



Policy for the Management of Ear Wax

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The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
8. All policy decision are considered within the wider constraints of the CCG's legally responsibility to remain fiscally responsible.

Category: Restricted

Ear Wax

Earwax is a normal physiological substance which is a combination of dead flattened cells, cerumen (a wax-like substance), sebum. The external auditory meatus may also contain residue from cosmetics and environmental dust.

Earwax cleans, lubricates, and protects the lining of the ear canal, trapping dirt and repelling water.

People are at risk of impacted earwax if they:

- Have narrow or deformed ear canals.
- Have excessive hairs in their ear canals.
- Have benign bony growths in the external auditory canal (osteomata).
- Have a dermatological disease (psoriasis or eczema) of the peri-auricular area or scalp.
- Produce hard wax, as this is more likely to become impacted.
- Are elderly (earwax tends to become drier in older people).
- Have a history of recurrent impacted wax.
- Have recurrent otitis externa.
- Have Down's syndrome.

The most common symptoms caused by impacted earwax are:

- Conductive hearing loss.
- Earache.
- Tinnitus.
- Vertigo.

Other conditions which should be excluded (ruled out) include:

- Otitis externa (inflammation of the auricle or external ear canal due to allergy, infection, or eczematous conditions).
- Foreign bodies (particularly in children).

NICE (2016) recommends earwax should be removed if it is totally occluding the ear canal AND one of the following:

- The person is symptomatic (conductive hearing loss; earache; tinnitus; vertigo).
- The tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis.
- The person wears a hearing aid and an impression needs to be taken for a mould, or wax is causing the hearing aid to whistle.

Consider ear irrigation using an electronic irrigator to remove earwax in adults, provided there are no contraindications:

- eardrum perforation
- ear infection
- Previous ear surgery.

When carrying out ear irrigation in adults:

- use pre-treatment wax softeners, either immediately before ear irrigation or for up to 5 days beforehand
- if irrigation is unsuccessful:
 - i. repeat use of wax softeners or
- If irrigation is unsuccessful after the second attempt, refer the person to a specialist ear care service or an ear, nose and throat service for removal of earwax.

Consider microsuction or other methods of earwax removal (such as manual removal using a probe) for adults in primary or community care only if:

- the practitioner (such as a community nurse or audiologist) has training and expertise in using these methods to remove earwax and
- the correct equipment is available.

Do not offer adults manual ear syringing to remove earwax.

Advise adults not to remove earwax or clean their ears by inserting small objects, such as cotton buds, into the ear canal. Explain that this could damage the ear canal and eardrum, and push the wax further down into the ear.

Anyone who has had earwax removed should be advised to return if they develop otalgia, itching, or discharge from the ear, or swelling of the external auditory meatus, as this may indicate infection.

Referral should be arranged to an Ear, Nose, and Throat specialist if the person has:

- A chronic perforation of the tympanic membrane.
- A past history of ear surgery.
- A foreign body in the ear canal.
- Used ear drops, which have been unsuccessful, and irrigation is contraindicated.
- Had unsuccessful irrigation.
- Eczema or psoriasis

Advice should be urgently sought from an Ear, Nose, and Throat specialist if:

- Severe pain, deafness, or vertigo occur during or after irrigation, or if a perforation is seen following the procedure.
- Infection is present and the external canal needs to be cleared of wax, debris, and discharge.
- If the person continues to experience hearing loss after wax removal arrange an audiogram.

Eligibility Criteria:

Ear irrigation as a management option for ear wax should be avoided whenever possible.

However, ear irrigation may be carried out in primary care by a specially qualified clinician in patients over the age of 6 months whom are concordant with the procedure and have a level of understanding required to enable the procedure to be carried out safely in the following circumstances:

- Patient must have used ear drops for at least 3-5 days before irrigation is undertaken AND the patient must have at least ONE of the following symptoms which has persisted despite ear drops.
- If earwax is totally occluding the ear canal and any of the following are present:
 - Hearing loss
 - Earache
 - Tinnitus
 - Vertigo

 - If the tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis

 - The person wears a hearing aid and an impression needs to be taken for a mould, or wax is causing the hearing aid to whistle.

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- A past history of ear surgery.
- A foreign body in the ear canal.
- Used ear drops, which have been unsuccessful, and irrigation is contraindicated.
- Had unsuccessful irrigation.
- Eczema or psoriasis

N.B

The ear wax removal methods listed below are NOT commissioned by the CCG as per NICE recommendations:

- Manual ear syringing
- Advise people against inserting anything in the ear as cotton buds, matchsticks, self-irrigation or self-suction and hair pins can:

- Damage the wall of the canal and increase the likelihood of otitis externa.
- Cause the wax to become impacted by pushing it further into the canal.
- Perforate the tympanic membrane.
- Advise that the use of ear candles has no benefit in the management of earwax removal and may result in serious injury.

This means **(for patients who DO NOT meet the above criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG

Please Note: Nurse Practitioners carrying out aural care, should ensure that they meet the competencies set out by the RCN (2018)

<https://www.rcn.org.uk/professional-development/publications/pub-004266>

Guidance:

NICE 2017 Hearing Loss. Hearing Loss in Adults: Diagnosis and Management. (currently in development, final document due for release May 2018)

NICE. 2016. Clinical Knowledge Summaries: Ear Wax.

<https://cks.nice.org.uk/earwax>

