

# Referral for Earwax Removal

## Definition and Scope

Earwax is a normal physiological substance that is a combination of kertain (dead flattened cells), cerumen (a wax-like substance), sebum, and various foreign substances, such as cosmetics and dirt. When clinically indicated, earwax can be removed using ear drops, irrigation, microsuction or a special probe.

## Policy

**It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: *Click policies to access the CCG clinical policies web page: [policies](#) – select the ENT Policies drop down option and select the Referral for Earwax Removal Policy to access the referral proforma.***

**Policy Criteria:** The CCG will **ONLY** fund referral to an Ear, Nose and Throat specialist for earwax removal according to the following criteria. **Note: these criteria also apply to follow up:**

1. Ear drops have been used for 5 days followed by irrigation (may need a second attempt after a further 5 days of ear drops), but this has been unsuccessful.

**OR**

Irrigation is contraindicated for the following reasons:

- A chronic perforation (or suspected perforation) of the tympanic membrane.
- Complications following previous irrigation (severe pain, deafness, vertigo, perforation).
- A past history of ear surgery.
- A past history of recurrent otitis externa.
- A foreign body, including vegetable matter, in the ear canal.
- Infection, eczema, dermatitis of the ear canal or external ear.

**AND**

2. The patient meets criteria A, B OR C:

A. Earwax is totally occluding the ear canal and any of the following are present:

- Hearing loss.
- Earache.
- Tinnitus.
- Vertigo.
- Cough suspected to be due to earwax.

**OR**

B. The tympanic membrane is obscured by wax, but needs to be viewed to establish a diagnosis.

**OR**

C. The person wears a hearing aid, wax is present and an impression needs to be taken of the ear canal for a mould, or if wax is causing the hearing aid to whistle.

**Note:**

Patients who smoke should be advised to attempt to stop smoking and referred to stop smoking services – see [stop smoking policy](#).

## Evidence and Rationale

This policy is based on the NICE Clinical Knowledge Summary (CKS) for Earwax. There is no evidence to suggest when earwax should be removed and the CKS is based on expert opinion. There is no evidence that removal of earwax relieves symptoms. The CKS recommends that ear drops must be used for 3-5 days prior to irrigation to soften the wax and if necessary water should be instilled into the ear 15 minutes prior to irrigation. Complications of irrigation include perforation of the tympanic membrane, infection, pain, vertigo, tinnitus, nausea and vomiting, bleeding and injury to the middle and inner ear.

## References

1. National Institute for Health and Care Excellence. Clinical Knowledge Summary – Earwax. Last revised May 2012. <http://cks.nice.org.uk/earwax>.
2. Guest J F, Greener M J, Robinson A C and Smith A F. (2004). Impacted cerumen: composition, production, epidemiology and management. QJM 97(8), 477-488.
3. Hearing loss in adults: assessment and management – NICE guidance NG98, June 2018. <https://www.nice.org.uk/guidance/ng98>

## Glossary

<b>Otitis externa:</b>	Inflammation of the ear canal.
<b>Tinnitus:</b>	A noise heard in the ear without any external cause.
<b>Tympanic membrane:</b>	The ear drum which separates the external and middle ear.
<b>Vertigo:</b>	Vertigo is a symptom, rather than a condition itself. It is the sensation that you, or the environment around you, is moving or spinning.

<b>Policy effective from</b>	Reviewed policy ratified by CCG Governing Body on 4 September 2018 Reviewed policy approved by CEC on 28 August 2018 Reviewed policy approved by CPF on 12 July 2018 September 2018
<b>Policy to be reviewed:</b>	September 2020
<b>Reference:</b>	<i>onedrive\CPF Pols &amp; Working Area\Clinical Threshold Pols\CCG Policies\Agreed\EAR WAX REMOVAL\EARWAX REMOVAL SEPT 2018 V2</i>