

Ear wax

Cerumen or as it is more commonly known, ear wax, is present in everyone. It is designed to trap things like dirt/dust and acts to protect the lining of the ear. It is also slightly acidic and protects the ear from infection. It is continuously produced and is gradually moved towards the entrance of the ear by the self-cleaning mechanism of the skin and by the action of muscles used in chewing and talking. The colour, consistency and amount of ear wax produced by individuals varies widely. Wax may appear to be dry and flaky, or crumbly consistency, honey coloured or dark brown and very hard when it may become quite firmly attached to the underlying skin.

For the vast majority of people, ear wax will not cause any problems and should be left alone without any attempts to remove it. However, for some people they may experience problems with ear wax and treatment of this may be required.

Common problems

Age

Older people may have drier wax, and older men often develop more hairy ears.

Cleaning attempts

Using cotton buds, matchsticks and hair clips to try to clean out the ear canals is one of the most common causes of impacted wax. It causes the wax to be forced down the canal and form a hard dry plug against the eardrum. It can inflict considerable damage to the skin lining of the canal.

Earplugs

The use of earplugs, often mandatory in some occupations, can have a similar effect to cotton buds.

Dusty or dirty environment

People who work in areas where there is a lot of dust or dirt in the air sometimes find that this combines with the wax in the ear to form a plug.

Habit

Some people become accustomed to attending regularly for ear irrigation, believing it is necessary to prevent them experiencing hearing loss.

Hearing aid moulds

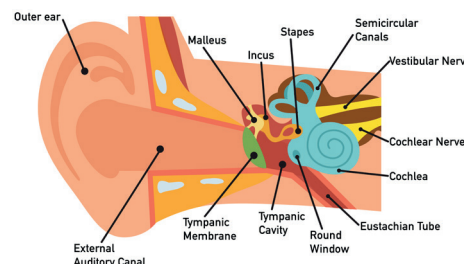
They can interfere with the natural ability to shed dead skin and wax, and cause debris to build up in the canal.



Treatment

Before any consideration is given to ear irrigation or microsuction, the following treatment must be adhered to.

The use of an olive oil spray (such as Earol) should be sprayed into the affected ear. The recommended dosage is 2 sprays per affected ear, twice a day for 4 weeks. These sprays mist a coating of olive oil over the wax. It is easier to administer than olive oil drops.



Experience of patients using the spray versus olive oil drops suggest it is also less messy to use. Olive oil sprays are available over the counter from most pharmacies.

Where olive oil spray is not available, olive oil drops are a suitable alternative. 3 drops should be put in to the affected ear(s) twice a day for 4 weeks.

Side effects of ear softeners

You are advised to persevere with this treatment plan. You may even feel that your ear is worse in the first few days of treatment. If the ear feels more occluded or your hearing is reduced, this is because the ear wax softener has expanded the ear wax before it can break it down, this is to be expected. Some wax softeners may cause a fluctuation in hearing and mild discomfort or irritation.

For patients who wear hearing aids, wax softener may adversely affect the function of the hearing aid if it enters the hearing aid, therefore it is advisable to avoid wearing the hearing aid for at least 2 hours when the softener has recently been administered.

If you have ear wax you should keep your ears dry, especially when swimming, bathing, and showering. This is especially important when washing hair as the detergents in soap, shampoos, and conditioners can irritate the ear and increase the amount of wax produced. This can be achieved using silicone swim plugs (available from pharmacies); a ball of cotton wool with a thin layer of petroleum jelly applied to it that is then positioned with the lubricated side against the ear canal entrance. It should be placed in the outer bowl of the ear and not pushed into the canal.

Important

Do not use cotton buds or any other implement to try and take the wax out. This causes the wax to be pushed deeper down the ear canal, often against the ear drum, and can cause trauma to the ear. The broken down ear wax will fall out of the ear naturally.



What if wax softeners have not worked?

For most people following this regime will satisfactorily resolve their symptoms within 4 weeks. However if this has been persistently adhered to and wax persists, the following treatment should be tried for a further 2 weeks:

- Sodium bicarbonate drops 3 drops in the affected ear(s), 3 times a day

Sodium bicarbonate is contraindicated if you have had a previous perforation to your eardrum. If this is the case, continuation of the olive oil spray or drops must be continued for a further 2 weeks.

If after using the sodium bicarbonate drops you still have issues, wax can be removed using irrigation, microsuction or a special probe. Not all GP practices have the staff and equipment to provide ear irrigation services and in order for NHS Kernow to ensure there are comprehensive healthcare services in other areas, there is not the resource currently to fund a service across all practices. There are a number of local private providers who do offer ear wax removal to people who would like to use this service.

In some instances, where irrigation is not advisable, you may be referred to the local hospital for microsuction to be performed. There is strict access criteria for this service and referral will not be accepted unless there is clear evidence that you meet the criteria and that treatment with ear wax softeners as outlined in this leaflet have been persistently adhered to.

Your GP will be able to advise if you meet these criteria. The criteria can be found on the NHS Kernow referral management website: rms.kernowccg.nhs.uk

Contact NHS Kernow

Sedgemoor Centre, Priory Road,
St Austell PL25 5AS

Telephone: 01726 627800

Email: kccg.contactus@nhs.net



To get this information in another format call:

 **01726 627800**

