BrisDoc Patient care by people who care

Ear Irrigation & Cleaning of Equipment Standard operating procedure as per Rotherham Primary Ear Care Centre & Audiology services

1.1

Version:	Owner:	Created:
1.1	Rachael Hiscox, Jayne Bennett & Jodie Godfrey (IPC Leads and Lead Nurse)	4/9/26
Published:	**Approving Director:**	**Next Review**
29/10/2026	Rhys Hancock (Director of Nursing, AHPs and Governance)	29/10/2028

Contents

Introduction **3**

Cerumen (Wax) Management *3*

Evidence....3

Purpose....3

Scope....4

Eligibility....4

Exclusions....4

Precautions:....5

Children....5

Guidance....5

Guidance on irrigation equipment....5

Equipment Requirements....6

Procedure....6

Potential complications following procedure:....8

Cleaning of Equipment....8

Version Control....14

Introduction

Cerumen (Wax) Management

Cerumen, or wax as it is commonly known, is a normal secretion of the ceruminous glands in the outer meatus. It is slightly acidic, giving bactericidal qualities in both its wet, sticky form (as secreted by Caucasians and African-Caribbeans) or dry, flaky form (as, for example, secreted by S.E. Asian people). In addition to epithelial migration, jaw movement assists the movement of wax to the entrance of the External Auditory Meatus (EAM) where it emerges onto the skin. A small amount of wax is normally found in the EAM and its absence may be a sign that dry skin conditions, infection or excessive cleaning have interfered with the normal production of wax. It is only when there is an accumulation of wax that removal may be necessary. A build-up of wax is more likely to occur in older adults and patients with learning difficulties, hearing aid users, people who insert implements into the ear or have a narrow EAM. A build-up of wax may also occur as a result of anxiety, stress and dietary or hereditary factors. Excessive wax should be removed before it becomes impacted, which can give rise to tinnitus, hearing loss, vertigo, pain and discharge.

The experienced practitioner can use his or her clinical judgement on the best method for wax management and removal. Olive oil may be advised in favour of other cerumenolytics. The practitioner may decide that extended use of olive oil is preferable to wax removal procedures.

These recommendations have been developed to assist practitioners in gaining experience and knowledge in the provision of ear care. They do not replace the need for education, recognised training and supervision in order to perform these procedures.

Evidence

In order to reduce litigation in ear irrigation and provide the patient with effective and safer ear care the content of this document was originally produced by the 'Action On ENT' Steering Board (2002) and endorsed by the Royal College of General Practitioners, The Royal College of Nursing, The Primary Ear Care Centre and the Medical Devices Agency. It has subsequently been revised by the Primary Ear Care Trainers (2017).

Purpose

The Purpose of this SOP is to enable:

- Correct treatment of otitis externa where the meatus is obscured by debris
- Improve conduction of sound to the tympanic membrane when it is blocked by wax

- Remove discharge, keratin or debris to allow examination of the EAM and the tympanic membrane
- Remove wax in order to facilitate hearing aid mould impressions
- Facilitate the removal of wax and foreign bodies, which are not hygroscopic, from the EAM. Hygroscopic matter (such as peas and lentils) will absorb the water and expand, making removal more difficult

Scope

This procedure is only to be carried out by an experienced healthcare worker who has received recognised training in ear care and the use of ear care equipment. This training is available UK-wide from Primary Ear Care Centre trainers.

An individual assessment should be made of every patient to ensure that it is appropriate for ear irrigation to be carried out.

Eligibility

Only those with the following are eligible for ear irrigation via the practice

(Nice Guidance advises from 6 months of age)

- Hearing aids and need wax removal
- Learning difficulties
- Dementia
- In advance of an audiology referral
- Any other sensory impairment such as blindness when hearing is crucial

Exclusions

Irrigation should NOT be carried out if:

- the patient has previously experienced complications following this procedure
- the patient has undergone any form of ear surgery (only exception is grommets that have extruded at least 18months previously and it is documented that tympanic membrane is intact)
- there is a history of a middle ear infection in the last six weeks
- active dermatitis or infection of the ear canal
- there is a history of mucous discharge in last 12months
- abnormalities of the ear canal (e.g. exostoses or rear canal stenosis)
- a foreign body in the ear; hygroscopic matter such as peas or lentils will swell

- grommets in place
- the patient has a perforation or a previous healed perforation
- there is evidence of acute otitis externa with pain and tenderness of the pinna
- Cleft palate repaired or not
- Hearing in only one ear if it is the ear to be treated; there is a remote chance that irrigation could cause permanent deafness
- Confusion or an inability to cooperate

This list is not exhaustive and the practitioner must use his or her own judgement for each individual.

Precautions:

In these cases, ear irrigation should be carried out on a low setting.

- Tinnitus
- Dizziness
- Patient taking anti-coagulants or high dose steroids
- Head/neck radiotherapy
- Immunocompromised patients
- Recurrent otitis media
- Recurrent otitis externa or tinnitus

Children

(Nice Guidance advises from 6 months of age)

Irrigation can be carried out on children as long as the child has no contraindications and is happy to co-operate with the procedure. They must fall in line with the eligibility category. It may be advisable to instil olive oil for a longer period of time in children to avoid the need for irrigation.
When carrying out otoscopy, gently pull the pinna down and backwards to straighten the external auditory meatus (EAM).

Guidance

Guidance on irrigation equipment

The electronic irrigator used in practice the "Propulse" allow irrigation of the EAM rather than wax removal under pressure. The MDA issued Safety Notice SN 9807 in February 1998 which advised users that the original Propulse electronic irrigator required an isolation transformer for electrical safety. Subsequently, the manufacturer designed and marketed the Propulse II to

replace the original machine, followed by the Propulse III and the NG. The Propulse G5 is now available which is both mains and battery operated.

This guidance document does not recommend the use of manual syringes or the Propulse 1, even with an isolation transformer, but recommends that practitioners should use the Propulse II, III, NG or G5 irrigators and refer to the procedure as ear irrigation.

The Propulse II III NG and G5 irrigators have a pressure-variable control, allowing the flow of water to be easily controlled by commencing irrigation on the minimum setting. For patient safety, the manufacturer has limited the maximum pressure available. This limit is stated in the user instructions. The Propulse III, NG and G5 irrigators have specific disinfecting guidelines.

Equipment Requirements

- Otoscope and single-use specula
- Head mirror and light or headlight and spare batteries
- Electronic irrigator
- Tap water at 37°C or temperature comfortable for the patient avoiding cool water
- Noots trough/receiver - receiver used to collect water
- Jobson Horne probe/carbon curette or an appropriate cotton wool carrier and good quality cotton wool
- Tissues and receivers for dirty swabs and instruments
- Disposable waterproof cape and paper towels
- Disposable apron and gloves

Procedure

Patients must have been reviewed by a clinician and confirmation of ears being blocked with wax prior, eligibility for the booking criteria must be ensured (Send task to Nurse team if unsure) If patient eligible – they must have been advised to apply Olive oil to effected ear daily for 1 week prior to irrigation.

This procedure should be carried out with both participants seated and under direct vision, using a headlight or head mirror and light source.

Irrigation should never cause pain. If the patient complains of pain, stop immediately.

1. The patient's presenting complaints and the result of the initial examination should be documented. Valid consent should be obtained and documented prior to proceeding
2. Examine both ears by first inspecting the pinna and adjacent scalp using direct light. Check for previous surgery incision scars or skin defects, and then inspect the EAM with the otoscope.
3. Check whether the patient has had his/her ears irrigated previously, or if there are any contraindications why irrigation should not be performed.
4. Explain the procedure to the patient and ask the patient to sit in an examination chair (a child could sit on an adult's knee with the child's head held steady).
5. Check that the headlight/light source is in place and is working correctly.

6. Place the protective cape and paper towel on the patient's shoulder and under the ear to be irrigated. Ask the patient to hold the receiver under the same ear.
7. Check that the temperature of the water is approximately 37°C and fill the reservoir of the irrigator. Set the pressure at minimum.
8. Connect a new tip applicator to the tubing of the machine with a firm 'push/twist' action. Push until a "click" is felt.
9. Direct the irrigator tip into the Noots receiver and switch on the machine for 10-20 seconds in order to circulate the water through the system and eliminate any trapped air or cold water. This offers the opportunity for the patient to become accustomed to the noise of the machine. The initial flow of water is discarded, thus removing any static water remaining in the tube. Check the temperature of the water again.
10. Twist the tip so that the water can be aimed along the posterior wall of the EAM (towards the back of the patient's head).
11. Gently pull the pinna upwards and outwards to straighten the EAM (directly backwards in children).
12. Warn the patient that you are about to start irrigating and that the procedure will be stopped if he/she feels dizzy and/or experiences any pain. Ensure that the light is directed down the EAM. Place the tip of the nozzle into the EAM entrance and, using the foot control, direct a stream of water along the roof of the EAM and towards the posterior wall (direct towards the back of the patient's head). Increase the pressure control gradually if there is difficulty removing the wax. It is advisable that a maximum of one reservoir of water per ear is used in any one irrigation procedure.
13. There is evidence to suggest that leaving water in the canal for 15 minutes will increase the chance of success. You may find it beneficial to instil water into both ears (if both require irrigation with water) and return to the procedure after a rest of 15 minutes. (Eekhof J et al 2001)
14. Periodically inspect the EAM with the otoscope and inspect the solution running into the receiver.
15. After removal of wax or debris, dry mop excess water from the meatus under direct vision using the Jobson Horne probe /carbon curette or an appropriate cotton wool carrier and good quality cotton wool. Stagnation of water and any abrasion of skin during the procedure predispose to infection. Removing the water with the cotton wool tipped probe reduces the risk of infection.
16. Examine the ear, both meatus and tympanic membrane, and treat as required following specific guidelines, or refer to a doctor if necessary.
17. Give advice regarding ear care and any relevant information. Advise the patient to return if ear starts to discharge or become painful. If the presenting complaint was hearing loss and the hearing doesn't improve following wax removal advise patient to seek further advice as per local policy.
18. Document what was observed in both ears, the procedure carried out, the condition of the tympanic membrane and external auditory meatus and treatment given. Findings should be documented, nurses following the NMC guidelines on record keeping and accountability. If any abnormality is found a referral should be made to the ENT Outpatient Department following local policy.

It is recommended that you follow the manufacturer's guidelines and local policy for cleaning, disinfecting and calibrating the irrigator and its components

Potential complications following procedure:

- Trauma
- Infection
- Dizziness
- Tinnitus

Cleaning of Equipment

Ensure the unit has been cleaned prior to first use and every morning before use.

1. The irrigator must be cleaned each day before use by an appropriately trained health professional
2. Personal protective clothing should be worn: apron, gloves and visor and the procedure should be carried out in a well-ventilated area.
3. The irrigator must be disinfected using a solution of sodium Dichloroisocyanurate 0.1% (NADCC) (CHLOR CLEAN) to make a solution which provides 1000 parts NADCC per million (0.1%) according to the manufacturer's instructions.
    a. Solution can be mixed and stored in a lidded litre container for up to 8 hours
4. Fill the water tank with the mixed NADCC CHLOR CEAN solution
5. Run the irrigator for a few seconds to allow the solution to fill the pump and flexible tubing
6. After 10 minutes remove the reservoir with the remaining cleaning solution and discard.
7. Rinse the system through with well-run cold tap water to ensure that all the NADCC solution has been flushed through by running the irrigator again for a few seconds.
8. Do not attempt to clean the irrigator tips. These are single use only.
9. Dry the unit thoroughly with paper towels prior to storage.

External cleaning of the Propulse Ear Irrigator should be done by hand, wiping with a damp cloth only. Apply liquids to the cloth not the unit. Do not immerse the unit in water. Mild detergents and disinfectants may be used externally

BMC -Appendix

Patient Information leaflet

Broadmead
MEDICAL CENTRE

Ear Wax - Self Help Guide

Ear syringing is no longer considered to be the first line treatment for the clearing of ear wax and it is not a funded service within the NHS for General Practice.

Current guidelines are that ear drops should be used to soften the wax which will then enable the natural movement of the wax from the ear. Further information and treatment options are available in this leaflet.

In line with current best practice and many other GP surgeries nationwide, Broadmead Medical Centre has made the decision to withdraw the ear syringing service with effect from 1st July 2020.

What is ear wax?

Ear wax is a build- up of dead cells, hair, foreign material such as dust and cerumen. Cerumen is the natural wax produced by glands in the ear. It forms a protective coating of the skin in the ear canal. Small amounts are made all the time. Flakes or crusts of earwax break off and fall out of the ear from time to time.

Points to remember

- Ear wax is normal and it provides protection for your ears.
- Your ears are self- cleaning.
- The movement of your jaw whilst eating and talking helps to move the wax along the canal.
- A plug of earwax is not a serious problem. You only need to remove earwax if it is causing symptoms such as dulled hearing or when fitting a hearing aid.

Don't use any ears drops if you have a hole in your eardrum (called a perforated eardrum).

How to use ear drops:

1. Warm the drops to room temperature before using them
2. Pour a few drops into the affected ear
3. Lie with the affected ear uppermost when putting in drops
4. Stay like this for 10 minutes to allow the drops to soak into the earwax

Preventing earwax build-up

You can't prevent earwax. It's there to protect your ears from dirt and germs.

However, you can keep using ear drops to soften the wax. This will help it fall out on its own and should prevent blocked ears. If you are prone to repeated wax built up you can continue to use olive oil drops twice a week to prevent recurrence.

Further Treatment

If drops alone do not clear the problem, there is now a number of over the counter kits available from pharmacies.

These contain a wax softener as drops which you use for 3-4 days and a small bulb syringe to enable you to remove the wax from your ear canals yourself.

These kits can be easily purchased from your local pharmacy or online by searching 'ear wax bulb syringe'

The specially designed ear syringes are designed to create enough pressure to clear wax out of the ear without causing damage to the ear drum. It is very important to use hand- temperature, tepid body temperature water for this process having used olive oil or the drops in the previous days.

Always follow the instructions provided with the kit.

What makes ear wax worse?

- The amount of wax produced varies from person to person.
- Some people produce excessive amounts of wax and this can block the ear canal.
- Wearing a hearing aid, ear plugs or head phones can interfere with wax expulsion.
- Narrow and/ or hairy ear canals.
- If you are elderly - the wax produced may be harder and drier.
- Dry skin in people who suffer with eczema or psoriasis.

What you should not do

- Do not use a cotton bud to clean your ear. This forces the wax deeper into the canal and can cause damage, trauma and possible infection.
- If your ears are itchy do not scratch or rub them with your finger nails or any other objects.
- Do not use anything smaller than your elbow in your ear!

What helps?

- Try and keep your ears dry. When washing your hair, showering or swimming putting some Vaseline around the inner part of your ear can help.
- Don't put your head under the water when bathing.
- Some people are troubled by repeated build- up of earwax and may benefit from regular use of ear drops.
- **What you can do to manage the problem**
- **Using ear drops-** Ear drops alone will clear a plug of earwax in most cases. Put 2 or 3 drops of ordinary olive oil down the ear using a 'dropper' 2 or 3 times a day for 2-3 weeks. This softens the wax so that it then runs out of its own accord without harming the ear. You can continue for any length of time, but 3 weeks is usually enough. Surprisingly, you will not necessarily see wax come out. It often seems to come out unnoticed.
- If olive oil does not work you can buy sodium bicarbonate drops from your local pharmacy.

Research shows that bulb syringing is effective and acceptable to patients and could significantly reduce the use of NHS resources.

Ear irrigation (ear syringing)

Ear irrigation is no longer recommended as first line treatment for blocked ears. Ear syringing can lead to ear infections, perforated ear drum and tinnitus (persistent noise). It is not a requirement to provide this service in General Practice.

Your pharmacist can help with earwax build-up. They can give advice and suggest the treatment.

If you have ear symptoms that concern you, please book an appointment at the Practice.

When to seek help from a health professional?

If you are experiencing the following symptoms:

- Pain
- Discharge or bleeding from the ear
- Sudden deafness
- Dizziness
- Foreign bodies (you may be advised to attend A&E)
- After using eardrops for the recommended time your symptoms **still** persist

Your GP or practice nurse will look inside your ears to check if they're blocked and might carry out some simple hearing tests.

Further information available:

www.broadmeadmeadicalcentre.nhs.uk

www.patient.co.uk

www.nhs.uk/symptomchecker

BMC Appendix 2

CHECKLIST / CONSENT FORM

Name D.O.B.....

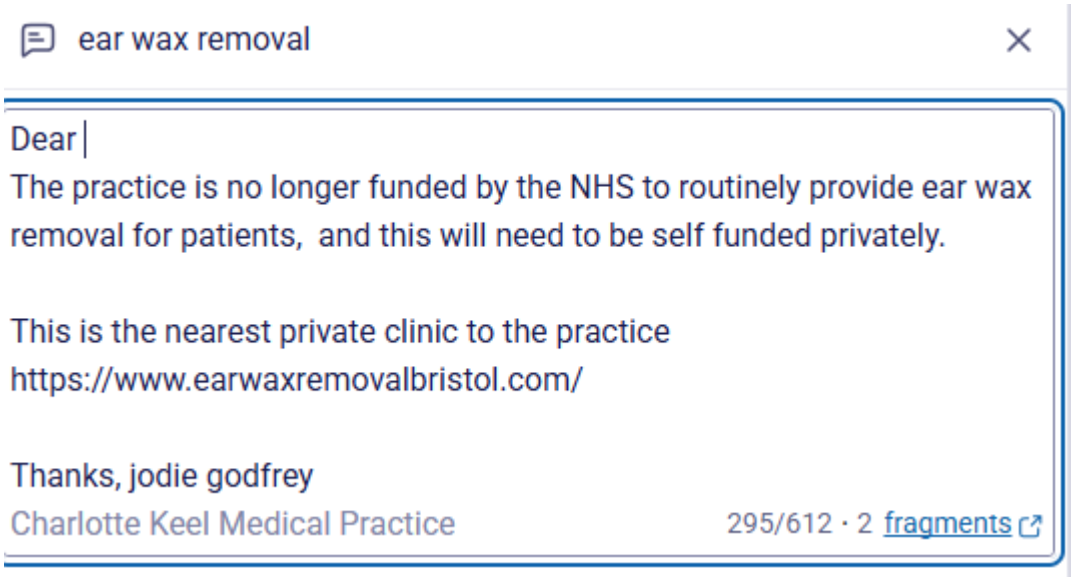
Past history	**Rt ear Yes / No**	**comments**	**Left Ear Yes / No**	**comments**
Previous problem following ear irrigation				
Recent ear perforation				
Previous ear surgery e.g. mastoidectomy				
Discharge from the ear				
Current or recent ear infection				
Catarrh or cold				
Ear pain				
Grommets				
Cleft palate				
Foreign body in situ				
Use of olive oil appropriately for a minimum of 7 days				

The nurse has asked questions related to the above conditions. She/he has explained the proposed treatment, and given me information on ear care. I understand that ear irrigation carries a rare risk of perforation to the eardrum.

I understand and consent to the proposed treatment.

Signature..... Date ……

CKMP Appendix



Text sent to patients to advise we do not offer ear Syringing as routine practice

References

Changes | How up-to-date is this topic? | Earwax | CKS | NICE

Rotherham Ear Irrigation guidelines Ear irrigation guidelines 2022.pdf (earcarecentre.com)

NICE Earwax management Scenario: Management | Management | Earwax | CKS | NICE

Rotherham Ear Care and Audiology Service

Version Control

Version	Date	Author	Change
1.0	XXX	Rachael Hiscox & Jodie Godfrey (IPC Lead and Lead Nurse)	New Document
1.1	4.9.26	Rachael Hisco, Jayne Bennet x & Jodie Godfrey (IPC Lead and Lead Nurse)	Update to merge into PCN SOP