Ear wax removal

NHS Devon

Commissioning policy

Ear wax removal should occur in primary care in most circumstances.

The routine commissioning of ear wax removal in secondary care is only accepted in Devon when:

1) The patient is receiving ongoing treatment, such as de-waxing a mastoid cavity

   OR

2) The patient is suffering from significant symptoms due to ear wax build up including hearing loss or pain

   AND

   5-7 days of ear wax softeners have been trialled (unless there is a current perforation of the tympanic membrane)

   AND ONE OR MORE OF THE FOLLOWING APPLY

   Electronic irrigation has been attempted twice* by a suitably trained practitioner in primary care, unless contraindicated**

   OR

   Microsuction has been attempted once by a suitably trained practitioner in primary care***

   OR

   The patient has a history of ear surgery (e.g. stapedotomy or mastoid surgery) or documented history from an ENT specialist which advises that treatment for ear wax removal outside of secondary care should be avoided due to a current / ongoing issue.

* Once in children under the age of 8

** Contraindications to irrigation include:

- Recent perforation of the tympanic membrane (within 12 months) – A history of perforation that is older than 12 months is not considered a contraindication unless there is documented advice from an ENT specialist to advise that ear irrigation should not be used.
- Suspected current perforation of the tympanic membrane
- Recently (within the last 6 weeks) active acute or chronic otitis media
- Acute otitis externa with an oedematous ear canal and painful pinna
- Active skin complaint such as dermatitis, eczema or psoriasis of the ear canal
- Presence of a mastoid cavity
- Abnormality of the ear canal such as exostoses or stenosis that makes irrigation not possible
- Presence of grommets (Ears can be irrigated if previous grommets have been inserted, provided they have extruded and drum has healed)
- Presence of a foreign body in the ear, including vegetable matter which could swell and / or cause infection
- Inability to cooperate, for example young children and some people with learning difficulties.
- Permanent single sided deafness where the ear to be treated is the only ear through which the patient usually has functional hearing.

  Tinnitus and vertigo **ARE NOT** contraindications to ear irrigation in primary care

*** Inclusive of a documented recent attempt made by a private provider

Rationale for the decision

National Institute for Health and Care Excellence (NICE) guideline NG98 recommends that ear wax removal is offered in a community setting using ear irrigation (with an electronic irrigator), microsuction, or another method of ear wax removal (such as manual removal with a probe). Removal in secondary care is recommended where two attempts at ear irrigation (with an ear wax softener where appropriate) are ineffective. NG98 makes no recommendations for patients where ear wax removal carries an increased risk, or where interventions offered in primary care, such as ear irrigation, are contraindicated. Policy recommendations for these scenarios consider other sources of nationally published guidance and expert opinion from local ENT specialists.

The policy aims to provide an equitable approach to access for ear wax removal in secondary care, ensuring that service provision is best targeted at those with a clinical need for this service.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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