

Commissioning Policy

Ear wax removal via microsuction Policy

Criteria Based Access (CBA)

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Version: 1.2

Authorisation and document control

Name of policy:	Ear wax removal via microsuction Policy
Job title of author:	Senior Commissioning Programme Manager – Elective Care
Name of sign off group:	Commissioning Programmed Review Group

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	26/02/2026

Consultation	
Name of group	Date considered
<i>Insert relevant individuals/forums consulted during policy development</i>	

Authorisation	
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Commissioning Policy Review Group	24/03/2026
System Quality Committee	08/08/2019

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Review date	March 2029
To be reviewed by (job title)	Senior Commissioning Programme Manager – Elective Care

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
0.1	18/06/2019	New policy drafted to reflect referral criteria for		ECCP

		new community ENT service.		
0.2	10/07/2019	Minor change of wording to criteria relating to otitis externa following ECCP group feedback		ECCP
1	08/08/2019	Final Version approved by Quality and Governance Committee		QGC
1.1	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 & Marion Andrews-Evans 15.3.2022. Review date changed to March 2025		Executive Directors
1.2	24/03/2026	Review date agreed of March 2029. No changes to policy criteria. New policy template adopted.	IFR Manager	CPRG

1.0 Background

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 if it is causing symptoms such as hearing loss or earache or causing problems when fitting a hearing aid.

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.

2.0 Policy statement

Policy category	Policy details
CBA	<p>The ICB will provide funding for ear wax removal via microsuction for patients who meet at least one of the following criteria:</p> <ul style="list-style-type: none">• 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.

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.

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

None

5.0 References

NICE Clinical Knowledge Summary (CKS) – Earwax (July 2016)

<https://cks.nice.org.uk/earwax#!topicSummary>

NICE Guideline (NG98) – Hearing Loss in adults: assessment and management (June 2018)

<https://www.nice.org.uk/guidance/ng98>