**COPPULL MEDICAL PRACTICE**

If you have been given an appointment for ear syringing you must read this leaflet before your appointment and sign the attached consent form.

**Please ensure you bring the attached consent form (signed) to your appointment with the nurse.**

 **Patient Information for Ear Syringing**

Ear syringing is not risk free; therefore it is only carried out if the ear is completely blocked with ear wax. Partial blockage of the ear canal only requires syringing if you wear a hearing aid or need a special examination.

**Ear syringing can cause injury to the ears, ranging from minor infection, acute and chronic tinnitus (ringing in the ears), to perforation of the ear drum and deafness.**

**If you ever had surgery to your ears or have had a perforated ear drum, you must tell us before syringing as this may mean we cannot syringe your ears.**

To minimise risk of injury, the wax should be softened with softening ear drops for at least 10 days before syringing. Olive oil drops are well tolerated in most people.

To put in drops, lie on one side with the affected ear uppermost. Drop four or five drops of body warmed olive oil into the ear and leave in place for 10 minutes. You should remain lying on your side during this time, do not use cotton wool to “plug” the ear. The drops should be used twice a day for a minimum of ten days. Very rarely, the drops may cause discomfort, burning, itching. If this happens, stop using drops and seek advice from the practice.

It can be uncomfortable to have your ears syringed but it should not be painful. If you experience any pain or dizziness during the procedure, tell the nurse immediately. It is important that the water is at a comfortable temperature, you must say if it is too hot or too cold.

After you have had your ears syringed, keep them dry for a few days, as the protective wax layer has been removed.

If you have continuing problems with ear wax, it may help putting in a few drops of olive oil once a week, to keep the wax soft and aid the natural movement of skin cells and wax.

Ear wax is a normal body secretion; it provides protection against infection and dust particles. The ear is self cleaning, and the wax works its way out naturally. Never use cotton wool buds to clean inside your ears, as they irritate the delicate skin inside the ear canal, they will also push the wax back into the ear and compact it.

Narrow ear canals, hairy ears, ear wax getting dryer with age may predispose to build up of wax. Being in a smoky or dusty atmosphere at lot can also contribute. Earplugs, which may be mandatory in some occupations, can have a similar effect as cotton buds, causing irritation and impaction of wax. Hearing aids can interfere with the natural cleaning mechanism of the ear, causing debris to build up in the canal.

If you are unsure whether you wish to proceed with ear syringing, have ever had ear surgery or drum perforation or are concerned about the risks detailed above, please do not sign the consent form as you will need to discuss this with the nurse at your appointment prior to giving consent.

**COPPULL MEDICAL PRACTICE**

**EAR SYRINGING CONSENT FORM**

Patient Name: Date of birth:

 **Patient/parental agreement to treatment**

Name of procedure

Ear syringing (Removal of ear wax from the ear) to remove impacted ear wax on the ear drum.

**Serious or frequently occurring risks**:

Failure to remove ear wax. Damaging or perforation of the ear drum or middle ear.. Ear infection. Pain, discomfort, dizziness/vertigo. Light bleeding. Nausea and vomiting. Worsening of pre-existing Chronic tinnitus.

Signature of patient/person with parental responsibility for patient

I have received and read a copy of “patient information ear syringing” and understand and accept the risks associated with ear syringing. I agree that I do not have any of the conditions as detailed in the leaflet that may prevent me from undergoing ear syringing.

I agree to undergoing this procedure:

Signature ………………………………………. Date ……………………………..………………

Name (PRINT) ………………………………… Relationship to patient …………………………