

General Commissioning Policy

Treatment	Irrigation of external auditory canal for removal of wax
For the treatment of	Removal of ear wax in acute care
Background	<p>Patients who are suspected of suffering from malignancy should be referred under the two week cancer pathway which does not require prior approval.</p> <p>Patients presenting in primary care with problems with ear wax is a common issue for healthcare providers with around 4 million ears per annum being irrigated (Guest et al, 2004).</p> <p>Ear wax may be wet or dry and is a normal physiological substance that protects the ear canal. It has several functions including aiding removal of keratin from the ear canal (earwax naturally migrates out of the ear, aided by the movement of the jaw). It cleans, lubricates, and protects the lining of the ear canal, trapping dirt and repelling water.</p> <p>Although wax frequently obscures the view of the tympanic membrane it does not usually cause hearing impairment. It is only when the wax is impacted into the deeper canal against the tympanic membrane (often caused by attempts to clean out the ear with a cotton bud, or by the repeated insertion of a hearing aid mould) that it is likely to cause a hearing impairment.</p> <p>The vast majority of patients presenting with problems to primary care will be managed in primary care with advice or irrigation.</p>
Commissioning position	<p>Prior to referral to acute care for an ear problem, evidence must be collated to show the treatments received in primary care. A referral for ear wax removal to acute care is only commissioned for patients meeting at least one of the criteria set out below:</p> <ul style="list-style-type: none"> • The patient has previously undergone ear surgery (other than grommets insertion that have been extruded for at least 18 months); • Has a recent history of Otagia and /or Otitis media middle ear infection (in the past 6 weeks); • Recurrent Acute Otitis Externa which is not responding to primary care treatment; • Has a current perforation or history of ear discharge in the past 12 months; • Has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness, or vertigo; • Two attempts at irrigation of the ear canal following intensive use of ear wax softeners in primary care are unsuccessful; • Cleft palate, whether repaired or not. • Painful or acute otitis externa with an oedematous ear canal and painful pinna. • Presence of a foreign body in the ear.

	<ul style="list-style-type: none"> • Hearing in only one ear if it is the ear to be treated, as there is a remote chance that irrigation could cause permanent deafness. • Confusion or agitation, as they may be unable to sit still. • Inability to cooperate, for example young children and some people with learning difficulties. <p>Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances warrant deviation from the rule of this policy.</p> <p>Individual cases will be reviewed at the Commissioner's Individual Funding Request Panel upon receipt of a completed request form from the patient's GP, Consultant or Clinician. Requests cannot be considered from patients personally.</p>
Effective from	January 2017
Summary of evidence / rationale	<p>NICE Clinical Knowledge Summary - http://cks.nice.org.uk/earwax</p> <p>Rotherham Primary Ear Care & Audiology Services - www.earcarecentre.com</p> <p>Guest, J.F., Greener, M.J., Robinson, A.C. and Smith, A.F. (2004) Impacted cerumen: composition, production, epidemiology and management. QJM. 97(8), 477-488.</p>
Date	January 2017
Policy to be reviewed by	June 2018
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References:

NICE Clinical Knowledge Summary - <http://cks.nice.org.uk/earwax>