

# Information for patients and carers

## Nurse-Led Aural Care Service

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

## Welcome to ENT (Ear, Nose & Throat)

This leaflet has been produced to answer questions you may have about having ear care and what to expect during your visit. After reading if you have any other questions, please ask a member of the Aural Care Nursing Team.



**Photo of the Audiology and ENT Suite based at Royal Preston Hospital**

## Nurse Led Aural Care Clinic

The specialist Nurse-Led Aural Care clinics are held in the ENT outpatient's department. The clinic looks after people with different ear conditions such as recurrent ear infections, difficult ear wax removals and surgical ears such as care of the mastoid cavity.

The ENT nurse-led aural care clinic is strictly an appointment-only service and requires a valid referral from a healthcare professional. Due to the high number of patients seen in this clinic, a drop-in service is currently unavailable.

## What is Ear Wax?

Ear wax (cerumen) is a yellowish waxy substance secreted in the ear canal. It is normal to have ear wax as it helps keep them clean. The ear canal works like a conveyor belt and eliminates wax from the ear canal. Ear wax protects the ear canal as it assists with cleaning and lubrication and provides protection to the ear as it has anti-microbial properties which defends the ear against infection.

## When do I need to have ear wax removed?

Lots of ear wax or compacted ear wax can press against the eardrum and block the outside of the ear canal or hearing aids, causing hearing loss. Ear wax is the main reason the ear can become obstructed which is often harmless but can lead to ear fullness, itching, tinnitus, otalgia, and foul odour.

## What is Micro Suction?

Micro suction is one of the safest and most preferred way to clean the ear. Micro suction is better than ear syringing which some

people find uncomfortable, and most healthcare professionals have now changed to the micro suctioning.

Before having micro suction, the specialist trained aural care nurses will ask some questions to learn about your previous and current ear conditions. They will also ask if you are on any medications and have any allergies. You will be asked to lie down on the bed and told to keep still during the procedure as sudden movements may cause damage to the ear canal. The nurse will look in the ear canal using a small cone and a microscope to examine the ear. They will then use a long thin suction devise to remove the wax. This works like a small vacuum cleaner; it can be quite noisy, and you may hear some crackling or squeaking.

If wax is impacted, the nurse may use medications to soften the wax or use sterile metal instruments to help removal.

The procedure takes 15-25 minutes and is done as an outpatient appointment meaning you can go home the same day as the procedure.

Micro suction does not use any water so it can be used for people who should not have liquid in their ears such as patients with middle ear infections (otitis media), a hole in their ear drum (perforated tympanic membrane), some ear surgeries or a cleft palate (current or repaired).

## How to prepare for your appointment?

Micro suction is usually a painless procedure however, you can make it less uncomfortable by softening the wax prior to your appointment. You can use almond oil or olive oil 3-5 days before your appointment as this will soften the wax and make it easier to remove.

Do not use any liquids in the ears if you have a perforation, active Dermatitis, active ear infection or an allergy to almonds unless advised otherwise by your healthcare provider.



## Are there any complications of the procedure?

Micro suction is one of the safest ways to remove ear wax however, like other procedures, there are always risks and complications that may occur. The aural care nurse will reduce these as much as possible.

An infection may happen, even if you are having the routine micro suction. This is due to the risk from abrasions (scratches) by the wax removal instruments. Where the skin of the ear canal is already damaged because of pre-existing scratches, cuts, bruising, inflammation, infection, or where the skin conditions such as otitis externa, eczema and psoriasis are present, the risk may be increased.

If you have vertigo (feeling that you are moving or spinning), micro suctioning may trigger or make this worse by the procedure due to possible caloric effects caused by changing temperatures in the ear canal by the suction device, or by stimulation of local nerves. Although rare, in some patients, dizziness may be caused by the removal of the wax plug due to changes of air pressure, fainting or vomiting can happen.

You may be at an increased risk of trauma if you are elderly, diabetic, have blood clotting disorders, those with an immune-compromised state and those who have had head and neck radiotherapy treatment. If you are taking anticoagulant, anti-platelets, non-steroidal anti-inflammatory drugs (NSAIDs), steroids and medication to treat cancer, you are at an increased risk of abrasion, bruising and bleeding when using this type of wax removal because the instruments encounter the skin. Please let the aural care nurse know if you are on any anticoagulants so that they proceed with caution.

If you have a dry, irritable, or tickly cough, micro suctioning may cause the cough reflex. Please let the aural care nurse know so that they can proceed with caution.

Micro suction may cause new Tinnitus (ringing or buzzing in the ears), affect existing Tinnitus, or create a temporary hearing threshold shift.

## What happens after the procedure?

After your procedure, you may feel unsteady, and you will be advised to avoid fast movement such as sitting up or standing up too fast.

You should report any discomfort, dizziness, a new appearance of tinnitus or an increase in existing tinnitus. The nurse will assess you and provide immediate advice. Should you suffer hearing loss that has not returned to their usual baseline once the wax has been removed, a hearing test will be carried out before you go home by the Audiology department.

If you experience no side effects of the treatment, you are allowed to return to normal activities, work, operate machinery and drive.

In the hours or days after your procedure, you are advised to contact the aural care nurses if you experience ongoing discomfort, pain, swelling, discharge or odour or any disruption to hearing, balance or tinnitus. The nurses will triage your condition and advise any action that needs to be taken.

## How do I look after my ears?

It is important to keep your ears dry whilst bathing and showering and avoid getting soap or shampoo in your ears. We recommend

placing a piece of cotton wool coated in Vaseline in the entrance of the ear canal as this will prevent water entry. Alternatively, you can purchase swim moulds or ear plugs if you have recurrent ear infections. Keep your ears dry especially if you have a tympanic perforation or any skin condition such as eczema or psoriasis.

“Do not stick anything in your ears smaller than the elbow” is a popular saying to prevent scratches, trauma and pushing wax further down the canal as this will cause blockage and impaction of waxy debris.

Do not use cotton buds, scratch, or poke your ears. The ear canal naturally cleans itself and do not use cotton buds, tissues, or hair driers to dry the ears. Let them dry naturally.

Do not use over the counter products unless advised to do so by your healthcare professional and do not use any products in your ear that have not been prescribed if you have a perforation.

## **Can I wear hearing aids if I have ear wax?**

If you wear a hearing aid, wax can affect how it works. A large build-up of wax can cause hearing aids to whistle. Ear wax can also stop your hearing aid from working properly if it enters the tube or speaker. If this happens, you may have to have your hearing aid serviced. It is important that you clean your hearing aid moulds every day in warm soapy water. Keep your hands clean when dealing with moulds to prevent infection.

## **Why do I need to use ear drops?**

We may tell you to start ear drops before micro suction. We recommend olive or almond oil to be applied on a regular basis as part of your ear care. These can be purchased from any



supermarket or Pharmacist. Please read instructions for use prior to administering.

## Frequently asked questions

### What do I do if I am worried?

If you have any worries about your ear canal, the wound, or the effect of your medication following your appointment, please telephone the ENT unit outpatient department for advice. The aural care nursing staff are available Monday to Friday during normal working hours. The department is closed on bank holidays and weekends.

### Does the Nurse Led Aural Care Clinic offer a drop-in service?

The nurse led aural care clinic does not provide a drop-in service and is by appointment-only. If you have a new ear problem which is not due to your recent treatment or appointment, you **must** speak to your GP.

### Contact details

Should you require further advice or information please contact the Ear Nose and Throat Department at Royal Preston Hospital on **01772 523164** and for post operative concerns following your procedure contact Ward 3 via the switchboard on **01772 716565**.

### Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.NICE.org.uk](http://www.NICE.org.uk)  
[www.entuk.org](http://www.entuk.org)

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**Please ask a member of staff if you would like help in understanding this information.**  
**This information can be made available in large print, audio, Braille and in other languages.**

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