



**helps monitor
ear infections**



**identify common
throat problems**



Summer

ear & throat exam kit
full-color guide book to common
ear and throat ailments

**BIRTH
& UP**

04560

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This booklet is intended to be an educational tool and contains descriptions of conditions offered in good faith based on current knowledge. It is not intended to take the place of professional medical advice or any medical diagnosis obtained from your doctor. Your doctor should always be consulted when questions arise about any condition described in this booklet or that you may be concerned about.

Your Otoscope

Please take the time to read this entire booklet before proceeding to use your new Otoscope. Always check proper working condition before each use. If the light has become dim or slightly yellow, it indicates the need for battery replacement. A yellowing light will make a normal eardrum appear discolored and yellow. See battery replacement instructions, page 2.

It is recommended that after each use, the Probe be removed and cleaned by wiping it with rubbing alcohol. Avoid touching the reflector plate inside your Otoscope as it will become tarnished, reducing the reflection of light. See probe tip replacement instructions, page 2. To turn Otoscope on, press the thumb button above the handle grip.

FEATURES



Otoscope Instructions

To allow for proper insertion into the ear canal you must straighten what is a naturally crooked ear canal (Figure A). To do so you must pull the ear up and back (Figure B). Pull the ear down and back on an infant.

The Probe is then gently inserted and slowly moved into the ear canal to see the eardrum. Although the Probe is designed to fit safely into the ear canal without causing damage, great care should still be taken when inserting the Probe into this sensitive area. If pain occurs, the Probe should be pulled out a short distance.*

*NOTE: If the Probe is difficult to insert or seems too large to fit, consider using a smaller size Probe. Choose the largest size that will fit into the ear canal.



Probe Replacement

Pull probe tip to remove, insert until probe tip snaps into place.

Examining young children can vary in difficulty. You may require someone's help to carefully hold the child as you might do when helping your Pediatrician. Some infants who are uncooperative can be examined while sleeping.

If it is difficult to see into the ear canal (Figure A), it may be necessary to make small up and down movements (Figure B). This may be due to the eardrum being partially obstructed by wax, or a crooked ear canal.

NEVER insert a cotton swab or any other instrument through the Probe into the ear canal as this may cause injury to the eardrum or ear canal.

Battery Replacement



Unsnap battery cover at base and replace batteries as shown above.

Crooked Ear Canal

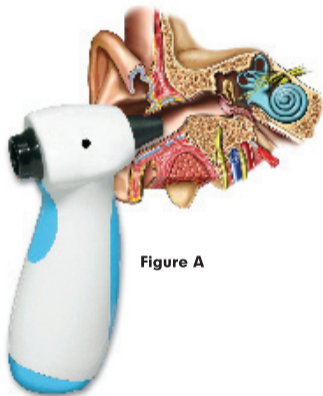


Figure A

Pull ear up and back to straighten canal

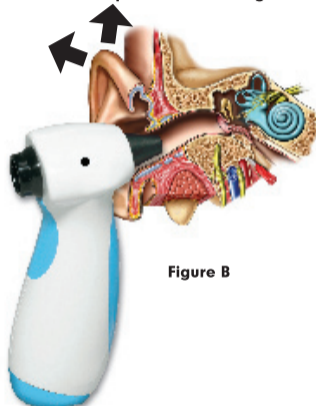


Figure B

Normal Eardrum

A light gray color and a wax-like consistency is visible in a normal eardrum. You may be able to see through the eardrum. A bright spot reflecting back from the Otoscope light will be visible. This is called the light reflex.

The canal wall is delicate and light colored. Normally ear canals are crooked, not straight.

Crooked Ear Canal

The ear canal appears crooked and narrow due to the bony part of the ear canal which prevents seeing the whole eardrum. This is a normal condition.



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Ear Wax (Cerumen)

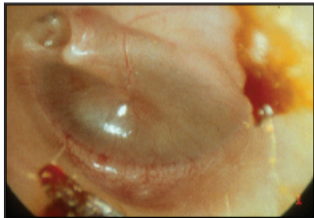
The ear canal is protected by ear wax which both lubricates and cleanses. However it may become necessary to remove the wax as it accumulates.

A condition that would require cleaning is if the eardrum is partially blocked by ear wax. Consult a physician if the ear is completely blocked with wax, as it will cause loss of hearing.

A little ear wax is normal. It may come in a variety of colors and consistencies, from light brown to almost black.

Early Ear Infection (Otitis Media)

An early ear infection is indicated by redness seen over the top part of the eardrum and along the hammer bone as shown in this photo. Your physician should immediately be consulted for treatment.



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Swimmer's Ear (Otitis Externa)

This condition is especially painful. Avoid touching or moving the ear. The ear canal is infected and tender as indicated by redness in the ear and the accumulation of material (called an exudate) on the canal walls. This is a serious condition. You should immediately see your doctor or ear specialist (otolaryngologist).

Drainage Tube (in the Eardrum)

This shows a common procedure for children with chronic ear infections, or other people who can't pop their ears. A small tube is placed in the eardrum to remove fluid, prevent infections and equalize air pressure. The tube will fall out painlessly into the ear canal. It is necessary to follow the progress of the tube with periodic checkups by your doctor.

NOTE: There are a large variety of ear tubes. The tube shown here is only one of the various types available.

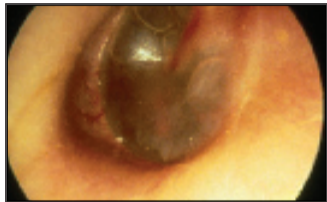


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Fluid Behind the Ear (Serous Otitis Media)

This photo pictures an ear with fluid behind the eardrum. Occasionally, this is easily recognizable by visible air bubbles. The ear will feel full or blocked.

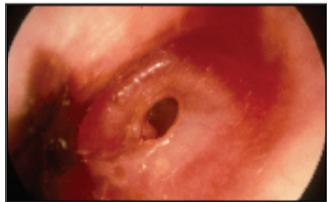
Fluid can accumulate during or after an infection, allergy, or flying in an airplane and not having your ears pop or clear. The presence of fluid indicates that you should see your doctor.



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Eardrum Perforation (with Chronic Fluid)

This photo shows a perforated eardrum. Mucous-like fluid sits just behind the eardrum. Ears with this condition will drain and require special medical attention. You should see your ear doctor for treatment.



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Using Your Tongue Depressor with Your Otoscope

FEATURES

Before you attempt to use your new Tongue Depressor, please take the time to read the entire guidebook and study the photographs.

It is recommended that after each use, the Tongue Depressor be cleaned by gently washing it with soap and water, then dry and wipe with rubbing alcohol. It is also dishwasher safe.



Tongue Depressor Instructions

Some of the symptoms that will cause concern about a possible infection or illness in your oral cavity or throat are pain, soreness, and temperature. Signs to look for before examining inside the mouth are abnormal discoloration, discharge or sores on or around the lips, teeth, and gums.

Hold the chin steady with your hand while holding the Tongue Depressor. Due to the possibility of gagging, some children are frightened by the Tongue Depressor. To minimize fear, remind them that the examination is similar to putting a lollipop in the mouth without gagging. In addition, if they can imagine letting their tongue lick a lollipop, their tongue will naturally relax, providing a view of the back of the throat. Placing the Tongue Depressor further than two-thirds of the way down the tongue will initiate a gagging reflex in most people. When placing the Tongue Depressor on the tongue, have the person breathe gently through the mouth as if panting. Avoid breathing through the nose.

You may use your Otoscope to illuminate the throat from outside of the mouth. Do not attempt to use the Otoscope as a Tongue Depressor.

Normal Throat

Normal throat and oral cavity: The lips are smooth and have a darker color than the normal skin of the face. The lining of the mouth is moist and pinkish in color. The tongue itself can vary considerably from being relatively smooth to having deep ridges.

As you slowly advance the Tongue Depressor toward the back of the throat, depress the tongue. It may be easier if a person sticks their tongue out to allow for a clear view of the back part of the throat. The roof of the mouth is also a smooth pink color and ends in a piece of tissue hanging down called the uvula. The uvula should be pink and smooth, not swollen, and may be anywhere from one-eighth of an inch to an inch long. Tonsils are a lump of lymphoid tissue that functions as a filter to the airway. Degree of infection, as well as age, can greatly vary the size of the tonsils. The surface has a pitted appearance, like a sea sponge. With age, tonsils usually regress and remain small.

The back part of the throat is the pharynx, which is pink and smooth, not irregular.



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The Tongue and Cysts

As previously stated, a normal tongue can vary greatly in size, texture and color. A bumpy texture is quite normal.

Behind the lip, on the inside of the cheek a small cyst of a salivary gland or mucous sack is shown. This is similar to an enclosed lump that can occur under the skin. These small cysts are painful when accidentally bitten during chewing. Sometimes they need to be removed by a physician, and other times they naturally disappear.

Keep in mind that an isolated lump, or any swelling, needs to be examined by a physician.



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Acute Tonsillitis/Strep Throat

Acute tonsillitis when caused by Streptococcus bacteria is called strep throat; however other bacteria or viruses can cause tonsillitis.

A scratchy throat and swollen tonsils are the first signs of infection. Pain will increase as the severity of infection increases, accompanied by fever, chills and painful swallowing. This indicates that the tonsils may be infected. A layer of pus (or exudate) on the surface will be visible. As the infection with inflammation increases in severity, the color will change from a soft pink to a deep reddish color.

Other obvious signs which would not appear in a normal throat are enlarged, deeper colored blood vessels on the tonsil's surface and in the throat as shown.

Immediate treatment by a physician is almost always necessary.



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Acute Tonsillitis/Strep Throat

Strep throat can sometimes occur without the presence of pus (exudate) or a virus may cause pus on the tonsils. So even if your throat appears normal but is becoming increasingly uncomfortable, see your doctor. The earlier strep throat is diagnosed and treated, the less chance there is of infecting family members and others.

Caution: Rheumatic fever and kidney infection can develop due to untreated strep throat. Scarlet fever, pneumonia, ear infections and sinusitis can also be caused by strep infections.

Although your throat may appear normal, if you suspect a developing problem, you should, in most cases, see your doctor.



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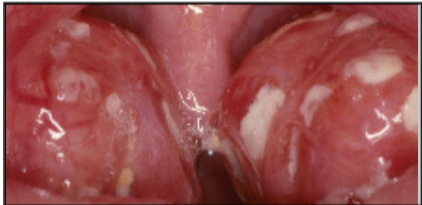
Sore Throat (Acute Pharyngitis)

The top example shows the back wall of the throat or pharynx with an infection. This infection may or may not be related to infected tonsils. The image shows the throat during quiet breathing. You can see a small bright red area at the back of the throat. Note that tonsillitis and pharyngitis can be caused by the same bacteria. You should see your doctor when the pharynx, or back of the throat is red.

The bottom example also shows the back wall of the throat or pharynx with an infection. Saying "ah" allows more of the back of the throat to be seen here. Take note of the bright red spots and pus seen at the back of the throat. You should see your doctor immediately if any of the following occurs: difficulty in opening the mouth, rash, joint pain, fever (over 101°F), sore throat persisting three to five days or more accompanied by difficulty in breathing, difficulty in swallowing, earache, blood in the saliva or phlegm, lump in the neck or hoarseness.



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Post Nasal Drip

It is quite common to have a post-nasal drip with a cold, flu, sinusitis or allergies. A substantial amount of mucous is produced daily by the sinuses and nose. Larger quantities of mucous are produced in the lining of the nose and sinuses during infections such as a cold, flu and tonsillitis. Behind the uvula is a noticeably red pharynx. You should see your doctor if you experience post-nasal drip.

Thrush

Thrush symptoms include the appearance of patchy white areas on top of the tongue and on each side of the mouth as shown in this example. Thrush is considered a yeast infection of the mouth. This condition is infectious and should be treated by a physician. This infection is common in small children and can occur after being treated with antibiotics.



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Canker Sore

An ulcer on the inside lower lip is called a canker sore. A canker sore can develop anywhere in the mouth including under the tongue, in the cheeks, on the gums, and sometimes can occur due to trauma to the area such as brushing the teeth or poking the gums with a toothpick.

Caused by one of the Herpes virus, it can be extremely painful. The sore can last anywhere from seven to fourteen days before completely disappearing. See your doctor if discomfort persists.

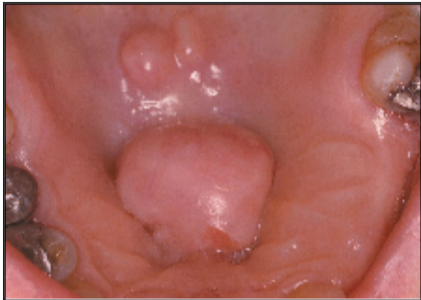


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Bony Growth/Acute Infection

Bony growths can develop on the roof of the mouth and the jawbone (mandible). The jaw can also develop similar growths. It is unknown why the bone grows in this manner. Bleeding and pain can easily occur if the bone is scratched. Oral cavity tumors can be benign or malignant (cancer). Examination by a physician or throat specialist is required if lumps or masses persist for more than two weeks.

Lower right shows an **acute infection in the floor of the mouth**. The floor of the mouth swells when glands become infected. Tenderness and marked swelling in the neck area under the chin and jaw may accompany this condition. See your physician or throat specialist as therapy should begin as soon as possible.



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• **Non-rechargeable batteries are not to be recharged.** • **Rechargeable batteries are to be removed from the toy before being charged.** • **Rechargeable batteries are only to be charged under adult supervision.** • **Only batteries of the same or equivalent type as recommended are to be used.** • **Batteries are to be inserted with the correct polarity.** • **The supply terminal are not to be short-circuited.**

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