Cambridgeshire & Peterborough Integrated Care System

NHS Cambridgeshire & Peterborough

Clinical Threshold Policy

Referral for Earwax Removal

Definition and Scope

Earwax is a normal physiological substance that is a combination of keratin (dead flattened cells), cerumen (a wax-like substance), sebum and various foreign substances such as cosmetics and dirt. When clinically indicated, earwax can be removed using ear drops, irrigation, microsuction or a special probe.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. The referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma.

Policy Criteria

NHS C&P (ICB) will only fund referral for earwax removal according to the following criteria. Note – these criteria also apply to the follow-up.

1. Ear drops have been used for five days followed by irrigation (may need a second attempt after a further five days of ear drops), but this has been unsuccessful.

   OR

   Irrigation is contraindicated for the following reasons:
   - A chronic perforation (or suspected perforation) of the tympanic membrane
   - Complications following previous irrigation (severe pain, deafness, vertigo, perforation)
   - A past history of ear surgery
   - A past history of recurrent otitis externa
   - A foreign body, including vegetable matter, in the ear canal
   - Infection, eczema, dermatitis of the ear canal or external ear

   AND

2. The patient meets criteria **A**, **B** or **C**:

   A. Earwax is totally occluding the ear canal and any of the following are present:
   - Hearing loss
   - Earache
   - Tinnitus
   - Vertigo
   - Cough suspected to be due to earwax

B. The tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis.
C. The person wears a hearing aid, wax is present, and an impression needs to be taken of the ear canal for a mould, or if wax is causing the hearing aid to whistle.

Smoking

Patients who smoke should be advised to attempt to stop smoking - see stop smoking policy.

Rationale and Evidence

This policy is based on the NICE Clinical Knowledge Summary (CKS) for Earwax and NICE Clinical Guideline 98. The CKS recommends that eardrops must be used for three to five days prior to irrigation to soften the wax and, if necessary, water should be instilled into the ear 15 minutes prior to irrigation. Complications of irrigation include perforation of the tympanic membrane, infection, pain, vertigo, tinnitus, nausea and vomiting, bleeding, and injury to the middle and inner ear.

Glossary

Otitis Externa:	Inflammation of the ear canal.
Tinnitus:	A noise heard in the ear without any external cause.
Tympanic Membrane:	The ear drum which separates the external and middle ear.
Vertigo:	Vertigo is a symptom, rather than a condition itself. It is the sensation that you, or the environment around you, is moving or spinning.

References

1. National Institute for Health and Care Excellence. Clinical Knowledge Summary – Earwax. Last revised May 2023. http://cks.org.uk/earwax.
2. Guest J F, Greener M J, Robinson A C and Smith A F (2004). Impacted cerumen: composition, production, epidemiology and management. QJM 97(8), 477-488.
3. Hearing loss in adults: assessment and management – NICE guidance NG98, June 2018. https://www.nice.org.uk/guidance/ng98.
4. Aaron K, Cooper TE, Warner L, Burton MJ. Ear drops for the removal of ear wax. Cochrane Database of Systematic Reviews 2018, Issue 7. Art. No: CD012171.

Policy effective from:	Policy adopted by NHS C&P (ICB) 1 July 2022 Reviewed policy ratified by QPF 22 September 2023 Reviewed policy approved by JCPEG 16 August 2023 Reviewed policy approved by CPF 10 July 2023 Policy developed by C&P Public Health Team
Policy to be reviewed:	November 2025
Policy reference:	Earwax Removal Sept 2023 V6