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NHS

Broadmead MEDICAL CENTRE

Ear Irrigation

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INTRODUCTION

This SOP is intended for registered nurses who are competent in carrying out safe and effective ear irrigation. It provides the nurses with guidelines in assessment and examination in adult ear irrigation.

Ear irrigation should only be considered when other conservative methods of wax removal have failed (e.g. use of softeners). Patients requiring ear irrigation should always receive education and advice, which may reduce contributory factors and therefore the need for ear irrigation

Ear irrigation is undertaken for the purpose of removing wax from the external auditory meatus where this is thought to be causing a hearing deficit and/or discomfort, or restricts vision of the tympanic membrane preventing examination in the adult patient

Nurses performing the procedure:

Should understand the normal and abnormal anatomy and physiology of the ear and need to be aware of the complications and contraindications of ear irrigation.

Must examine the ears, check the history, discuss complications, and obtain informed consent.

carry out the procedure as per clinic guidelines

record all findings and treatment in the patient's records as per NMC (2008) guidance on record keeping

Nurses may accept self-referrals from patients although the protocol for self-referral must be agreed between the General Practitioners and nursing staff in individual surgeries or health centres.

Note

Metal syringes should not be used as they can create pressure up to 7.5 times atmospheric pressure 1(Sharp et al 1990) and is considered more difficult to control compared to the electric Propulse machine (Rogers 1997)2. Therefore, a Propulse 11 or 111 machines is recommended.

Guidelines for Ear irrigation

Aim

To facilitate the removal of cerumen from the external auditory meatus.

When to irrigate

If you have satisfied yourself that there is wax occluding a healthy eardrum and the patient is experiencing difficulty in hearing

If the patient has had his ears irrigated before and the history and examination reveal no current contraindications;

If the wax is soft enough to be removed easily by irrigation.

Contradictions to ear irrigation

Irrigation should not be carried out when the patient:

Has a perforation or there is a history of mucous discharge in the last year

Has had a history of middle ear infection in the last 6 weeks

Has had an untoward experience following this procedure in the past;

Has had previous ear surgery of any kind; e.g. mastoidectomy (apart from grommets that have extruded at least 18months previously and the patient has been discharged from the ENT dept)

Has grommets in place (if over 18m old and discharged from ENT clinic then may proceed)

Has evidence of otitis externa

The patient has a cleft palate (repaired or not)

Precautions

Tinnitus - people with troublesome tinnitus may notice that when the wax is removed and their hearing improves the tinnitus may increase in severity – discuss the procedure with the patient in detail and document consent in patients' records

Healed perforation – discuss on an individual basis – consider referral for suction removal

Dizziness

Patients should be advised to use olive oil usually for a minimum of seven days, to soften the wax prior to irrigation. (Appendix 1)

Specific responsibilities and accountability

The employer must ensure the following: -

That all staff has access to a policy on ear care.

Appropriate training is available to staff in order to carry out these procedures.

All staff who carry out ear irrigation need to be competent and accountable for what they do and attend theoretical and practical training in ear care which includes recognition of ear problems.

To have a system in place to ensure the availability of safe and appropriate equipment. Equipment needs annual maintenance checks

Staff need to ensure the safe use of equipment provided according to the policy.

Managers have a responsibility to ensure that all the above criteria are met, through appropriate and effective strategies for the safe use of equipment and that any incidents are managed effectively according to the policy.

Areas for training needs must be highlighted and addressed. This can be undertaken through appraisals or supervision and a record of competencies kept for audit and standard purposes.

Ear Irrigation

Training skills

Qualified nurses undertaking this procedure must have undertaken ear irrigation training, which includes recognition of ear problems, safe ear care treatment including instruction and practical assessment on the use of the electronic irrigator and mentored by a suitably trained and qualified nurse

Nurses must be competent and confident that their skills and knowledge are

maintained and up to date. (NMC Code of conduct April 2008)5

How often do I need to update my skills?

We would advise every two years for an invasive procedure such as irrigation. This does not have to be a formal training course but can be during clinical supervision where a colleague observes your practice and technique and feeds back to you.

Equipment required to undertake ear irrigation

Waterproof cape and disposable towel

Otoscope with a number of different sized disposable specula and spare batteries

Head mirror and light or mobile light;

Propulse 2 or 3 irrigator (ensuring that it is used appropriately and serviced to the agreed standard) with disposable tips

Access to warm water at 370c

Noots receiver – consider disposable

Examination of the ear

Before examining the ear, take a detailed history and discuss the patients' concerns regarding their loss of hearing. Explain the procedure and take informed consent

Ensure you and the patient are seated comfortably –you must be seated at the same level as the patient with good lighting

Examine the pinna, outer meatus and surrounding scalp area for signs of skin lesions, previous surgery, infection, discharge and swelling. Palpate the tragus in order to identify if the patient is having pain

Identify the largest suitable disposable speculum that will fit comfortably into the canal and attach to the otoscope

Hold the otoscope like a pen and gently pull the pinna upwards and outwards to straighten the EAM. Rest the small digit on the patient's head as a trigger for any unexpected head movement

Use the light to observe the direction of the ear canal and the tympanic membrane. There is improved visualisation of the eardrum by using the left hand for the left ear and the right hand for the right ear but clinical judgement must be used to assess your own ability.

Insert the speculum gently into the meatus to pass through the hairs at the entrance to the canal, and using gentle movements of the otoscope and the patient's head, examine all the walls of the canal.

Ear irrigation procedure

Before careful physical examination of both ears, take a comprehensive history to determine if there are any contraindications as to why irrigation should not be performed

Check whether the patient has had his/her ears irrigated before.

Use the checklist to help identify patients who may be included or excluded .(Appendix 2)

Informed consent has been given and documented. (NMC 2008) Best practice suggests signed/informed consent (Appendix 2)

Explain the procedure to the patient.

Sit the patient in a chair appropriate for the procedure with the ear to be irrigated facing the nurse

Inspect both ears with the otoscope.

Place the protective cape and disposable towel in position, and ask the patient to hold the receiver under the ear.

Check your head light or mobile light is in place. Check the temperature of the water using a lotion thermometer to approximately 37oc.4 Remember any variation by more than a few degrees may cause the patient to feel dizzy. If this occurs, stop irrigating, and ask the patient to fix his gaze on some object for a few minutes until the dizziness passes.

The nurse should be sitting at the same level as the patient when carrying out this procedure.

Use of a Propulse 11 or 111 irrigator

Fill the reservoir of the Propulse irrigator with warm water to 370c. Set the pressure to minimum.

Connect disposable jet tip applicator to tubing of machine with firm push/twist action. Push until click is felt.

Direct the jet tip into the reservoir and switch on the machine for 10 - 20 seconds in order to circulate to water through the system and eliminate any trapped air or cold water. This also enables the patient to accept the noise the machine makes.

Gently pull the pinna upwards and outwards to straighten the meatus.

Place the tip of the nozzle into the external auditory meatus entrance. Nothing should be inserted into the ear further than the part that can be seen from the outside. Warn the patient that you are about to start and that if they have any symptoms of pain, dizziness or nausea, to inform you. Switch the machine on (using either foot or hand control). Direct the stream of water onto the posterior wall of the canal. (11 o'clock in the right ear and 1 o'clock in the left ear). Increase the pressure switch as determined by the aural condition. It is advisable that a maximum of 2 reservoirs of water is used in any one irrigation procedure.

If you have not managed to remove the wax within 5minutes of irrigation, it may be worthwhile moving on to the other ear, as the introduction of water via the irrigating procedure will soften the wax and you can retry irrigation after about 15minutes

Periodically inspect the meatus with the auriscope and inspect the solution running into the receiver.

After removal of the wax, ask the patient to dry mop the excess water from the meatus. Dry mop excess water from meatus under direct vision because stagnation of water and any abrasion of the skin during the procedure may predispose the otitis externa to infection.

Examine ear, both meatus and tympanic membrane, and refer to doctor if there is severe inflammation or trauma. Record all findings and treatment in the patients' notes as per NMC guidance on record keeping

Give advice regarding ear care and patient information sheet for post procedure. (Appendix 3)

NB Irrigation should NEVER cause pain. If the patient complains of pain – STOP IMMEDIATELY

PROPULSE CLEANING GUIDELINES (an example) – please refer to manufacturer's guidance on individual Propulse irrigators

At the beginning of the day or ear irrigation session:

Turn off electricity supply

Place one Precept cleaning tablet into the reservoir and fill with warm water to the 5OOml mark.

Once Precept tablet has dissolved, run the Propulse for a few seconds to allow the solution to fill the pump and flexible tubing.

Leave to stand for 10 minutes.

Ensure that the cleaning and disinfection solution is not left in the unit for more than 10 minutes.

Flush the unit through with water and dry thoroughly.

Always follow manufacturers' guidelines

Annual servicing of the irrigator is recommended.

Cleaning of Noots ear tank

Clean with detergent solution

Rinse under hot water.

Dry thoroughly

Appendix 1

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.

Ear Irrigation

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.

Ear Irrigation

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.

Ear Irrigation

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

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 ……

References.

[1]Sharp et al 1990 ear wax removal: a survey of current practice. British medical Journal 90(301):1251-1252(Price, 1997).

[2] Rogers R1997How safe is your ear syringing? Community nurse June 28-29

[3]Thurgood K1995. ear wax removal: a survey of current practice. British journal of nursing 12:682-686

[4] Primary care ear centre The Rotherham NHS Foundation Trust March 2011

[5]NMC Code of conduct April 2008

[6]NMC guidance on record keeping July 2007

[7]www.ENTnursing.com

Version Control

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14/06/2024	1	AM	Full review