



EAR SYRINGING INFORMATION FOR PATIENTS

Our Practice Nurse is happy to examine you if you feel you have ear wax. However, if you are experiencing pain, discharge from your ear or you have a history of a perforated eardrum, you should make an appointment to see a GP.

WHAT IS EAR WAX AND WHAT TO DO ABOUT IT

Earwax forms a protective coating of the skin in the ear canal. Small amounts are made all the time.

The quantity varies greatly from person to person. Some people form plugs of earwax, which may cause a feeling of fullness and dulled hearing. A hard plug of earwax may also cause ringing in the ear or mild dizziness.

A plug of earwax is not a serious problem, more a nuisance. Earwax only needs removal if it causes symptoms such as dulled hearing. Earwax may also need to be removed for fitting a hearing aid, or if a doctor or nurse needs to examine your middle ear.

The best way to remove ear wax is by using olive oil drops, 2 or 3 times a day for four weeks. Olive oil drops in a dropper bottle are available to buy from your local pharmacy, or you can use any olive oil and a spoon or dropper. Olive oil used regularly in this way will soften the wax which will then come out by itself. If after this treatment, you are still experiencing dulled hearing or other symptoms, please make a routine appointment with the Practice Nurse to examine your ear. Please never clean the ear canal (ie inside the ear) with cotton wool buds etc: it can make things worse by pushing earwax deeper inside. It may cause an ear infection. Let the ear 'clean itself' using olive oil as above.

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HOW TO APPLY OLIVE OIL CORRECTLY

The maximum benefit of ear drops will be gained if they are correctly applied. Applying olive oil will usually clear earwax.

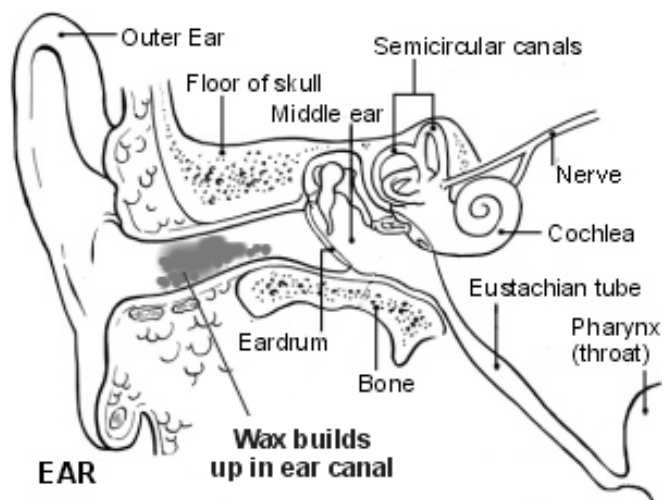
Ear drops are best applied by another person.

- Lie down with the affected ear uppermost.
- The ear should be gently pulled back & up.
- Warm the olive oil by placing the bottle in warm water for a few minutes.
- Fill the pipette with oil and check there is no air in the tip.
- Drop olive oil into the ear and massage the area in front of the ear to allow the drops to circulate within the ear.
- Stay lying down for 10 minutes and then wipe away any excess oil.
- Repeat procedure with the opposite ear if necessary
- Do this 2-3 times a day for four weeks.

It normal for hearing to diminish slightly as the wax softens and expands: this is temporary.

You should not apply cotton wool. However, if you have to use cotton wool then you coat it in vaseline to stop it absorbing the olive oil.

Your earwax will soften, and it usually breaks up if you put drops in 2-3 times a day for four weeks. Flakes or crusts of earwax will often fall out bit by bit.



PROCEDURE FOR IRRIGATION

This may be needed if the olive oil has not removed the wax naturally. Irrigating the ear with water will usually clear plugs of earwax. But, it will only work if the plug of earwax has been softened by following the instructions for olive oil drops as above. Ear irrigation is usually painless. Lukewarm water is squirted into the ear canal. This is usually done by a machine that squirts water at the right pressure. This dislodges the softened plug which then falls out with the water.

If ear irrigation does not work, or is not advised, your Doctor or Nurse may advise you to continue applying olive oil or you may be referred for micro-suctioning.

RISKS OF IRRIGATION

There are some risks to ear syringing. These include:

- Dizziness
- Tinnitus
- Inflammation/Infection
- Damage to the ear or eardrum such as a perforation.

Therefore, you should see a doctor or nurse after ear syringing if you develop any ear pain, troublesome itch in the ear, discharge from the ear, or swelling of the tissues around the ear canal (which may indicate infection).

CONTRA-INDICATIONS FOR IRRIGATION

Ear syringing may not be advised if you have certain ear problems. It is important that you inform the nurse before you have syringing if you have any of the following:

- Have had complications following this procedure in the past.
- Have had ear surgery in the past (apart from grommets that have come out at least 18 months previously and you have been discharged from the hospital ear department).
- Have a cleft palate (even if it has been repaired).
- Have an ear infection or have had an ear infection in the previous six weeks.
- Have recurring infections of the ear canal (recurring otitis externa).
- Have, or have had, a perforated ear drum.