

## **The Stennack Surgery Patient Information – Earwax and Ear Syringing**

Earwax is produced naturally by the body and serves a useful function to clean, lubricate, and protect the lining of the ear canal, trapping dirt and repelling water. Most of the time earwax causes no problems at all and nothing needs to be done about it. However, excessive wax can block the ear canal and give rise to hearing difficulty, tinnitus (ringing in ears) and obscure a view of the ear drum, which is sometimes needed for medical examination.

Do not use cotton buds or other devices (such as ‘ear candles’) to try and remove wax as you may damage your ear!

Bear in mind that up to two thirds of all cases of impacted earwax will resolve naturally with no treatment at all. If you are having problems the wax can often be removed by using drops for at least 10 days. If symptoms persist after using drops then an ‘Ear Check’ will be performed by a clinician and ‘Ear Syringing’ (more properly called ‘Ear Irrigation’) or a Microsuction procedure may be suggested.

**If you are experiencing ear pain or dizziness you should inform reception and you will be given an appointment with one of our clinicians to check you do not have an ear infection.**

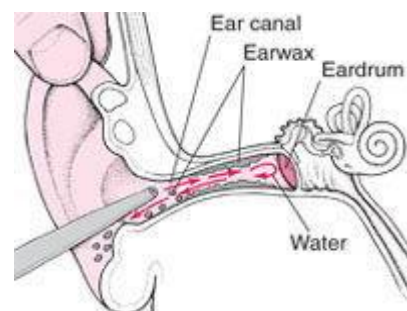
### **Ear Drops**

Using ear drops for at least 10 days can often resolve the problems associated with earwax. You can use sodium bicarbonate 5% drops, saline 0.9%, hydrogen peroxide 3%, olive oil or almond oil to do this (it doesn’t matter which). The recommendation is to use 2 or 3 drops morning and evening for 10 days whilst lying with affected ear uppermost for 15mins to allow drops to work their way into the ear canal.

This treatment alone is usually sufficient to treat most cases of problematic earwax and can be repeated at regular intervals if required. **The Stennack Surgery will not routinely perform Ear Checks on patients suffering hearing loss until they have tried using ear drops for at least 10 days (If you have ear pain you should let the Reception Team know).**

### **Ear Check and Ear Syringing**

If symptoms (such as the ear feeling blocked, hearing loss or tinnitus) persist despite the use of drops for 10 days or more, you will need to book an Ear Check with a clinician at the surgery. They will check your ear and advise whether you are suitable for Ear Syringing. If you are suitable for ear syringing and you decide you would like this procedure you will need to book a separate appointment in our monthly Ear Syringing Clinic. During Ear Syringing warm water is squirted around the side of the ear canal to dislodge the wax and remove it.



There are quite a number of situations in which it is not considered appropriate to use Ear Syringing, so here is a checklist of the most common ones (and the clinician will go through this with you at your appointment);

- A history of any previous problem with irrigation (pain, perforation, severe vertigo).
- Perforation of the tympanic membrane either current or in last 12 months
- Grommets in place.
- A history of any ear surgery (except extruded grommets within the last 18 months, with subsequent discharge from an Ear Nose and Throat department).
- A mucus discharge from the ear (which may indicate an undiagnosed perforation) within the past 12 months.
- A history of a middle ear infection in the previous 6 weeks.
- Current ear canal infection (acute otitis externa) with a swollen ear canal.
- Presence of a foreign body, including vegetable matter, in the ear. Hygroscopic matter, such as peas or lentils, will expand on contact with water making removal more difficult.
- Hearing in only one ear if it is the ear to be treated, as there is a remote chance that irrigation could cause permanent deafness.
- Inability to cooperate, for example young children or if there is confusion or agitation.
- Cleft palate, whether repaired or not.
- If you have vertigo, recurrent ear infections or have a lowered immune system then caution is also advised.
- Patients on blood thinning treatment (e.g. warfarin) are at increased risk of bleeds.

**Overall this is considered to be a 1:1000 risk of ear irrigation causing significant and potentially permanent damage to the ears, so ear syringing must only be used when necessary.**

### **Microsuction**

If repeated attempts using drops and then ear syringing are unsuccessful then you may be referred on to a hospital clinic appointment for Microsuction, in which the wax is carefully 'vacuumed' out of the ear canal using special equipment.