

BEDFORDSHIRE AND HERTFORDSHIRE PRIORITIES FORUM STATEMENT

NUMBER:

SUBJECT: Ear Wax Removal/ Microsuction

DATE OF DECISION: September 2017

DATE OF REVIEW: September 2020

This policy applies to adults only

Evidence from NICE Clinical Knowledge Summary:

- Ear wax is a normal physiological substance that protects the ear canal
- Ear wax has several functions, including cleaning, lubricating and protecting the lining of the ear canal, trapping dirt and repelling water.
- Wet wax is subdivided into soft or hard:
 - Soft wet wax is moist and sticky and the sheets of keratin squames are small. It is more common in children.
 - Hard wet wax has a dry, desiccated constituency, and the sheets of keratin are large and dense. It is more common in adults. Hard wax is more likely to become impacted¹.
- Excessive build-up of earwax can develop in some people. Impacted earwax is wax that has been compressed in the ear canal, completely obstructing the lumen
- Dry wax is dry, flaky, and golden-yellow, and is common in people from Asia¹
- Although wax frequently obscures the view of the tympanic membrane it does not usually cause hearing impairment. It is only when the wax is impacted into the deeper canal against the tympanic membrane (often caused by attempts to clean out the ear with a cotton bud, or by the repeated insertion of a hearing aid mould) that it is likely to cause a hearing impairment¹

Use ear irrigation with caution in people with:

- **Vertigo** as this may indicate the presence of middle ear disease with perforation of the tympanic membrane².
- **Recurrent otitis media with or without documented tympanic membrane perforation**, as thin scars on the tympanic membrane can easily be perforated².
- **An immunocompromised state**, especially older people with diabetes, as there is an increased risk of infection from iatrogenic trauma to the external auditory canal in this group of people².

- Careful instrumentation should be employed in **people who are taking** anticoagulants due to increased bleeding risk².
- Warn people with a **history of recurrent otitis externa or tinnitus** that ear irrigation may aggravate their symptoms².

Referral Criteria for Ear Wax/Microsuction to secondary care:

A referral for ear wax removal in secondary care should only be made if:

- There is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation. **OR**
- The patient is suffering from significant symptoms due to ear wax build up including hearing loss or pain and the patient's condition warrants micro-suction:

AND one or more of the following:

- Has previously undergone ear surgery (other than grommets insertion that has been extruded for at least 18 months), **OR**
- Has a recent history of otalgia and /or middle ear infection (in past 6 weeks), **OR**
- Has a current perforation or history of ear discharge in the past 12 months, **OR**
- Has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness, or vertigo, **OR**
- Two attempts at irrigation of the ear canal in primary care are unsuccessful

Prior to a referral to Audiology please ensure you have examined the patient's ears and excluded ear wax as a cause for hearing problems.

Where ear microsuction is carried out as part of a hearing assessment no additional activity will be charged over and above the additional microsuction procedure tariff.

Patients not meeting the above criteria will only be funded on exceptional clinical circumstances and applications for such funding should be made to the Individual Funding Request team.

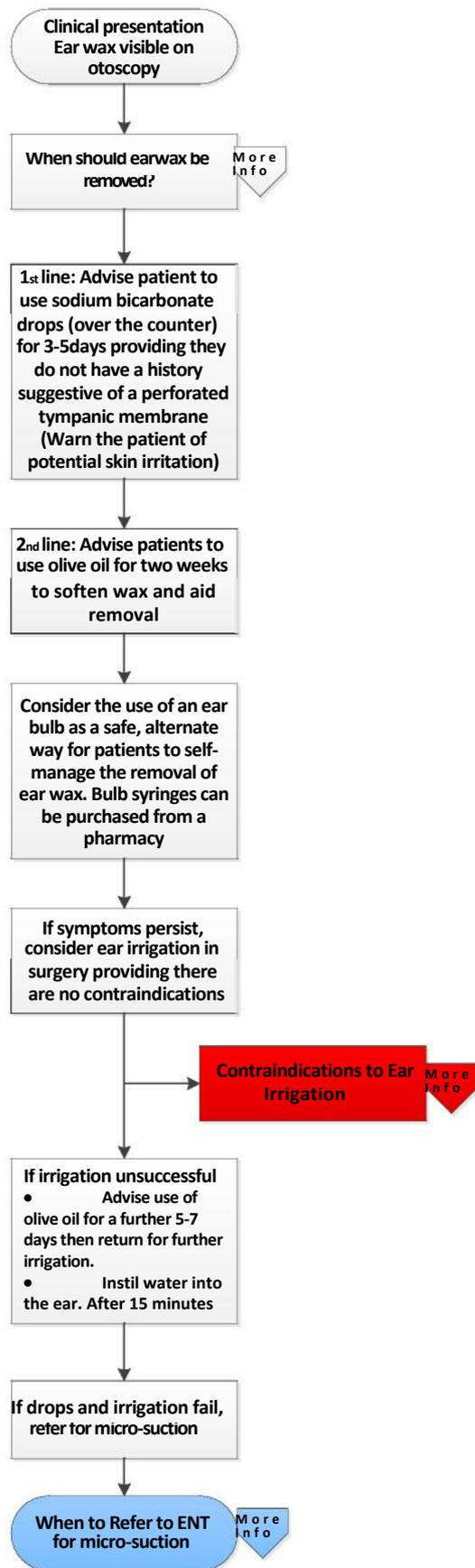
Auditing will be carried out to ensure this process is followed.

References

- 1) NICE. *Earwax (2016)* [online]. Available from: <https://cks.nice.org.uk/earwax#!backgroundsub> Accessed 17.04.2017
- 2) NICE. *Earwax (2016)* [online]. Available from: <https://cks.nice.org.uk/earwax#!scenario:1> [Accessed 17.04.2017]

Appendix 1

**Ear Wax Removal/ Microsuction
 – Adults Only**



When should earwax be removed?

If earwax is totally occluding the ear canal and any of the following are present:-

- Hearing loss
- Earache
- Cough suspected to be due to earwax
- Vertigo
- Tympanic membrane obscured but needs to be viewed to establish diagnosis
- If person wears a hearing aid and an impression is required for a mould

Contraindications to Ear Irrigation

- History of previous problems with irrigation (this does not mean patient preference).
- History of perforation of the tympanic membrane in the last 12 months or current perforated tympanic membrane.
- Grommets in Situ or history of grommet insertion (and it is unclear that they have been extruded).
- A history of any ear surgery (except extruded grommets within the last 18 months).
- A mucus discharge from the ear within the past 12 months.
- A history of a middle ear infection in the previous 6 weeks.
- Cleft palate, whether repaired or not.
- Presence of a foreign body, including vegetable matter, in the ear.
- Retraction pocket or a cholesteatoma

When to Refer

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