

Ear Wax

Assessment

1. Take a history including [ear symptoms](#) ▼, previous ear surgery, or perforation of the tympanic membrane.
2. Carefully examine the ear canal.

Management

1. If otitis externa is evident, manage according to the [otitis externa](#) pathway.
2. Trial products which may soften and loosen the ear wax such as olive oil, applied with a dropper, or [sodium bicarbonate](#).
 - This may encourage the ear wax to work its way out naturally.
 - Provide patient information on self care.
3. If ear wax blockage persists, or the tympanic membrane needs to be seen, decide on the best method of wax removal. Ear suction and ear syringing are equally effective.
 - [Ear syringing](#) ▼ (ear irrigation)
 - [Ear microsuction](#) ▼
4. Advise patients on how they can prevent future ear wax build up:
 - Ear wax is normal and quantity varies from person to person.
 - Regular use of olive oil drops (2 to 3 drops in each ear once a week) may reduce the need for syringing. This can be particularly useful for hearing aid and ear plug users.
 - Avoid using cotton wool buds to clean ears as this may actually push wax deeper into the ear canal and increase the risk of impacted ear wax.


Request

Request ear microsuction via [non-acute ENT assessment](#) if resistant ear wax and:

- the tympanic membrane needs to be seen.
- symptoms are impacting quality of life.
- the patient is a child with a hearing aid.



Farnham Medical Centre Microsuction Clinic

1. Check the [criteria](#) .

Criteria

- Tympanic perforations (or suspected)
- Previous ear surgery
- Grommets in place
- Problems following previous ear irrigation
- Recent history of ear infections i.e., middle ear
- infection or previous mastoid surgery
- Wax impaction in the "good ear" of a person with hearing in only one ear
- Discharging pus

Exclusions

- Children younger than 6 years

2. Complete [referral form](#)  and email to 