

## MANAGEMENT OF EARWAX (ADULTS ONLY – 18 YEARS AND OVER)

### CRITERIA BASED ACCESS

#### Policy Statement

Ear wax is a normal physiological substance. In most cases, ear wax will not cause any problems and should be left alone without any attempts to remove it.

#### Patients with problematic ear wax should initially be recommended the following:

- Olive oil spray (such as Earol) 2 sprays in affected ear(s) 2 times a day for 4 weeks.
- OR
- Olive oil drops, 3 drops in affected ear(s) 2 times a day for 4 weeks

#### If the wax persists, and is not contraindicated:

- Sodium bicarbonate drops, 3 drops in affected ear(s), 3 times a day for 2 weeks

#### Contraindications to sodium bicarbonate drops:

- ❖ Known tympanic membrane perforation
- ❖ Active infection, eczema/dermatitis of ear canal and/or external ear

#### Recommendations for all patients with problematic ear wax:

- Keep ears dry – use precautions to prevent water ingress when swimming, bathing, showering etc., Note that detergents in soap, shampoos, and conditioners can irritate the ear skin and increase the amount of wax produced.
- This can be achieved using silicone swim plugs (available from pharmacies); a ball of cotton wool soaked in Vaseline, positioned in the outer bowl of the ear (and not pushed into the canal)
- Do not use cotton buds or any other implement to try and take the wax out. This causes the wax to be pushed deeper down the ear canal, often against the ear drum, and can cause trauma to the ear.

#### Symptomatic Ear Wax:

When clinically indicated, earwax can be removed using irrigation or microsuction.

Symptomatic ear wax that has not responded to ear wax softeners should be managed by irrigation if this is available in primary care. If irrigation is not available, patients may wish to consider consulting a private ear wax removal service provider.

**When to Refer to secondary care:**

BSW ICB does commission Microsuction in secondary care, **ONLY WHEN:**

- Ear wax is symptomatic causing significant hearing loss or pain, it is required for the fitting of a hearing aid, or an obstruction has been identified.

**AND**

- All ear wax softeners have been used for the full recommended duration but have failed.

**AND**

- Irrigation is contraindicated. (Please see contraindications below):

**Contraindications to irrigation:**

- ❖ Known tympanic membrane perforation
- ❖ Healed tympanic membrane perforation where a specialist has documented advice to avoid irrigation (this would apply if the tympanic membrane were very thin and at risk of perforation from irrigation).
- ❖ History of middle ear surgery (stapedotomy, myringoplasty and mastoid surgery).
- ❖ Wax that has not responded to wax softeners with a history of grommets that have been extruded for 18 months or more are appropriate to attempt irrigation.
- ❖ There are clearly documented complications following previous ear irrigation including perforation of the eardrum, severe pain, deafness, or vertigo/tinnitus. Please note Microsuction also carries these risks.
- ❖ Active infection, eczema, dermatitis of the ear canal or external ear

If the criteria above are met, this policy applies up to a maximum of two appointments per year (to be monitored via the audit process). Further instances will require Prior Approval from the Exceptional Funding Requests team.

Patients with cognitive impairments and learning disabilities must be offered reasonable adjustments to provide equity of service before referral to secondary care is made.

If subsequently it becomes apparent that the referral does not fit with the access criteria, Microsuction will not be performed, and the patient will be returned to the referrer.

**Minimal Referral Information:**

1. Patient symptoms and examination findings
2. Confirmation that the full course of recommended drops has been completed
3. Confirmation of contraindications to irrigation