because of slow skin migration, or mechnical issues such as the use of cotton buds or hearing aids.

Wax may obscure the view of the tympanic membrane and may need to be removed for diagnostic reasons or for taking impressions before fitting a hearing aid or making ear plugs.

Based on the evidence referenced Leicestershire Partnership NHS Trust will only deal with ear wax problems if they are associated with pain or loss of hearing (if the wax is impacted).

If the wax is impacted, you will be referred for your procedure to be carried out in the hospital or community clinic.

If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

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NHS
Leicestershire Partnership
NHS Trust

Ear wax removal self-help guide

Patient information leaflet

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What is earwax?

Earwax forms a protective coating of the skin in the ear canal and minute amounts are made continually. The quantity of earwax varies from person to persson and may cause a feeling of fullness and dullness in hearing. A plug of wax is not serious, but can be a nuisance. Do not try to clean the ear canal with cotton wool buds. This only pushes the wax in further - let the ear clean itself.

What can I do if there is a build-up of wax causing problems?

Clinical evidence suggests that using ear drops for up to eight weeks to aid removal of wax is as effective as ear syringing and does not carry the same level of complications that can be associated with ear syringing. 1 in 1,000 patients complain of ear syringing complications which include: perforation/infection/ permanent hearing loss/tinnitus/dizziness and headaches. Using ear drops is also preferable as it does not stimulate the production of wax like syringing does.

How to use ear drops effectively

- Eardrops alone will often clear a plug of wax, and you can buy drops from the pharmacist, e.g. sodium bicarbonate, almond or olive oil.
  1) Warm the drops to room temperature before using.
  2) Put a few drops in the affected ear.
  3) Lie with the affected ear uppermost when putting in drops.
  4) Remain in this position for a few minutes to allow the drops to penetrate.
  5) This should be repeated at least twice daily for up to eight weeks.
  6) If your symptoms are still persisiting after eight weeks, please book a routine appointment with your GP practice for a review.

Clinical evidence for not syringing ears

Summaries of the British Medical Journal (BMJ) Clinical Evidence cite this as: BMJ 2015; 351:h3601

Ear wax only needs to be removed if it causes hearing impairment, other symptoms, or if view of the tympanic membrane is required for diagnostic reasons or for taking impressions for hearing aids or ear plugs.

Ear irrigation (syringing) is generally considered to be effective, but evidence is limited and it may be associated with adverse effects.

There is insufficient data on other mechanical methods of wax removal or on use of wax softeners to draw robust conclusions on their effectiveness.

Ear wax only becomes a problem if it causes a hearing impairment or other ear-related symptoms. The accumulation of wax occurs for many different reasons, including overproduction or underproduction of its constituent componenets, a failure to self-clear