

Wax management services Policy statement

Our position

Ear wax is normal, but if it is produced in excess it can cause hearing impairment, pain or other symptoms. Excessive ear wax is one of the most common causes of temporary hearing loss ; in some cases, it covers the eardrum completely. It is also a major cause of hearing aid failure. People with hearing loss should receive appropriate information on wax management, and wax removal services should be accessible to all.

Introduction

This policy statement outlines the main issues for people with hearing loss when they experience problems with excessive ear wax. It also includes our stand on the issues*.

We use the term 'people with hearing loss' throughout to refer to people who are deaf, deafened or hard of hearing.

Background

Ear wax is a yellowish sticky substance produced in the ear canal. It protects the skin of the ear canal, assists in cleaning and also provides protection from bacteria, fungi, insects and water. Wax is produced in the outer part of the ear canal and is usually carried to the opening of the ear, where it dries out and falls away.

However, in some cases wax builds up in the ear canal. When this happens it can press against the eardrum and/or block the ear canal and impair hearing¹.

When someone wears hearing aids, the ear mould or the hearing aid itself can block the ear canal, meaning that ear wax is not expelled from the ear canal in the normal way. Ear wax can also block the ear mould tubing, preventing the sound from reaching the ear. Therefore, people often find that when they start wearing a hearing aid, ear wax becomes more of a problem².

Excessive earwax has a negative impact on the ear, hearing and hearing aid. It also affects delivery of services by audiology and ear nose and throat (ENT) departments.

The following problems can arise from excessive earwax:

- temporary hearing loss
- tinnitus, pain, dizziness
- the hearing aid may not function properly; for example, it may start whistling
- the work of the audiologist is delayed as they are unable to conduct parts of the hearing assessment, such as measuring middle ear function and taking ear impressions.

* Please note, like many policy documents, this statement reflects the issues relevant at the time of writing. Over time these issues may be subject to change, such as new legislation, and we may renew and amend the document.

Policy and practice

There are no national guidelines on the removal of ear wax, and many procedures are based on local custom rather than a strong clinical evidence base.

However, the NHS has taken steps to minimise the number of people who have excessive ear wax when they attend their hearing assessment. For instance, patients are advised in their initial audiology appointment letter to ensure that their ears are clear of wax before they attend for their assessment audiology appointment.

When a patient does have excessive ear wax, they are advised to attend the GP surgery, where it is usually the practice nurse who advises on wax management. It is usually recommended that the patient puts a softening agent, such as almond or olive oil, in the affected ear, provided there are no other issues.

The practice nurse may subsequently syringe the ear, if required; this involves using a pressurised water flow in the ear to remove the build-up of wax and is also known as 'irrigation'.

When syringing is not appropriate, the patient should be referred to the ENT department for microsuction, which is where gentle suction is used under a microscope to extract ear wax.

Current practice for the removal of ear wax varies throughout the country. We have heard reports that some GP surgeries do not provide syringing. There have also been reports of patients being passed between their GP surgery and audiology or ENT departments, with no one taking responsibility for wax removal.

Outside the NHS, wax removal is available privately to people who are prepared to pay for it. Wax softening agents are also available at pharmacies without prescription. However, advice to patients on which softening agent to use is often vague³.

Ear candling is advertised by some alternative health practitioners for ear wax removal. This involves inserting a hollow candle into the ear and lighting the opposite end. However, medical researchers have found that this method of wax removal could be dangerous and there is no evidence of effectiveness^{4,5}.

Evidence

There is little high-quality evidence available to guide practice². There is no evidence to indicate which softening agent (such as olive or almond oil) is the safest or most effective. Similarly, the relative safety and benefits of the different methods of wax removal are not known for certain.

A postal survey of British GPs found that only 19% always performed wax removal themselves; many delegated the task to practice nurses, some of whom had received no training. This is of concern as some risks, such as eardrum perforation, are associated with wax removal. All methods of wax removal should only be carried out by individuals who have been sufficiently trained in the procedure⁶.

Recommendations

Information for patients

Patients should receive information from the relevant professionals (that is, their GP surgery and audiology or ENT department) on wax management. This should include

information on ear care in general and prevention strategies for wax build-up, including the use of wax-softening drops or oil when needed. Patients should be advised on the services available for wax removal and how to access these services.

Accessible wax removal services

GP surgeries and audiology and ENT departments should recognise the need for wax removal services to be accessible. As many diagnostic and rehabilitation procedures in audiology services are dependent on patients' ears being clear of wax, there is a need for collaboration between staff in GP surgeries, audiology services and ENT departments, to ensure wax removal happens at the right time.

More trained professionals performing wax removal

Wax removal should only be done by professionals trained in syringing/microsuction and best practice guidelines should be followed at all times^{7,1}.

More research needed

Further research is required to assess what patients want in terms of wax removal services, the different ways of providing these services, the effectiveness of the different methods of wax removal and the acceptability of the different approaches to patients and practitioners⁸.

References

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