

Southcote Clinic – Preparation and consent for ear irrigation (syringing)

Ear irrigation is not risk free; therefore it is only carried out if the ear is completely blocked with ear wax. Partial blockage of the ear canal only requires irrigation if you wear a hearing aid or need a special examination.

Ear syringing can cause injury to the ears, ranging from minor infection, acute and chronic tinnitus (ringing in the ears), to perforation of the ear drum and deafness.

Contraindications to having ears syringed (people who cannot have this procedure)

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- Complications following previous ear irrigation
 - A current ear infection or an infection within the last 6 weeks.
 - Any previous ear surgery (apart from grommets which have come out 18 months ago)
 - Grommets in situ
 - A current perforation or history of ear perforation
 - A cleft palate (even if it has been repaired)
 - Recurrent otitis externa
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Before the procedure

Ear drops alone will often clear a plug of wax. You can buy drops from pharmacies. For example olive oil, almond oil and sodium bicarbonate drops are commonly used for this purpose. Warm the drops to room temperature (leave the bottle stand in the room for about half an hour).

To put in drops, lie on one side with the affected ear uppermost. Drop four or five ear drops into the ear and leave in place for 10 minutes. You should remain lying on your side during this time, do not use cotton wool to “plug” the ear. The drops should be used twice a day for a minimum of 14 days. Very rarely, the drops may cause discomfort, burning, itching. If this happens, stop using drops and seek advice from the practice.

To minimise risk of injury, the wax should be softened with softening ear drops for at least 14 days before syringing.

During the procedure:

It can be uncomfortable to have your ears syringed but it should not be painful. If you experience any pain or dizziness during the procedure, tell the nurse immediately. It is important that the water is at a comfortable temperature, you must say if it is too hot or too cold.

After the procedure

Rarely ear irrigation can cause damage to the ear or ear drum. Therefore see a doctor or nurse after ear irrigation if you:

- Develop an ear pain
- Develop troublesome itch in the ear
- Develop a discharge from the ear
- Have swelling of the tissues around the ear canal (which may indicate infection)

Ear care after irrigation

After you have had your ears syringed, keep them dry for a few days, as the protective wax layer has been removed.

To keep the ears dry when you are washing your hair, place cotton wool which has been coated in petroleum jelly (Vaseline) into the outside of the ear (not in the ear canal) .



If you have continuing problems with ear wax, it may help putting in a few drops of olive oil once a week, to keep the wax soft and aid the natural movement of skin cells and wax.

Ear wax is a normal body secretion; it provides protection against infection and dust particles. The ear is self-cleaning, and the wax works its way out naturally. Never use cotton wool buds to clean inside your ears, as they irritate the delicate skin inside the ear canal, they will also push the wax back into the ear and compact it.

If you are unsure whether you wish to proceed with ear syringing, have ever had ear surgery or drum perforation or are concerned about the risks detailed above, please do not sign the consent form as you will need to discuss this with the nurse at your appointment prior to giving consent.

Patient/Parental agreement to treatment

Name of procedure

Ear irrigation (removal of ear wax from the ear) to remove impacted ear wax on the ear drum.

Risks of the procedure (thought to occur in about 1 in 1000)

- Damage to or perforation of the ear drum or middle ear.
- Ear infection.
- Pain, discomfort,
- Dizziness/vertigo.
- Light bleeding.
- Nausea and vomiting.
- Worsening of pre-existing chronic tinnitus.

Please note that this procedure does not always remove the wax

Signature of patient/person with parental responsibility for patient

I have received and read a copy of "preparation and consent for ear irrigation" and understand and accept the risks associated with ear syringing. I agree that I do not have any of the conditions as detailed in the leaflet that may prevent me from undergoing ear syringing.

I agree to undergoing this procedure:

Signature Date

Name (PRINT) Relationship to patient

Statement of Health Professional

Patient Name D.O.B.....

Past History	Right 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 ear				
Current or recent ear infection				
Catarrh or cold				
Ear Pain				
Grommets				
Cleft Palate				
Foreign body in situ				
Use of eardrops appropriately for a minimum of 7 days				

I have explained the procedure to the patient. I can confirm that the patient does not have any contraindications to ear irrigation.

Name (Print) Position

Signature Date