

Clinical Tidbits

...for Physicians

April 2014

Wax Removal: Tips of Safety and Effectiveness

Wax removal is a potentially dangerous procedure. There is risk of canal lacerations, tympanic membrane (TM) perforations, and putting the patient at risk for dangerous infectious processes. The following recommendations are generated from our experience, removing wax routinely, and from the Clinical Practice Guideline published by the American Academy of Otolaryngology-Head and Neck Surgery.

Manual Removal:

1. Make sure to use good lighting, binocular magnification, and a steady-handed technique. Use of loupes for visualization and curette instrumentation are preferable.
2. Never attempt to remove wax manually if the TM is not able to be visualized. Ear canal lengths vary considerably, and the TM can be perforated or injured if the clinician attempts to insert a tool and remove wax without knowing the distance to the TM.
3. Lacerations of the canal needs careful monitoring if the patient is diabetic or otherwise immuno-compromised. Dangerous infections can develop more easily in these patients, and the proximity to the brain and other important structure can be problematic.

Irrigation:

1. Make sure that there is no visual or historical evidence of perforation of the TM, or history of ear surgery, or ear canal abnormality.
2. Special precautions must be taken with diabetic or otherwise immuno-compromised patients. Irrigation with tap water is not recommended due to risk of infection. Hydrogen peroxide or 50% white vinegar/water solutions are recommended. Patients should be instructed to report any otalgia or otorrhea promptly.

Wax Softening Drops:

1. Not very effective as sole treatment. Preferable to be used in combination with irrigation methods to achieve a robust treatment effect. These are subject to the same precautions as irrigation methods, above.
2. No particular softening agent has been proven superior to any other. Oil-based, water-based, or other types of cerumolytics are all effective when combined with irrigation.

Roland, PS et al. Clinical Practice Guideline: Cerumen Impaction. Otolaryngology-Head and Neck Surgery (2008) 139, S1-S21



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