

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.

The lack of access to a service to remove routine ear wax in primary care is not an acceptable reason for referral to Secondary care.

Patients with routine 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 persistent 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. Routine wax does not need to be removed. Patients may wish to consider consulting a private ear wax removal service provider if this is important to them.

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.

Reference:	Policy Name	Review Date	Version
BSW-CP004	Micro-suction	September 2024	3

When to Refer

BSW CCG does commission micro suction in secondary care but **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 micro suction 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, micro suction 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

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