



Patient Information Leaflet – Ear Syringing

What is ear wax?

Ear wax is a build-up of dead cells, hair, foreign material such as dust, and cerumen. Cerumen is the natural wax produced by glands in the ear. It forms a protective coating of the skin in the ear canal. Small amounts are made all the time. Flakes or crusts of ear wax break off and fall out of the ear from time to time.

The quantity of earwax made varies greatly from person to person. Some people form plugs of earwax in their ear canal. This may cause a feeling of fullness and dulled hearing. It can feel uncomfortable. A hard plug of ear wax can also sometimes cause 'ringing in the ear' (tinnitus) or even a mild type of dizziness (vertigo).

A doctor or nurse can look into the ear canal and confirm a plug of ear wax has formed. A plug of ear wax is not a serious problem, more a nuisance. You only need to remove ear wax if it is causing symptoms such as dulled hearing. Ear wax may also need to be removed for fitting of a hearing aid, or if a doctor or nurse needs to examine your ear drum.

Note: do not try to clean the ear canal with cotton wool buds, etc. This can make things worse, as you will push some ear wax deeper inside. It may also cause an ear infection. So, let the ear clean itself.

What can I do if ear wax builds up and causes symptoms?

Ear drops

Ear drops alone will often clear a plug of ear wax. You can buy drops from pharmacies. For example, olive oil, almond oil, sodium bicarbonate, and sodium chloride ear drops are commonly used for this purpose. Warm the drops to room temperature before using them (let the bottle stand in the room for about half an hour). Pour a few drops into the affected ear. Lie with the affected ear uppermost when putting in drops. Stay like this for 5 minutes to allow the drops to soak into the ear wax. The ear wax is softened, and it often breaks up if you put drops in 2-3 times a day for 2 weeks. Flakes or crusts of ear wax often fall out bit by bit. You may not notice the wax as it comes out of your ear.

Ear irrigation (formerly known as ear syringing)

Ear irrigation may be needed if ear drops do not work. The ear canal is washed out with warm water. Irrigating the ear with water will usually clear plugs of earwax. But it is only safe if the plug of earwax has been softened. Irrigation when the wax is hard increases the risks of perforating the ear drum.

Therefore, use ear drops (such as olive oil ear drops) to soften wax 2-3 times a day for 7/10 days before you have ear irrigation. If you have not used ear drops as directed, then the irrigation is not likely to be successful and you will need to come back to the surgery another time. If your hearing has improved, then please cancel the ear irrigation appointment as it will not be needed.

Ear irrigation is usually painless. Lukewarm water is squirted into the ear canal. This dislodges the softened plug which then falls out with the water. Washing is stopped if you feel discomfort. Your ear is examined with a light and is checked by the Nurse/HCA before you leave.

Some people feel dizzy after ear irrigation, but this quickly settles. The ear canal may be prone to infection for 4-5 days until more wax is produced to protect it. Some people develop an inflammation in the ear canal following ear irrigation. This causes itch and discomfort but can be treated with ear drops.

Rarely, ear irrigation can cause damage to the ear or eardrum. Therefore, see a doctor or nurse after ear irrigation if you:

- Develop any ear pain.
- Develop troublesome itch in the ear.
- Develop a discharge from the ear.
- Have swelling of the tissues around the ear canal (which may indicate infection).

Ear irrigation may not be advised if you have certain ear problems. In particular, if you:

- Have had complications following this procedure in the past.
- Currently have grommets in place (grommets are small plastic tubes placed in the eardrums in an operation).
- Have had ear surgery in the past (apart from grommets that have come out at least 18 months previously and you have been discharged from the hospital ear department).
- Have a cleft palate (even if it has been repaired).
- Have an ear infection or have had an ear infection in the previous six weeks.
- Have recurring infections of the ear canal (recurring otitis externa).
- Have, or have had, a burst (perforated) ear drum.