

This leaflet has been produced to help you if you have problems with ear wax, need to know how to use olive oil to soften wax.

Feedback from our readers panel was that the leaflet contains useful information and is easy to read. It has been split into different sections so some may be more relevant to you than others. Our readers have suggested you may wish to take time to read this or come back to it a couple of times.

**Earwax** is properly known as cerumen. Cerumen is normal and 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 earwax produced by individuals vary 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.

### Some common problems people experience:

- **Narrow ear canals** - people who work in areas where there is a lot of dust or dirt in the air sometimes finds that this combines with the cerumen in the ear to form a plug.
- **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. **THE USE OF COTTONWOOL BUDS, MATCHSTICKS, HAIRPINS, PAPER CLIPS ETC TO REMOVE WAX IS NOT ADVISED** as they can cause 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.
- **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.
- **Age** - Older people may have drier wax, and older men often develop more hair in their ears.
- **Habit** - Some people become accustomed to attending regularly for ear irrigation, believing it is necessary to prevent them experiencing hearing loss, which is not the case.

### What can I do to help?

The use of olive oil has been clinically proven to be safe and an effective treatment for the treatment of ear wax. Drops of olive oil should be instilled twice a day for 14 days prior to irrigation if this is prescribed.

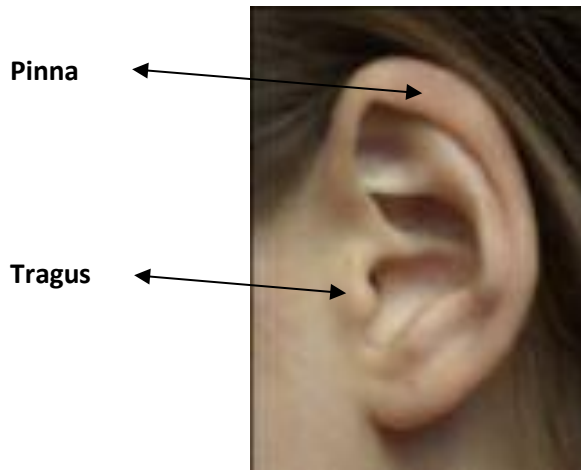
See below instructions on how olive oil eardrops should be administered/instilled. Do **not** put cotton wool into your ears, as this will absorb the oil.

Although olive oil is recommended, other wax softeners are available, should you wish to purchase them from a Pharmacy.

### Self-Instillation of Ear Drops using Olive Oil

In preparation for ear irrigation and to encourage normal wax removal from the outer ear when using olive oil drops:

1. Lie down on your side with the affected ear uppermost
2. Drop 2 or 3 drops of oil (at room temperature) into the ear canal and massage the tragus, just in front of the ear and pull the pinna (outer ear) backwards and upwards. This enables the oil to run down the ear canal.



3. Stay lying down for 5 minutes and then wipe away any excess oil.
4. Do **not** leave cotton wool at the entrance to the ear
5. Repeat the procedure with the opposite ear if necessary.
6. If you are due to have your ears irrigated, insert the drops twice a day for at least 14 days before.

Other wax softeners are available to buy from a Pharmacy – please follow pack instructions if you decide to use them rather than Olive Oil.

### Help us to help you!

Please ensure you follow the recommended guidance to self-care. If Ear Irrigation is deemed clinically required after self-care, the procedure can only be undertaken if the wax is soft.

### Ear Irrigation

Ear Irrigation may be required but should only be carried out when a person's hearing is reduced due to wax impacted on the eardrum

Ear irrigation is **not** suitable for everyone and it is **not** recommended on a regular or routine basis as it could cause other unnecessary problems.

A Nurse or GP will let you know if you need to have your ear irrigated.

### Ear irrigation should **NOT** be used if you have:

- previously had problems with irrigation, such as pain in your ear or severe vertigo
- you currently have an episode of Vertigo/Meniere's as dizziness could be made worse
- a perforated eardrum, or you have had a perforated eardrum in the last 18 months
- a discharge of mucus from your ear, which may indicate an undiagnosed perforation
- had a middle ear infection (otitis media) in the past six weeks
- a grommet (a small, hollow tube surgically inserted into your ear if you have a build-up of fluid that causes hearing difficulties—see below)
- had ear surgery, apart from cases of extruded grommets, within the last 18 months
- the patient has a cleft palate (repaired or not). University Hospitals of Derby & Burton ENT Consultants have advised that patients can have syringing with a cleft palate, unless they know they have a perforation present
- a foreign body in your ear (something in your ear that should not be there)
- a severe external ear infection (acute otitis externa) with pain in the ear canal or pinna (the outer, visible part of your ear)
- Ear irrigation is **not** recommended if you have a grommet. The grommet creates a passage in your middle ear which allows water to enter during syringing.
- You should **not** have ear irrigation if the ear to be treated is your only hearing ear. This is because there is a small chance it could cause permanent hearing loss. It is important to establish if the patient has a dead ear or not (by an audiologist), as most people have hearing different on each side.

Young children who are un-cooperative, and some people with learning difficulties, may also not be able to have ear irrigation or microsuction.

### Patient advice after Ear Irrigation

- The ear canal may be vulnerable to an ear infection after irrigation. This is caused by removal of all the wax, which is your ears' own natural method of protection
- Until the ear produces more wax to protect the canal keep the ear(s) that have been irrigated dry to stop water getting in for a minimum of 4 or 5 days after the procedure
- To keep the ears dry when you are washing your hair, showering, bathing or swimming, insert ear plugs or a piece of cotton wool (not a cotton bud/stick), with a coating of petroleum jelly on the outside of the cotton wool, to act as a protective seal.
- In the unlikely event that you develop pain, dizziness, reduced hearing or discharge from the ear after the procedure, consult with your nurse/doctor
- It may be helpful to use the olive oil treatment 2 or 3 times a week and wear ear plugs when in water if you usually have a build-up of wax (other pre-treatment ear wax softeners are available to buy from Pharmacies)
- Ear irrigation DOES NOT CAUSE A BUILD UP OF WAX
- If the wax was removed due to problems with hearing loss and your hearing is not improved after ear irrigation you may need to have a hearing test.
- REMEMBER ear wax protects the ear; poking it will only push wax deeper in the canal and cause problems; the ear is self-cleaning and does **not** need poking with flannels and direct streams from the shower head or cotton buds!

## Ear Care - Patient Information leaflet

If you need help accessing this document, please contact our Patient Advice and Liaise Service (PALS) on 0800 032 32 35 or email: [ddccg.enquiries@nhs.net](mailto:ddccg.enquiries@nhs.net)

Aby otrzymać pomoc w dostępie do niniejszego dokumentu, prosimy o kontakt z działem ds. porad i kontaktów z pacjentami [*Patient Advice and Liaison Service – PALS*] pod numerem telefonu: 0800 032 32 35 lub pod adresem e-mail: [ddccg.enquiries@nhs.net](mailto:ddccg.enquiries@nhs.net)

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ਇੱਥੇ ਈਮੇਲ ਕਰੋ: [ddccg.enquiries@nhs.net](mailto:ddccg.enquiries@nhs.net)

Ak potrebujete pomoc s prístupom k tomuto dokumentu, prosím, kontaktujte našu Službu pre poradenstvo a spoluprácu s pacientom (PALS) telefonicky na: 0800 032 32 35 alebo e-mailom na: [ddccg.enquiries@nhs.net](mailto:ddccg.enquiries@nhs.net)

اگر آپ کو اس دستاویز تک رسائی میں مدد چاہئے تو براہ مہربانی ہماری مریضوں کے لیے مشاورتی اور باہمی تعلقاتی سروس [ddccg.enquiries@nhs.net](mailto:ddccg.enquiries@nhs.net) پر رابطہ کریں یا پرائی میل کریں 0800 032 32 35 (پالز) سے
