

DOLPHINS PRACTICE
PREPARATION ADVICE FOR EAR WAX REMOVAL
AND CONSENT FORM

Please do not attempt to clean your ears – this can damage the ear and increase wax production.

Ear wax will normally be removed manually or by irrigation (syringing)

EAR PREPARATION PRIOR TO WAX REMOVAL:

At least 2 weeks before your appointment for ear wax removal you will need to use an olive oil spray (such as Earol) into **both ears twice a day. Olive oil spray for medical use can be purchased from most chemists. Application of the spray is the most effective way to prepare your ears. If the wax is not soft at the time of the appointment we will be unable to perform the procedure as there is a much higher risk of perforation of the ear drum.**

Please note that if you have ear pain or discharge we are unlikely to be able to irrigate them and you should **not** commence oiling your ears. (If it is a mild pressure sensation only with no pain please discuss this with the nurse at the time of the appointment).

If you have pain in your ears please treat with pain relief medication for 4 days, then make an appointment to see a doctor or a nurse in the Nurse Clinic if the pain does not resolve.

If you have discharge from your ears please make an appointment with a doctor or nurse in the Nurse Clinic **as soon as possible**.

It is normal to become gradually deafer from the accumulation of ear wax. If you **suddenly** become deaf you should seek **urgent** medical advice from a doctor.

If you are aged less than 12 years please make an appointment to see a doctor to discuss treatment options.

CONTRAINDICATIONS:

Ear irrigation may not be advised if you have certain ear problems. In particular, if you:

- Have had complications following this procedure in the past.
- Have had ear surgery in the past (apart from grommets that have come out at least 18 months previously and you have been discharged from the hospital ear department).
- Have a cleft palate (even if it has been repaired).
- Have an ear infection or have had an ear infection in the previous six weeks.
- Have recurring infections of the ear canal (recurring otitis externa).
- Have, or have had, a previous perforated ear drum.
- Have vertigo
- Have hearing in only one ear
- Have a foreign body in your ear
- Are unable to co-operate (eg small children or some people with learning disabilities)
- If INR blood result is not within the normal range for the appropriate diagnosis.

RISKS OF EAR IRRIGATION:

- Perforation of the tympanic membrane (ear drum)
- Inflammation of the outer ear (Otitis externa)
- Infection or inflammation of the inner ear (otitis media)
- Temporary or (very rarely) permanent deafness

Please read the consent form overleaf and bring it with you to your appointment. When it has been signed it will be scanned onto your medical computer records **PTO**

AFTER EAR IRRIGATION:

Some people feel dizzy after ear wax removal, but this should quickly settle. Some people develop an inflammation in the ear canal following ear irrigation. This causes itch and discomfort, but can be treated with ear drops. Rarely, ear irrigation can cause damage to the ear or eardrum.

Please be aware that you should see a doctor or nurse after ear wax removal if you develop any ear pain, troublesome itch in the ear, discharge from the ear, or swelling of the tissues around the ear canal (which may indicate infection).

If ear irrigation does not work, or is not advised, you may be referred to an ear specialist for removal of troublesome earwax.

Regular application of 1 spray of olive oil into each ear once a week may reduce the need for irrigation as it will evenly coat the ear canal, keeping the wax soft and allowing it to naturally rotate out of the ear canal.

DOLPHINS PRACTICE CONSENT FORM FOR EAR WAX REMOVAL / IRRIGATION:

Patient name.....

Patient no..... D.O.B.....

Statement of patient:

I agree to having my ears irrigated if clinically indicated and understand the contraindications and risks as described overleaf

I understand that the person performing the procedure will have had appropriate training.

I understand that the procedure will not involve local anaesthesia.

I have prepared my ears in the manner described overleaf

Signature..... Date.....

Statement of health professional:

I have discussed risks and complications of the procedure with the patient

I have explained the procedure to the patient.

Signed: Date.....

Name (PRINT) Job title.....

Please bring this form to your appointment. When it has been signed it will be scanned onto your computer records.