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| **Ear Irrigation**  This is only usually considered if the above recommendations have proved to be unsuccessful. It is helpful if Ear wax is softened for at least 5 days before attempting irrigation. This may need to be repeated if the first attempt at irrigation is not successful. (NICE Guidance June 2018)  Although the risks are low, and nurses are specially trained to perform this procedure, there is still a small chance (thought to be around 1 in 1000) of complications occurring, such as a perforated ear.  **Ongoing self-care**  If your ears are regularly becoming blocked with wax, after clearing the blockage, it may be helpful to use ear drops once a week or fortnightly to keep the wax soft and encourage the natural process of wax expulsion.  *This information is based on recommendations from:*  *The Rotherham Primary Ear Care Centre* [*www.earcarecentre.com*](http://www.earcarecentre.com/)  *Twyford Surgery (Practice leaflet Jan 2017)*  *NICE Guidelines: Management of Earwax. (June 2018)* | DOC-0126 / 24/08/2020 | **Ear Wax**  **Representing: - Dorset LMC - Hampshire & Isle of Wight LMC - Wiltshire LMC**  **Supporting: - Jersey, Guernsey & Alderney GPs** |
| **Ear Wax**   * Ear wax is normal it provides protection for your ears * Your ears are self-cleaning * The movement of your jaw while eating and talking moves the wax along the canal * Ear wax only becomes a problem if it causes deafness, pain or if a health professional needs a clear view of the ear drum   **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 and 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 shouldn’t do, some suggestions!**   * Do not use cotton buds to clean the ear. This forces the wax deeper into the canal and can cause damage, trauma and possible infection * Do not use objects such as matches, hair grips, crochet hooks, knitting needles, keys etc. this can cause 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!! |  | Are they the same thing as the CCGs or the BMA?  No. CCGs are different. They are commissioning bodies which mean they are involved in  designing, purchasing and monitoring patient care. They are membership organisations but CCGs are  answerable to the government as well as GPs. LMCs are advisers and are only answerable back to their GPs  The BMA is the national voice of doctors and GPs. They negotiate on matters at a national level. They are a trade union which confers special legal  connotations.  Who are LMCs representing GPs to?  They represent General Practice to everyone around GPs at a local level. That may be working with Area Teams, CCGs, RCGP, the LETB (Deanery) or charities. They can iron out misunderstandings and help engender mutual  understanding.  LMCs also offer other non-clinical services from expertise around disciplinary issues, contract changes to medico-legal issues e.g. Data Protection Act interpretation and sometimes education and training.  They are experts at the time when you can’t think of anyone else who would know the answer.  Are they the same thing as the CCGs or the BMA?  No. CCGs are different. They are commissioning bodies which mean they are involved in  designing, purchasing and monitoring patient care. They are membership organisations but CCGs are  answerable to the government as well as GPs. LMCs are advisers and are only answerable back to their GPs  The BMA is the national voice of doctors and GPs. They negotiate on matters at a national level. 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If you are a locum then you need to pay a subscription of £100 annually but for **all local GP trainees we offer the first year post qualification free.**  **Locums can receive our e-mails free of charge**  **Send us your name, e-mail address,  GMC number and CCT date to  office@wessexlmcs.org.uk**  Are they the same thing as the CCGs or the BMA?  No. CCGs are different. They are commissioning bodies which means they are involved in  designing, purchasing and monitoring patient care. They are membership organisations but CCGs are  answerable to the government as well as GPs. LMCs are advisers and are only answerable back to their GPs  The BMA is the national voice of doctors and GPs. They negotiate on matters at a national level. They are a trade union which confers special legal  connotations.  Who are LMCs representing GPs to?  They represent General Practice to everyone around GPs at a local level. That may be working with Area Teams, CCGs, RCGP, the LETB (Deanery) or charities. 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1. Your hearing problem may initially worsen after first starting to using the drops; this is why you are advised to concentrate on treating one ear at a time if both ears are blocked with wax.
2. In most cases, the wax will have softened sufficiently to encourage the wax to come out without further intervention.
3. However, if you feel your hearing is still impaired, please make an appointment with the practice nurse for further advice and management.

**Self-irrigation**

Patients are advised that there is very little clinical based research available on self-irrigation. Care needs to be taken to ensure there is no trauma and or infection as result of self-irrigation.

For further advice please speak to your practice nurse.

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**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
* If you regularly get blocked ears, use ear drops weekly/fortnightly to soften the wax

**When to see the GP or Advanced Practitioner**

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)

**What you can do to manage the problem?**

* If you are **not** experiencing **any** of the symptoms above, the following is recommended:
* **Drops/Spray** – It is recommended that this is done 2-3 times daily for at least 5 days
* [NICE Guidelines: Management of Earwax](https://cks.nice.org.uk/topics/earwax/#!scenario) <http://www.earcarecentre.com/patients/ears/wax/>

1. Lie on your side with the affected ear uppermost
2. Pull the outer ear gently backwards and upwards to straighten the ear canal
3. Put 2-3 drops into the affected ear(s) and gently massage just in front of the ear
4. Stay lying on your side for 10 minutes to allow the wax to soak up the drops.
5. Afterwards, wipe away any excess but do not plug your ear with cotton wool as this simply absorbs the drops

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