

## **MICRO-SUCTION - Ear Wax Removal (ADULTS ONLY– 16 YEARS & OVER)**

### **CRITERIA BASED ACCESS (FUNDING NOT REQUIRED)**

**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 (FUNDING IS REQUIRED)**

#### **Policy Statement**

Patients presenting in Primary Care with ear wax problems will be managed in line with the process/policy held by their individual GP Practice.

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 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 have been extruded for at least 18 months). Please see CBA section for Mastoid Cavity
- Has a recent history of Otolgia and /or middle ear infection (in past 6 weeks);
- Has a retraction pocket or a cholesteatoma
- 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.

If all of the above criteria are met, prior approval will be granted for on-going treatment at a frequency determined by the clinician.

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.)

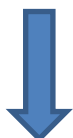


If symptoms persist, consider ear irrigation in surgery providing there are no contraindications.



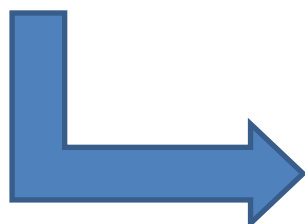
If irrigation unsuccessful, other options are:-

- 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

#### 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.