

Patient information sheet:

Use of ear drops to soften ear wax

Earwax also known as cerumen can become impacted within the ear causing the following:

- Hearing loss.
- Pain.
- Itching sensation.
- Fullness of the ear.
- Tinnitus - ringing, swishing or unusual noises heard in the ear

It is recommended that prior to ear micro suction ear drops are used to soften wax. In some instances, use of ear drops clears the impaction without the need for ear micro suction.

Ear drops should be instilled twice daily for at least 3 days before your procedure.
Ear drops can be used for up to 7 days before your appointment.

While there are many ear drops available that soften earwax, research is inconclusive to which ear drops are best, most people use an over the counter preparation from their local pharmacy or a cooking oil such as olive oil.

How to self-administer ear drops

- Perform hand hygiene.
- Tilt your head or lie down on your side with the affected ear facing the ceiling.
- Gently pull the upper ear up and back.
- Instil 2-3 drops (as per manufacturer's instructions) at room temperature into the ear canal.
- Massage the tragus as this will assist the oil in moving down the ear canal.
- Stay on your side for 5 minutes to allow the drops to reach the wax plug.
- After 5 minutes, wipe away any excess drops.
- Massage the tragus as this will assist the drops in moving down the ear canal
- Repeat the procedure with the other ear if required.
- Do this morning and night for at least 3 days before your follow up appointment for ear microsuction.

CONSENT FOR EAR MICROSUCTION

I understand that ear micro suction can result in the following:

- Failure of cerumen (wax) removal.
- Otitis externa (inflammation or infection of the external auditory canal)
- Otitis media. (Inflammation or infection of the middle ear)
- Perforation of the tympanic membrane (rupture of the eardrum)
- Damage to the external auditory canal (outer ear)
- Temporary vertigo. (where a person feels as if they, or the objects around them, are moving when they are not)
- Pain.

I am aware of the following contraindications to ear micro suction and confirm that these are not relevant to me.

- Past or present tympanic membrane perforation.
- Current or recent infection of the ear.
- Current, or within the last 18 months - grommet insertion.
- History of ear surgery such as cleft palate or mastoidectomy.
- Unilateral hearing.

I _____ (person giving consent)

Of _____ (address of person giving consent)

consent to _____ (myself or name of patient\)

receiving ear micro suction and understand that it is
undertaken at my own risk.

Dated this.....day of.....20.....

Signed.....

Dated this.....day of.....20.....

Witness.....