

How to Remove Water From Your Ear

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STORY AT-A-GLANCE

- › Using the laws of gravity, a vacuum and evaporation are two ways to get rid of water in your ears
- › Never use a pen, bobby pin, crochet needles or even your fingers in your ears in an effort to extract water as it could perforate your eardrum or cause an infection
- › Swimmer's ear is the most common type of ear infection in adults and should not be confused with otitis media, the common type of childhood ear infection
- › Pain, inflammation, crusty skin and a watery discharge are all symptoms of swimmer's ear, caused most often by contaminated water in swimming pools, hot tubs, water parks, fountains, lakes, rivers or oceans

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Have you ever been swimming (or even in the bathtub), tilted your head the wrong way and gotten that uncomfortable sensation of water entering your ear canal?

Often the water will drain out on its own, but if it doesn't, it can get trapped and lead to a condition known as swimmer's ear, aka otitis externa. The sensation is uncomfortable at first – a slightly tickling, eye-watering twinge anywhere from your ear to your jawline and throat, and sound might be muffled.

But water isn't the only thing that can exacerbate this problem. Trying to fix the problem in the wrong way using all kinds of instruments to help open up the tubes and perhaps

get wax out of the way can make the problem worse or even introduce bacteria that can cause infection.

You should not use cotton swabs, pens, bobby pins, crochet needles or even your fingers for this purpose.

The trouble is, any of these instruments can cause damage to your ear canal's delicate lining. Don't do it! At the very least, it can cause an ear infection, and there are several safe and effective things you can do to get water to drain from your ears without making the problem worse.

Safe Methods for Removing Water From Your Ears

Nobody likes having water trapped in their ears. Frankly, it makes you miserable, but to get it out safely and without doing further damage requires an understanding of how water behaves. Remember, gravity generally causes water, wherever it is, to seek the lowest level to settle. Evaporation, suction and wicking are other measures to try.

Gravity – Letting gravity do what it does may be the most practical way to remove water from your ears. Simply tugging or jiggling your earlobe to change the configuration of the tube leading to your ear canal, while tipping your head toward your shoulder, may do the trick.

Suction – Create a vacuum by tilting your head to the side and alternately cupping your palm tightly over your ear and away again, several times. This may help move the water or at least loosen it up so it can be pulled out.

Evaporation – Experts recommend using a blow dryer for this purpose. Place it on its lowest setting for both force and heat, hold it about a foot from your ear and move it slowly back and forth to distribute the force of the air directed toward your ear. This may help evaporate the trapped water.

Simultaneously, do the earlobe-tugging maneuver. You may run out of hands, though, so you might need someone to help you with this method.

Wicking – Similar to the way cellphones accidentally dropped in water can be miraculously resurrected (under the right conditions) by placing it into a bag of uncooked rice, wicking may work to remove water trapped in your ear.

Try using a dry towel or washcloth to clean your ears immediately after bathing. Using a warm-to-hot washcloth as a compress over your ear to drain, soothe and combine several of the above methods may also be helpful.

Evaporation plus infection prevention – Combining alcohol and vinegar 1-to-1 in a sterile dropper may have the combined effect of helping the water evaporate while preventing bacterial growth.

Place three to four drops into your ear with your head tilted to the side to let the solution work for a few minutes, then drain.

Flushing and draining – A 1-to-1 mixture of water and hydrogen peroxide in a dropper and used the same way may help soften wax and allow trapped water to drain from your ear.¹

You may feel "fizzing," hear popping noises and even experience a deep itch inside of your ear. Tilt your head to the side, use three or four drops of the solution and let it "percolate" for a few minutes before draining.

If you already have an ear infection, a perforated eardrum or tubes in your ears (or your child's), options involving drops are not recommended.

Prevention and Why It's Important

When dogs emerge from water, they shake their heads vigorously from side to side, sending a spray of water in all directions to get excess water off their coats, but as a

preventative measure this may have just as much to do with shaking water out of their ears.

It might look odd, but this method, too, would be worth the strange looks you might get. Especially if water in your ears has a tendency to cause problems, wearing a swim cap or ear plugs when showering or swimming would be worth any inconvenience.

In fact, doctors advise people involved in water sports (or in water frequently for any other reason) to wear ear plugs. Infection is the thing to be most vigilant to prevent. That's most important if the water comes from a lake or river where the water may be polluted. Harmful bacteria in the water can cause swimmer's ear.

Your risk of developing swimmer's ear increases if you have eczema, psoriasis or a similar chronic skin disorder, according to the American Academy of Otolaryngology – Head and Neck Surgery.² Other conditions also make swimmer's ear more prevalent, according to Medical News Today:³

- Excess moisture in your ear
- Scratches or cuts in your ear canal
- Allergies to skin or hair products or jewelry

Information Worth Knowing About Ear Infections

Infections can spread, including those caused by a new piercing that gets infected, and may worsen an ear infection. Some people may assume regular pH checks and chlorination will rid swimming pools of any infection-causing bacteria, but not always.

The Centers for Disease Control and Prevention (CDC) says germs can be spread even by a fine mist of contaminated water in swimming pools, hot tubs, water parks, water play areas, interactive fountains, lakes, rivers or oceans.⁴ More specifically:⁵

"Ear infections can be caused by leaving contaminated water in the ear after swimming. This infection, known as "swimmer's ear" or otitis externa, is not the

same as the common childhood middle ear infection.

The infection occurs in the outer ear canal and can cause pain and discomfort for swimmers of all ages. In the United States, swimmer's ear results in an estimated 2.4 million health care visits every year and nearly half a billion dollars in health care costs."

Ear Infections and Other Complications

Besides pain, redness and swelling inside and outside your ear, symptoms, listed by Medical News Today,⁶ include:

Partial (and temporary) hearing loss from swelling	Scaly, peeling skin in and around your ear canal
Watery discharge or pus that may smell bad	Itching and irritation in and around your ear canal
Ear tenderness when you move your mouth to speak or eat	Swollen lymph glands in your throat

According to the American Academy of Family Physicians (AAFP), swimmer's ear involves inflammation outside of the ear canal and may extend to the tympanic membrane:⁷

"The acute form has an annual incidence of approximately 1 percent and a lifetime prevalence of 10 percent. On rare occasions, the infection invades the surrounding soft tissue and bone; this is known as malignant (necrotizing) otitis externa, and is a medical emergency that occurs primarily in older patients with diabetes mellitus."

Medical News Today reiterates that a severe infection may lead to fever and pain in your face, neck or side of the head. Additionally:⁸

"Complications of swimmer's ear may include temporary hearing difficulties and pain. Rare complications include long-term infection, deep tissue infection, bone and cartilage damage, and infection that spreads to the brain or nerves."

Swimmer's ear is the most common infection swimmers experience and can last as long as three weeks. If it lasts longer than that, or pain and inflammation is ongoing for several days, it's time to see a medical professional.

Antibiotics and Vaccines May Worsen the Problem

The middle ear infection previously referenced, otitis media, or OM, is the most common one experienced by children, but might not need to be. The American Academy of Otolaryngology – Head and Neck Surgery notes:⁹

"About 62 percent of children in developed countries will have their first episode of OM by the age of one, more than 80 percent by their third birthday, and nearly 100 percent will have at least one episode by age 5."

In the U.S. alone, this illness accounts for 25 million office visits annually with direct costs for treatment estimated at \$3 billion. Health economists add that when lost wages for parents are included, the total cost of estimated treatments mount to \$6 billion."

Further, the usual treatment for children with these infections is typically either antibiotics or pressure equalizing tubes, inserted surgically. But this can lead to bacterial resistance, meaning the infection becomes even more difficult to treat. Even worse, the tubes don't always do the job properly and may need to be re-inserted.¹⁰

While the concept of vaccines is to stimulate peoples' immune systems without actually causing illness, it doesn't always happen that way. The website adds that pneumococcus is one of the most common and potentially serious bacteria to cause ear infections (not to mention sinus infections, pneumonia and meningitis).

If a pneumococcal vaccine is recommended for your child, you'll need to weigh the risks of the vaccine against the potential benefits. In the case of ear infections, which often go away on their own with no treatment needed, there is some research that kids given vaccines actually have more ear infections than those not vaccinated. Further, more children may suffer adverse reactions from vaccines than any other type of drug or procedure.¹¹

Sources and References

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- ¹ [Livestrong April 13, 2015](#)
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- ⁶ [Medical News Today January 17, 2017](#)
- ⁷ [AAFP 2012 December 1;86\(11\):1055-1061](#)
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- ¹¹ [PLoS One February 14, 2014](#)