

SOUTH HERMITAGE SURGERY (TEL 01743 343148)

EAR WAX INFORMATION & EAR IRRIGATION CONSENT FORM

Information:

Ear wax is a very important substance. It cleans, lubricates and prevents infection in the ear canal. Never use cotton buds, matchsticks, hair grips etc to “clean” your ears.

As we get older, ear wax gets drier and the natural cleansing action breaks down causing it to block the ear at times.

It is not necessary to remove wax unless it is causing a problem such as muffled hearing. Occasionally it can cause vertigo.

Treatment:

1. Use olive oil initially, 3 or 4 drops at a time twice a day for **at least a week** to soften the wax; you do not need a prescription for this. Lie down on your side for a few minutes afterwards to let it soak in, with the treated ear uppermost. Never use cotton wool as this can inhibit the effect of the olive oil.
2. Several patients have used a device (eg portia) which is available from pharmacies to purchase over the counter. This has helped to clear wax and saved patients from needing to attend surgery for ear irrigation. Ask your pharmacist for details but should not be used if there is a previous history of ear perforation or ear surgery.
3. If, after a week of olive oil use, the symptoms continue, then complete the checklist on the reverse of this sheet and if you answer NO to all questions please make an appointment for irrigation of the ear(s) with the allocated clinician as indicated.

Irrigation:

This should not be performed if there is an infection present, if there is a history of perforation or if there have been side effects when performed previously. The procedure involves gently squirting warm water into the ear canal via a nozzle. The water dislodges the wax, which will then come out of the ear. Some patients find the procedure quite soothing; other patients describe it as an odd feeling; you should not feel **any pain**.

Possible complications of irrigation:

Occasionally: infection of the ear canal, transient pain, transient tinnitus (ringing sound).

Rarely: Chronic tinnitus (lasting a long time), transient vertigo (dizziness).

There is a risk of this procedure causing a perforation/hole to the eardrum.

/...

EAR WAX INFORMATION & EAR IRRIGATION CONSENT FORM

CHECKLIST: *Indicate if you have or ever had: (tick the box alongside your answer)*

- | | | |
|---|------------------------------|-----------------------------|
| History of previous problem with irrigation (pain, perforation, severe vertigo) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| History of tympanic perforation (ear drum) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Grommet in place | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| History of ear surgery including mastoid surgery/grommet insertion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Recent history of middle ear pain /infection | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Suspicion of otitis externa | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Cleft palate | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answer YES to any of the above we cannot undertake ear irrigation

PREVIOUS EAR IRRIGATION:

I have had my ears irrigated previously YES* NO**

Only book an ear irrigation appointment after one week's use of olive oil as it is possible your symptoms may clear

*IF YOU ANSWER YES – PLEASE BOOK YOUR APPOINTMENT WITH A HEALTH CARE ASSISTANT

**IF YOU ANSWER NO – PLEASE BOOK YOUR APPOINTMENT WITH A PRACTICE NURSE

I have read and answered the questions to the best of my knowledge and understand there is a risk of ear perforation and tinnitus. I consent to having the procedure performed.

Patient name: _____ DOB: _____
(Print)

Signed: _____ Date: _____

Daytime contact telephone number: _____

Please bring this completed form with you to your ear irrigation appointment