



Ear wax removal via microsuction Policy

Commissioning	The ICB will provide funding for ear wax removal via
decision	microsuction for people who meet the criteria defined
	within this policy.

Policy Statement:

The ICB will provide funding for ear wax removal via microsuction for patients who meet at least one of the following criteria:

- There is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation
 OR
- The patient has previously undergone ear surgery (other than grommet insertion that have been extruded for at least 18 months), including radical mastoidectomy

OR

 The patient has a recent history of otalgia and / or middle ear infection (in the past 6 weeks)

OR

- The patient is currently suffering from acute otitis externa OR
- The patient has a current perforation of the tympanic membrane or history of ear discharge in the past 12 months OR
- The patient has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness or vertigo OR
- The patient has cleft palate, whether repaired or not OR
- The patient only has hearing in one ear and that is the ear to be treated, as there is a remote chance that irrigation could cause permanent deafness OR
- The patient has used appropriate ear drops for at least 5-7 days with no improvement, and two attempts at irrigation have been attempted within primary care (where available) but have been unsuccessful.

Rationale:

Ear wax is a normal build-up of dead cells, hair, foreign materials such as dust, and natural wax which forms a protective coating on the skin in the ear canal. Sometimes a plug of ear wax may form. This is not a serious problem and only needs to be removed it if is causing symptoms such as hearing loss or earache or causing problems when fitting a hearing aid.

Policy Category:
СВА
Who usually applies for funding?
Not applicable

Ear drops (such as olive oil or sodium bicarbonate) are available to purchase from pharmacies and will clear the plug of ear wax in most cases. Ear drops are therefore recommended as the first treatment by the National Institute for Health and Care Excellence (NICE). Where ear drops fail to resolve the problem ear wax can be removed in primary care via ear irrigation using an electronic irrigator, which is usually effective at clearing the wax.

For a small group of people ear irrigation is not appropriate, for example because the patient has another ear condition that irrigation could make worse and should therefore not be used. This policy describes the groups of patients where this applies. These patients may have wax removed via microsuction. In addition, there may be occasions where ear irrigation is unsuccessful, or where this service is not available within the patient's GP Practice. If irrigation is unsuccessful on two occasions (or unavailable to the patient) microsuction may be considered to remove the wax.

Glossary:

Mastoidectomy – A mastoidectomy is a surgical procedure that removes diseased mastoid air cells. The mastoid is part of the skull located behind the ear. It is filled with air cells made of bone and looks like a honeycomb. The diseased cells are often the result of an ear infection that has spread into the skull. The procedure is also used to remove abnormal growth of the ear known as cholesteatoma.

Otitis externa – Otitis externa is a condition that causes inflammation (redness and swelling) of the external ear canal, which is the tube between the outer ear and the ear drum.

Tympanic membrane – The tympanic membrane is also known as the ear drum. It is thin layer of tissue that receives sound vibrations from the outer air and transmits them to the auditory ossicles, which are tiny bones in the tympanic (middle-ear) cavity.

Grommet insertion - Grommets are tiny tubes which are inserted into the eardrum. They allow air to pass through the eardrum, which keeps the air pressure on either side equal. The grommet usually stays in place for six to 12 months and then falls out.

Otalgia – Otalgia is also known as earache and can originate in the ear, the ear canal, or the outer ear.

Evidence base:

NICE Clinical Knowledge Summary (CKS) – Earwax (July 2016) <u>https://cks.nice.org.uk/earwax#!topicSummary</u> NICE Guideline (NG98) – Hearing Loss in adults: assessment and management (June 2018) <u>https://www.nice.org.uk/guidance/ng98</u> For further information please contact <u>GLICB.IFR@nhs.net</u>

Date of publication	11 November 2019	
Policy review date	March 2025	

Policy sign off

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	June 2019
Quality and Governance Committee	8 August 2019

Version Control

Version No	Type of Change	Date	Description of Change
0.1	New policy drafted	18/06/2019	New policy drafted to reflect referral criteria for new community ENT service.
0.2	Minor wording change to criteria following ECCP group feedback	10/07/2019	Minor change of wording to criteria relating to otitis externa
1.0	Version approved by Quality and Governance Committee	08/08/2019	Final version approved
1.1	Proposed minor changes to criteria following policy review Review date	28/02/2022 ECCP meeting 10.3.2022	Changes to criteria relating to primary care management to incorporate expectations relating to self-management and recognition that irrigation is not universally available. Changes ratified by Executive Directors M Walkinshaw & M Andrews-Evans 15.3.2022. Review date changed to March 2025

Policy Category: CBA Who usually applies for funding? Not applicable