LOW PRIORITY PROCEDURE: Policy T52
Earwax removal in secondary care
Policy Author: Ipswich and East & West Suffolk CCG
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Policy Summary
Earwax is a normally-occurring substance made up of dead cells, hair, external material such as dust, and cerumen wax. In some people earwax can become impacted and cause problems including pain, loss of hearing, and vertigo. It is a common reason for people to visit their GP – estimates suggest that 2 million people seek help for problems with earwax. Treatment by irrigation (formerly referred to as syringing) can be done in primary care, except when contraindicated.

The CCG will fund, with prior approval, referral to secondary care for symptomatic patients for whom irrigation is either not suitable or has not been successful, and for those with a foreign body in the ear.

OPCS4 Codes
ICD 10 Codes for the specified clinical criteria are: D049, 071, D072, D078, D079, D085, D083

Eligibility Criteria
Eligibility criteria for referral to secondary care

Patients with symptoms associated with impacted earwax who have twice received irrigation in primary care if clinically indicated without success OR

Patients meeting any **ONE** of the following the criteria for referral as set out by NICE:

- The person has (or is suspected to have) a chronic perforation of the tympanic membrane
- There is a past history of ear surgery (except extruded grommets within the last 18 months, with subsequent discharge from an Ear Nose and Throat department)
- There is a foreign body, including vegetable matter, in the ear canal.
- Ear drops have been unsuccessful, despite using effective application technique and irrigation is contraindicated*.

**NB** Refer or seek urgent advice if infection is present and the external canal needs to be cleared of wax, debris, and discharge

*Patients with symptoms associated with impacted earwax for whom irrigation is contraindicated as per NICE®, as follows:

- A history of any previous problem with irrigation (pain, perforation, severe vertigo).
- Current perforation of the tympanic membrane.
- A history of perforation of the tympanic membrane in the last 12 months.
• 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.
• Acute otitis externa with an oedematous ear canal and painful pinna.
• Keratosis obturans
• Presence of a foreign body, including vegetable matter, in the ear.
• Hearing in only one ear if it is the ear to be treated, as there is a remote chance that irrigation could cause permanent deafness.
• Confusion or agitation, as they may be unable to sit still.
• Inability to cooperate, for example young children and some people with learning difficulties.

Rationale for the policy
Patients who have a foreign body in the ear should not be prescribed eardrops as these may cause the matter to swell. For other patients with symptoms associated with impacted earwax, irrigation should follow use of eardrops, except in those groups where irrigation is contraindicated. For most people, irrigation can be effectively and safely carried out in primary care. However; use your discretion in ensuring that this policy is appropriate for your patient.

References