

Key points

- Sudden hearing loss is treated as an emergency. Treatment works best when started early.
- Steroids are the usual treatment, ideally started within 2 weeks.
- Ringing (tinnitus) and a blocked feeling in the ear are common and often improve.
- **Call 911** for weakness, numbness, trouble speaking, or a drooping face.

What is sudden sensorineural hearing loss?

Sudden sensorineural hearing loss (often called “SSNHL” or “sudden deafness”) is a fast drop in hearing that usually happens in one ear over a few hours to days. It comes from a problem in the inner ear or the nerve that allows us to hear — not from earwax or an ear infection.

What causes it?

Most of the time, there is no known cause. In some people, it can happen after a viral infection or can be related to other underlying problems, including autoimmune diseases affecting the inner ear, benign tumours on the nerve of hearing and balance, trauma, or decreased blood flow to the inner ear.

How is SSNHL diagnosed?

Diagnosis is made with your history and hearing tests (audiometry). Other tests, like an MRI, may be ordered to rule out other diagnoses.

How is it treated?

SSNHL is treated as an emergency, because hearing is more likely to return to normal — or at least improve — when treatment starts early. Ideally, patients start treatment with steroids within 2 weeks. Steroids often help, but they do not work for everyone. The risks and benefits of starting steroids should be discussed with your healthcare provider.

What are the side effects of steroid treatment?

Possible side effects of oral steroids include temporary high blood pressure, higher blood sugar levels, mood changes, poor sleep, and weight gain, among other less common side effects. Treatment for SSNHL is usually short enough to avoid any major or long-term complications.

Will my hearing come back?

Many people have improved hearing over time, and some recover their hearing on their own. Some important things to keep in mind:

- Recovery is hard to predict for any one person.
- More severe hearing loss at the start can make a full recovery less likely.
- If hearing does not fully return, hearing assistive devices may be very helpful.

Living with the other symptoms

Ringings in the ear (tinnitus)

People who lose hearing in one ear often notice a ringing, buzzing, or hissing in that ear. This is called tinnitus. It is generally not dangerous but can be bothersome. It often becomes less noticeable over time. Ways to make it easier to cope with include:

- Use background sound, especially at bedtime or other quiet times of the day (e.g. a fan, music, or a sound machine).
- Keep busy — tinnitus is more noticeable when things are quiet or you are stressed.
- Limit time in quiet, silent rooms if the ringing bothers you.
- Cut back on things that make it worse, such as caffeine or lack of sleep.
- Ask your healthcare provider about counselling or sound therapy if the ringing is hard to cope with.

A blocked or full feeling in the ear

A feeling of pressure, or that your ear is stuffed or blocked, is also common after sudden hearing loss. This is part of the inner ear problem thought to cause the hearing loss — it is not caused by trapped water or wax, and trying to “pop” or clean the ear will not help. This feeling often eases or becomes less noticeable over time.

Do not put any objects in your ear to try to clear this feeling.

My hearing has not improved — what can I do next?

1. **Protect your other ear.** Avoid loud noise (wear hearing protection at concerts or around loud machines), do not put things in your hearing ear, and get checked right away if your hearing ear develops hearing loss, ringing, pain, or drainage.
2. **MRI.** We will usually arrange an MRI of the inner ears and hearing nerves to rule out any “reversible” causes of hearing loss, such as a benign tumour on the nerve of hearing.
3. **Hearing support.** Hearing aids, assistive devices, or hearing rehabilitation can be arranged through any audiology clinic.
4. **Call your healthcare provider or seek care** if you have any of the following:
 - a. A new sudden drop in hearing in either ear
 - b. New or worse dizziness or trouble with balance
 - c. Ear pain or drainage

When to call 911

Call 911 or go to the nearest Emergency Department right away if you have **weakness, numbness, trouble speaking, facial drooping, headache, confusion, vision changes, or abnormal eye movements.**