

Ear care

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Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at rduh.pals-northern@nhs.net.

What is ear wax?

Earwax (cerumen) is normal and forms a protective coating of the skin in the ear canal. It is not a sign of poor personal hygiene. The quantity of earwax produced can vary from person to person. Some people make large quantities of wax that can totally block the ear canal, causing a feeling of fullness and a reduction in hearing. It can also result in tinnitus or even mild vertigo.

Earwax needs to be removed if it is affecting your hearing, you are due to have a hearing test or a hearing aid fitted, or if a specialist needs to test the function of your middle ear.

Your ears need to be looked after with care to avoid problems. Never use cotton buds in your ears or any other device to clean the ear or remove wax. This can only make things worse by pushing the wax deeper inside, or cause an ear infection or perforation.

To prepare for removal of excess wax by syringing or microsuction, or to encourage normal expulsion of wax from the outer ear:

- Purchase olive oil spray from chemist/pharmacy, for example Earol.
- Apply a single spray of oil to the affected ear.
- Repeat the procedure with the opposite ear if you also have excess wax this side.
- Do this morning and night for 5 – 7 days prior to your appointment.
- Eardrops are not suitable if you have a perforated ear drum.
- If you experience increasing pain, irritation or discharge, contact your doctor.

Once the ears are cleared of excess wax, putting two drops of olive oil into the affected ear regularly once a week may keep wax soft and enable natural expulsion of wax and avoid problems in the future.

Ear irrigation

During this procedure, a controlled flow of water is squirted into your ear to remove the earwax. The water is about body temperature. The irrigation procedure is painless, but it does carry risks such as:

1. Excess wax may not be removed completely
2. Dizziness, but this quickly settles
3. Inflammation or pain in the ear canal
4. Rarely, ear irrigation can cause damage to the ear drum or tinnitus

If you experience any of the above or pain, discharge or swelling around the ear, please see your GP.

Ear irrigation should not be carried out if:

- You currently have, or have had a perforation within 12 months or currently have a grommet. (Ears can be syringed if previous grommets have been inserted, provided they have extruded and the ear drum has healed)
- You have or have had a recently active ear infection.
- You have chronic recurrent ear infections.
- Recurrent otitis externa
- You have a mastoid cavity

If you have any of the above, or there have been more than two unsuccessful attempts at ear irrigation, please seek a referral from your GP into our specialist aural care clinic for microsuction.

References

Earwax: Clinical Knowledge Summaries (2007), www.nhs.uk

<https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/ent/microsuction> (2015)

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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