Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC88 Management of Earwax
Date of BOB ICB Adoption	March 2024

This policy does not apply to patients with Down's syndrome, patients with cleft palate (whether repaired or not) or other craniofacial abnormalities.

1. Self-care

Earwax is a normal physiological substance that cleans, lubricates and protects the ear canal, trapping dirt and repelling water. Earwax usually falls out on its own, however if it doesn't and the ear becomes blocked, this can usually be managed with self-care: 2 to 3 drops of olive or almond oil can be instilled into the ear twice a day over 2 weeks and wax should fall out of the ear, particularly at night when lying down. Alternatively, advice and treatment can be sought from a pharmacist. Ear drops are not routinely available on prescription from primary care.

As a preventative measure for patients prone to impacted earwax, regular use of ear drops may be helpful, such as instilling olive/almond oil once a week.

Ear drops should not be used by patients with a perforated tympanic membrane. Patients with a nut allergy should not use almond oil drops.

Objects such as cotton buds and hairpins should not be inserted into the ear to remove earwax, as this will push it in and make it worse. There is no evidence that ear candles or ear vacuums get rid of earwax.

2. Primary and community care

Earwax removal by irrigation or microsuction may be available for patients in primary and community care only if:

The patient has exhausted self-care options AND meets one of the following criteria:

- The patient is suffering from hearing loss or pain due to earwax build up OR
- The tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis OR
- The person wears a hearing aid, wax is present, and an impression needs to be taken of the ear canal for a mould OR
- If wax is causing the hearing aid to whistle

3. When to refer to ENT for earwax removal

A referral to ENT will be funded if there is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation OR

The patient has acute otitis externa with an oedematous ear canal and painful pinna, and microsuction is not available in community or primary care OR

The patient meets the criteria for removal in primary and community care AND one or more of the following:

- Self-care has been unsuccessful, and irrigation is contraindicated as detailed below.
- Two attempts at irrigation of the ear canal in primary or community care have been unsuccessful.
- Has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness or vertigo.
- Has a recent history of otalgia and /or middle ear infection (in past 6 weeks)
- Has a current perforation or history of ear discharge in the past 12 months
- Has previously undergone ear surgery (other than grommets insertion that have been extruded for at least 18 months)

<u>Contraindications for irrigation</u>

- A history of any previous problem with irrigation (pain, perforation, severe vertigo).
- Current perforation of the tympanic membrane.
- Grommets in place.
- A history of any ear surgery (except extruded grommets within the last 18 months, with subsequent discharge from an Ear Nose and Throat department).
- A mucus discharge from the ear (which may indicate an undiagnosed perforation) within the past 12 months.
- A history of a middle ear infection in the previous 6 weeks.
- Cleft palate, whether repaired or not.
- Presence of a foreign body, including vegetable matter, in the ear. Hygroscopic matter, such as peas or lentils, will expand on contact with water making removal more difficult.
- Hearing in only one ear if it is the ear to be treated,
- Confusion or agitation and/or an Inability to cooperate, for example young children and some people with learning difficulties

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Recommendation made by TVPC	March 2019
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