

MICRO-SUCTION (18 & OVER)

CRITERIA BASED ACCESS

Micro-suction is available for the following indications only:

- Patients with acute otitis externa up to a maximum of three appointments per year (To be monitored via the audit process).
- Patients with a Mastoid Cavity who need surveillance and aural toilet.
- Patients who require Micro-suction prior to the assessment, fitting or review of a hearing aid.
- The tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis.
- There is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation.

PRIOR APPROVAL REQUIRED

Policy Statement

The vast majority of patients presenting with problems to primary care will be managed in primary care with advice or irrigation if available in line with current guidelines.

A referral for ear wax removal in secondary care is only commissioned for patients meeting the criteria set out below.

Criteria for referral for prior approval:

- The patient is suffering from significant symptoms due 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 have been extruded for at least 18 months)
- Has a recent history of Otagia and /or middle ear infection (in past 6 weeks);
- Has a retraction pocket or has previously undergone surgery for cholesteatoma including radical mastoidectomy.
- Has a current perforation or history of ear discharge in the past 12 months;
- Has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness, or vertigo;
- Two attempts at Irrigation of the ear canal in primary care are unsuccessful;
- Ear drops have been unsuccessful and irrigation has been unsuccessful or is unavailable

To be monitored via the audit process.

Removal of Ear Wax Pathway including Referral for Micro-suction - Appendix 1:

When should earwax be removed?

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

- Hearing loss, Ear ache
- 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



1st line: Advise patients to use olive oil (over the counter) for two weeks to soften wax and aid removal.
 2nd line: Advise patient to use sodium bicarbonate drops (over the counter) for 3-5days providing they do not have a perforated tympanic membrane. (Warn the patient of potential skin irritation.)



Consider the use of an ear bulb as a safe, alternate way for patients to self-manage the removal of ear wax. Bulb syringes can be purchased from a pharmacy.



If symptoms persist, consider ear irrigation in surgery where available providing there are no contraindications.



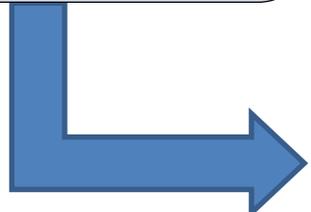
If irrigation unsuccessful or unavailable, other options are:-

- Advise use of olive oil for a further 5-7 days then return for further irrigation.
- Instil water into the ear. After 15 minutes, irrigate again.



If drops and irrigation fail, refer for micro-suction.

Prior Approval is required in line with policy criteria.



Contraindications to Ear Irrigation

- History of previous problems with irrigation.
- Current perforation of the tympanic membrane.
- Grommets in place.
- A history of any ear surgery.
- 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.
- Acute otitis externa with an oedematous ear canal and painful pinna.
- Presence of a foreign body, including vegetable matter, in the ear.
- Retraction pocket or a cholesteatoma including radical mastoidectomy

When to Refer

- 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).
- Has a recent history of otalgia and /or middle ear infection (in past 6 weeks).
- Has a current perforation or history of ear discharge in the past 12 months.
- Has had previous complications following ear irrigation including perforation of the ear drum, **severe pain**, deafness, or vertigo.
- Two attempts at irrigation of the ear canal in primary care are unsuccessful.
- Ear drops have been unsuccessful and irrigation is contraindicated.

Reference:	Policy Name	Review Date	Version
BSW-CP004	Micro-suction	March 2021	3