - Yeah, it's just been radiating there yesterday - the whole thing was puffed up.

D - I need to know if you're finding that the forearm is becoming swollen and tender.

P - Right, okay.

D - But, if you've got persistent problems with stiffness and pain in your joints, let's have another look at you as well.

P - Right, which I haven't, which I haven't at the moment.

D - All right, okay. So, the problem- the main issue that you wanted to talk about was related to your ear. You were wondering about wax; there's no suggestion of any wax there. Your hearing's pretty good, but your ear drum on the right-hand side is slightly sucked in, in a way - that sort of thing sometimes happens with a cold, but you've not mentioned a cold. But, it's usually caused by you not being able to balance the pressures in your ear, so it's a problem called 'eustachian tube dysfunction'. You know when you go up in a plane and you pop your ears?

P - Yes.

D - That's not working so well at the moment. Can you make it pop at the moment, if you hold your nose and blow until your ear pops, does that work on that side?

P - It did for that one, but not that side.

D - It does on that side, but not on that side? So, that confirms that's what the problem is.

P - Right.

D - Right, it's nothing sinister or worrying. It'll get better, but we can make it get better a bit faster if you want.

P - Right.

D - So, all you need to do is to learn how to do that popping exercise.

P - Right, right.

D - So you can do that with a mint. So, having a mint in your mouth, maybe sugar-free chewing gum for you would be ideal, being diabetic - but all you want to do is to make your ear pop several times a day. If it's not working without help, then it may be helpful for you to use a decongestant, but you mustn't use the decongestant for any longer than about a week or so.

P - Right.

D - And you can just buy that over the counter, just a nasal decongestant - the chemist will recommend something for you. Does that sound okay?

P - That sounds fine, yeah.

D - That should settle things. If you're getting new problems, so if you've got persistent deafness, if you've got discharge from your ear, and it's sore in your ear - let's see you urgently. Don't think that's going to happen.

P - Alright.

D - Or if you've got vertigo, where the world goes 'round persistently for more than a minute at a time, then we really ought to see you as well. But there's no suggestion of anything worrying, and I can't see any particular problem with the hand, but if you've got a persistent problem with that, then I'm happy to see you again. Do you want to go over any of that again?

P - No, that's great thank you.

D - Would it be helpful for me to write down the name of that problem for you?

P - Oh, yes, that would be interesting.

D - Alright, now you can look this up if you like.

P - I will.

D - On patient.info, but you're looking up 'eustachian tube dysfunction'.

P - That's quite a mouthful, isn't it.

D - Yeah, would you like me to show you a picture of this?

P - Oh no, you're fine, you're fine. And can I just ask you to pop me back on your list for these, you did this side, and it was just for those?

D - Just remind me what I've done for you.

P - It was just one off here, some down here, and a one you took...

D - Were they little skin tags we took off for you?

P - They were just flat ones; one there, a couple were grouped here.

D - Oh, you had some little seborrheic warts, didn't you?

P - Yeah, you said come back in six weeks, but I think it'll be a little bit more than six weeks.

D - You need to have those ones done as well?

P - Oh yeah, please.

D - Okay, it might leave a scar, is that acceptable?

P - Yeah, I'm not bothered.

D - Are you?

P - Yeah.

D - Sure, alright, no problem.

P - Thank you, right, I'll let you swap seats.