



# Ear Cleaners for Use in Patients With Chronic Otitis



**Sandra Koch, DVM, MS, DACVD**

College of Veterinary Medicine, University of Minnesota

Ear cleaners should be used at home as part of most treatment protocols for chronic otitis. Initially, they can be used once daily to twice weekly, depending on the severity of the otitis and amount of discharge present; after otitis and infection are resolved, they are usually used once to twice weekly as maintenance therapy to help prevent future infections.<sup>1-4</sup>

The table lists types of ear cleaners; their indications, formulations, and considerations for use; and some commercially available examples.

TYPE OF EAR CLEANER	INDICATIONS	FORMULATIONS (EXAMPLES)	CONCERNS	VETERINARY PRODUCTS (EXAMPLES)
Drying agents	<ul style="list-style-type: none"> <li>Used for cleansing and drying</li> <li>Used for prophylaxis and treatment and as a deodorizer</li> </ul>	May contain isopropyl alcohol, acetic acid, boric acid, benzoic acid, malic acid, salicylic acid, silicone dioxide, and sulfur	May be irritating, may cause a burning sensation in ulcerated ears, and should be avoided in severely inflamed/ ulcerated ears (eg, those infected with gram-negative bacteria, such as <i>Pseudomonas</i> species)	<ul style="list-style-type: none"> <li>CleaRxTreatment Dryer</li> <li>MalAcetic Otic</li> <li>Otic Clear</li> <li>Otic-Clens</li> <li>OtiRinse Ear Solution</li> <li>Oti-Soothe Ear Cleansing Solution</li> <li>UltraOtic Rinse</li> </ul>
Antiseptics	<ul style="list-style-type: none"> <li>Used as antimicrobial for yeast and/or bacteria</li> <li>May be used alone or combined with other therapies</li> <li>TrizEDTA is effective against <i>Pseudomonas</i> species</li> </ul>	May contain TrizEDTA (chelating agent), chlorhexidine, iodophors, boric acid, acetic acid	High concentrations of chlorhexidine and iodophors are usually contraindicated with ruptured tympanums	<ul style="list-style-type: none"> <li>TrizEDTA Aqueous and Crystals Flush</li> <li>TrizEDTA+Keto</li> <li>MalAcetic Otic</li> <li>Otocetic Solution</li> <li>Otic Clear</li> </ul>
Ceruminolytics	<ul style="list-style-type: none"> <li>Ceruminolysis</li> <li>Ceruminous otitis externa</li> <li>May be combined with a drying ear cleaner after a ceruminolytic product to help remove debris and prevent maceration</li> </ul>	May contain squalene (most effective), dioctyl sodium sulfosuccinate, urea, carbamide peroxide, glycerin, lanolin, propylene glycol, phytosphingosine	May predispose to yeast overgrowth	<ul style="list-style-type: none"> <li>Cerumene</li> <li>Epiklean Ear Cleanser</li> <li>KlearOtic</li> <li>Douxo Micellar</li> </ul>
Combination products	<ul style="list-style-type: none"> <li>Drying and disinfectant agents</li> <li>Effective for mildly waxy and inflamed ears</li> <li>Prophylaxis in cases of recurrent otitis externa</li> </ul>	May contain propylene glycol, lanolin, glycerin, lactic acid, parachlorometaxylenol	May be irritating if contains alcohol	<ul style="list-style-type: none"> <li>Epi-Otic Advanced</li> <li>Douxo Micellar</li> </ul>

Removal of debris and purulent material greatly improves the efficacy of topical antimicrobials, especially aminoglycosides and polymyxin B. However, overcleaning should be avoided because it can contribute to maceration and ear disease. Clients should be educated on the proper technique to clean the ears and to avoid using cotton balls and cotton swabs inside the ears.

*For more information on diagnosis and treatment of chronic otitis, see the May/June 2017 article [Dermatology Details: The Challenge of Chronic Otitis in Dogs—From Diagnosis to Treatment](#).*

### References

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3. Paterson S. Topical ear treatment—options, indications and limitations of current therapy. *J Small Anim Pract* 2016;57(12):1-11.
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