Patient Protocol for Ear Irrigation (Ear Syringing)

Ear irrigation is the procedure used to remove excess cerumen from the auditory external meatus.

Cerumen is the soft brownish-yellow wax secreted by glands in the auditory external meatus. commonly referred to by patients as earwax

The auditory external meatus (AEM) is the canal leading from the opening of the external ear to the tympanic membrane.

Ear irrigation is only recommended in the rare occasions where using oil / ear drops and bulb syringing has failed to work. Ear irrigation can lead to ear infections, perforated ear drum and tinnitus (persistent noise) and therefore should only be performed in exceptional circumstances. If you think you are having persisting wax despite taking the above measures please make an appointment with your doctor or nurse to discuss.

Staff at Ivy Grove Surgery, who have undergone the appropriate training are deemed competent to carry out ear irrigation. Staff at Ivy Grove Surgery must adhere to the directions given in the Practice Ear Irrigation Protocol at all times when undertaking this task

The patient must be assessed by a clinician (GP or Practice Nurse) before they are referred to the HCA for ear irrigation.

Before being assessed for ear irrigation, patients must be use an earwax softener, i.e. olive oil drops or spray. The softener is to be used for a **minimum of three weeks.** If at this stage the earwax remains firm, the drops/spray may be used for a **further period of one week**.

Following the softening of the earwax, patients should try bulb syringing.

Bulb Syringing

In most cases ear drops will clear a plug of earwax. However if this is unsuccessful a bulb syringe may be an alternative way to clear your ears from wax. An ear bulb syringe is a small bulb shaped rubber object which can be filled with warm water and then used to squirt the water gently into the ear to remove earwax.

The main benefit of the bulb syringe is that you can use it yourself without needing to make an appointment at the surgery. The risks of using a bulb syringe include ear infection, failure to remove the wax and eardrum perforation. These risks are low. Bulb syringes can be purchased from a pharmacy and can be reused. Please be aware that you should not share the syringe with other people for hygiene reasons.

When should a bulb syringe not be used?

Do not use a bulb syringe in the following circumstances:

• Pain in the ear

• A history of eardrum perforation in the affected ear

• A recent history of an ear infection in the affected ear

• Symptoms of infection in the ear – usually pain or smelly discharge

• If you only have one hearing ear which is the affected ear

• Previous ear surgery on the affected ear

In the above circumstances please make an appointment to see your practice nurse or GP to have your ears examined.

Step-by-step guide to using a bulb syringe

It is essential to use olive oil drops twice a day for at least 3 weeks prior to bulb syringing to soften the wax. Alternatively you can purchase ear drops from your pharmacy (please read the manufacturer's leaflet.)

• Wash your hands

• Use a bowl of clean warm (not hot) water, that is warm to the touch, but not too hot or too cold on your skin

• Prepare the syringe by squirting it in the water a few times to fill it up with warm water

• Gently pull your outer ear up and out to help straighten out the canal and allow better access for the water

• Tilt your head so the ear to be treated is facing upwards

• Place the tip of the syringe into the opening of the ear – Do NOT push the syringe further into the ear - and GENTLY squirt one or more bulb syringes of water into your ear. (You can do this in the shower or the bath or lie on the bed with a towel underneath your head to catch the water)

• Allow the water to remain in your ear for at least 60 seconds

• Gently tilt your head in the opposite direction and wiggle the outer ear to help the water and wax come out. (This can be done over the sink)

If you experience any pain during or before this procedure stop immediately and see your practice nurse or GP.

If, after 4 weeks or more, you are still deaf from wax, you will need to make an appointment with a doctor or nurse to decide what should be done.

Assessment for ear irrigation will only be considered:

- If cerumen is totally occluding the ear canal, and when any of the following are present:
  - Sever hearing loss
  - Earache
  - Tinnitus
  - Vertigo

- Cough suspected to be due to earwax
- If the tympanic membrane is obscured by cerumen but needs to be viewed to establish a diagnosis
- If the person wears a hearing aid, cerumen is present, and an impression needs to be taken of the ear canal for a mold, or if cerumen is causing the hearing aid to whistle.

Contraindications for irrigation are if the patient:

- Has a perforation or there is a history of mucous discharge within the last 12 months
- Has experienced a middle ear infection within the last six weeks
- Has undergone any form of ear surgery (except grommets that have extruded at least 18 months previously and it is documented that the tympanic membrane is intact)
- Has evidence of otitis externa
- Has a cleft palate (repaired or not)

Patients with a history of tinnitus may notice that the tinnitus increases in severity post irrigation, whilst hearing will improve.

To minimise the risk, patients must be advised to remain as still as possible during the irrigation procedure and to inform the HCA/Nurse if they experience any discomfort. Patients are to be seated upright on a stable chair to further reduce movement.

The patient will be requested to hold the water-collection receptacle under their chin throughout the irrigation process.

Covid-19

Any form of wax removal is an aerosol generating procedure, meaning that tiny particles of moisture are airborne. Because the Coronavirus is transmitted through the air and is highly contagious, we have suspended all ear irrigation until further notice. This is for the safety of our customers and staff as it is not possible to perform ear wax removal and maintain a 2 metre (6 foot) separation between patient and practitioner.

What is an aerosol generating procedure (AGP)? Aerosols are produced when an air current moves across the surface of a film of liquid; the greater the force of the air, the smaller the particles that are produced. Aerosol generating procedures (AGPs) are defined as any medical and patient care procedure that results in the production of airborne particles (aerosols).