



## **Mr Glenn Watson**

M.B., B.S., B.Sc. (Hons), F.R.A.C.S.  
Ear, Nose and Throat – Head and Neck Surgeon

### **TINNITUS**

#### **A guide for Mr Watson's patients**

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand, please make another appointment with Mr Watson so your questions may be further discussed and clarified.

Tinnitus is noise heard within the ears and it can be in one or both. The noise itself is not made by the ears but instead by the brain. The analogy is that the brain, a stereo, is the generator of the noise, while the ears act as the speakers. Tinnitus may be a ringing, roaring, buzzing or clicking sound. It may be a mixture of these noises varying in pitch. It may be continuous but may come and go. Most commonly however, it is heard in quiet times and less so when you are busy or active.

#### **Causes of Tinnitus**

There are numerous causes of the initiator of tinnitus. While there are too many to list, these are some of the common causes -

- Noise induced hearing loss; work induced or socially induced, such as loud noise at night clubs or loud music
- Trauma
- Medications
- Ear operations
- Viral labyrinthus
- Meniere's Disease (Syndrome)
- Genetic factors
- Acoustic Neuroma
- Anxiety
- Medical problems such as diabetes or thyroid dysfunction
- Otosclerosis
- Head and neck injury

**All correspondence to**  
Yarraville Specialist Centre  
277 Somerville Road  
Yarraville Vic 3013  
Telephone: (03) 9314 9100  
Fax: (03) 9314 9125

Provider No. 081077NT

[www.glennwatson.com.au](http://www.glennwatson.com.au)

The Healthcare Centre  
185a – 189 Princes Drive  
Morwell Vic 3840  
Telephone: (03) 5133 9966  
Fax: (03) 5134 6635

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- Temporomandibular joint (jaw) problems
- Blood pressure problems
- Advancing age
- Nasal obstruction
- Infections of outer, middle or inner ear
- Wax occlusion

The most common cause of tinnitus is damage to the inner ear nerve cells.

### Factors that Make Tinnitus Worse

- Monitoring (listening for the tinnitus)
- Stress
- Anxiety
- Fatigue

### Investigations

Mr Watson will generally organize some investigations which may include a hearing test, an ABR, ECoG or MRI.

A **hearing test** is most commonly done to ensure the cochlear is not damaged with the resulting hearing loss.

An **ABR** (Brain Response Audiometry) is a test where electrodes are placed on the scalp and the conduction pathway of the nerve from the ear to the brain is measured. It is a passive non-invasive test. Mr. Watson gives the analogy to a train passing through a number of stations. The train should arrive at each station on time and in a certain time period. A delay in the train arriving at a station may indicate a problem. In the same way this test measures the time taken for the nerve to conduct through a number of relay stations at various levels up to the brain.

An **ECoG** (Electro-cochleography) is often performed if the patient has a history of dizziness or vertigo. This test measures indirectly the pressure of fluid inside the semi-circular canals within the inner ear. Mr. Watson gives the analogy of the semi-circular canals being like a small garden hose. If it has fluid inside the hose under excessive pressure then vertigo may occur.

**MRI Scan** (Magnetic Resonant Imaging) is a test done by the Radiology Department which gives excellent photographs of the brain. There is no radiation associated with this procedure, however being a magnetic test the patient needs to lie within a large donut shaped machine which makes a very loud noise. As the test is based on magnetism it cannot be performed on some patients with metal in their body such as pacemakers. Any such device or metal in the body needs to be reported prior to this test being performed.

### Treatment of Tinnitus

There is no specific medication, lotion or potion which will take noise away. Most people learn to adapt to the noise or reduce its intensity. This is called habituation.

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Obviously the most important treatment is the reduction of stress and anxiety, as it becomes a vicious cycle. The noise is a distressing so people become anxious and therefore their tinnitus gets worse and becomes less tolerable.

The Audiologist that works with Mr Watson in his rooms is an extremely important part of the treatment of tinnitus. They provide information and programs and these are available through our rooms for patients who are not coping well with tinnitus. Direct counselling is also beneficial, either through Tinnitus Retraining Therapy via our Audiologist or Cognitive Behavioural Therapy via a Psychologist.

One of the mainstay treatments is sound therapy. The aim is to suppress the noise of which you hear by introducing another sound. This can be done for example by listening to music on a low volume through head phones or alternatively a radio. These days you can also download free apps on your smart phone which allow different sound therapies to suppress your tinnitus. It should be remembered that tinnitus is a noise of which you hear in the ear and it is a symptom rather than a disease. It is also not a diagnosis. A lot of people actually have the noise without being bothered by it and this is what we aim to do in yourself.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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