

## Management

### Primary Care management includes

- Remove earwax only if it is causing symptoms (i.e. discomfort, hearing loss), or if a clear view of the eardrum is needed.
- Choice of treatment depends on patient preference, resources, and available skills.
- Ear drops soften the wax which then often spontaneously disperses. Tap water, sodium chloride 0.9%, or sodium bicarbonate are as effective as any other cerumenolytic ear drop. In resistant cases, the patient may need to lie with the affected ear uppermost for a few minutes after a generous amount of the softening agent has been applied.
- Irrigation: this could be done immediately or 15-30 minutes after ear drops. The pressure-controlled electronic irrigator is safer to use than the traditional syringe.

### Specialist management includes

- Use of an ear curette to hook out wax or microsuction.

## When to refer

### Emergency [discuss with on-call specialist]

- Complications of syringing: perforation, deafness or balance difficulties
- Severe reaction from solvent or almond oil (nut allergy)

### Urgent out-patient referral [liaise with specialist and copy to CAS]

- There are contraindications to irrigation; perforation of the tympanic membrane (present, previous, suspected, or grommet):
- Wax remains impacted after appropriate treatment
- Deafness or other symptoms remain after removal of earwax
- Irrigation is followed by severe pain or deafness or vertigo

### Refer to CAS

Consider referral to otolaryngology if:

- Wax remains impacted after appropriate treatment
- Deafness or other symptoms remain after removal of earwax
- Irrigation is followed by severe pain or deafness or vertigo

There are contraindications to irrigation in primary care:

- Previous middle ear or mastoid surgery
- Unable to cooperate
- Recurrent otitis externa or chronic middle ear disease
- Deafness in one ear and impacted wax in the other ear - there is a remote but unacceptable risk of causing bilateral deafness

### Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.