

Treat glue ear with Otovent[®]



Available without prescription



Otitis Media with Effusion (OME)

OME, or “glue ear”, is a result of excess fluid buildup behind the eardrum. Also referred to as “ear catarrh”, it is a common condition that affects most children and adults at some point during their lifetime. This sticky buildup is not pus and does not automatically indicate an infection. It is likely caused by a swollen eardrum that cannot properly open to balance air and fluid in the middle ear, creating a vacuum that allows extra fluid to seep in and partially or fully block the canal. Eardrum function is reduced, resulting in muffled hearing ability. OME is often experienced in connection with the common cold or flying. Affecting 7 out of 10 children at least once before their fourth birthday, boys are more prone to experience OME than girls.^{1,2}

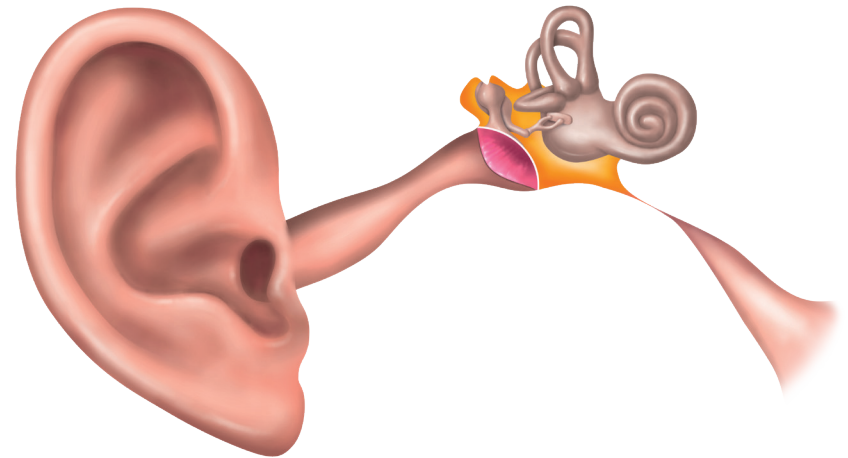
Common symptoms

- A plugged feeling in the ears
- Sensation of ears filled with water
- Inability to clear or “pop” the ears
- Muffled hearing or partial hearing loss
- Ticking or popping sounds
- A tickling or tingling sensation
- Trouble with balance



The length and severity of OME symptoms depend on their cause. For instance, if negative pressure in the middle ear is caused by a change in altitude, these symptoms will often go away as the body adjusts to the pressure or reaches a lower altitude. On the other hand, OME caused by an illness or infection can last much longer.

Important! Anyone with symptoms of OME that last more than 2 weeks should see a doctor.



If the Eustachian tube becomes blocked, the negative pressure within the middle ear will draw the eardrum inwards. A middle ear effusion can develop and if not treated will become glue-like in consistency.

How to diagnose OME

Formal assessment of a child with suspected OME should include³

➤ Clinical history

Focusing on: poor listening skills; indistinct speech or delayed language development; inattention and behaviour problems; hearing fluctuation; recurrent ear infections or upper respiratory tract infections; balance problems and clumsiness; poor educational performance

➤ Tympanometry

➤ Clinical examination

Focusing on: otoscopy; general upper respiratory health; general development status

➤ Hearing testing

Which should be carried out by trained staff using tests suitable for the developmental stage of the child, and calibrated equipment

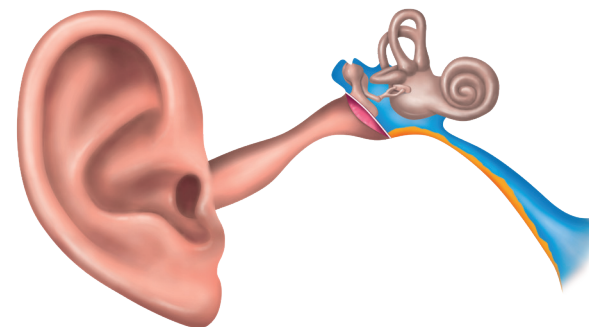
Otovent[®] for prevention and relief

Otovent is the only clinically proven non-surgical, effective, drug-free treatment available for glue ear (OME). Regulating pressure in the middle ear is a known and important mechanism in the treatment of middle ear disorders in children and adults. Normally, pressure in the middle ear is equalised by swallowing or yawning.



The two-phase Otovent[®] method

Excess pressure is created via the eardrum with the help of the Otovent nose piece and balloon, equalising the negative pressure in the middle ear. Making it a game for children to blow up the balloon increases proper use and easier treatment.



Phase 1: Inflation

Inflation of the balloon using one nostril and then the other. This is the recommended option for initial treatment.

If inflation does not have the desired effect

Phase 2: Deflation

Inflate the balloon as above and let the balloon deflate back into the nostril while simultaneously swallowing.

When can Otovent[®] help?

- ✓ For treating glue ear in children and adults
- ✓ To help equalise ear pressure before scuba diving
- ✓ To assist in equalising ear pressure on flights
- ✓ To help equalise ear pressure at high altitudes in general



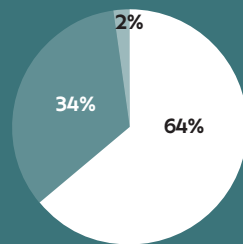
Why Otovent®

- ✓ Otovent significantly decreases the need for grommet surgery²
- ✓ Otovent is an easy-to-use device for reducing symptoms and improving quality of life for patients suffering from OME
- ✓ A mechanical treatment without the use of drugs
- ✓ Immediate relief encourages patients and reduces anxiety
- ✓ No limitation in treatment time
- ✓ Fun to use

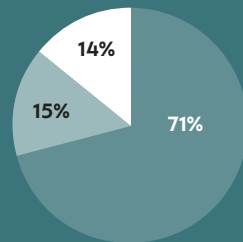
Proven clinical effects²

After 2 week 64% was improved in the Otovent group vs 14% in the control group.

Otovent® Group



Control Group



● Unchanged ● Deteriorated ● Improved

How to use Otovent®

Slightly stretch and inflate the Otovent balloon prior to first-time use.

Caution! Otovent balloons are designed to deliver a safe, consistent stream of air into the nasal cavity to prevent Eustachian tube damage.



1 Attach the balloon to the nose piece. Hold the round part of the nose piece firmly to your nostril. Press the other nostril closed with your index finger to prevent air flow on that side.



2 Inhale deeply, close your mouth and gently but firmly inflate the balloon to the size of a grapefruit (10–12 cm). Once the balloon is inflated, swallow 1–3 times.



3 Repeat the process on the opposite nostril. The procedure has worked when you hear or feel a small 'pop' in your ear.

If you do not experience immediate relief, repeat step two above, this time allowing the balloon air to deflate back into the nostril as you swallow 1–2 times. Treatment may need to be repeated over 2–3 weeks. Follow your doctor's recommendation for optimal results.

Please note

- Each balloon can be inflated up to 20 times before replacement is required.
- Otovent should not be used in case of acute ear infection or upper respiratory tract infection.
- Otovent can be used from age 3 years and up.
- Otovent balloons are made with latex.

Track your journey with the Otovent[®] companion app

- ✓ Notices with reminders
- ✓ Registration of treatment sessions
- ✓ Game-based support for children
- ✓ Instructions for use
- ✓ FAQ



Want to know more about
Otovent[®] companion app?



Scan the QR for
more information



References

1. Zeilhuis GA, Rach GH, Broek PV. Screening for otitis media with effusion in pre-school children. *Lancet* 1989;1:311-314.
2. S-E Stangerup M.D., J. Sederberg-Olsen M.D., V. Balle M.D. Autoinflation as treatment of Secretory Otitis Media. *Arch Otolaryngol Head Surg* 1992; 118: 149-152.
3. National Institute for Health and Clinical Excellence, London UK, www.nice.org.uk, ISBN 1-84629-595-5 Stang



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