

To safely remove any ear wax or foreign bodies present within the ear canal, it is important you answer the following questions regarding your knowledge of your hearing health.

Date:	_: Your audiologist is Sue Falkingham
Name	-
	Postcode
Date of Birth	
GP Practice Name:	-
Contact Telephone number	r
Email contact if you have or	ne
Consent to join The Skipton	n Audiologist e-mailing list? No Yes please circle.

Question Yes No Have you had any discharge other than wax from your ears in the last 3 months? Have you suffered from any ear pain in the last 30 days? Are you aware of or have you ever suspected you have a perforated ear drum? If so which ear Have you been told this has since healed? Do you have tinnitus? (Noises in your head or ears) Do you have any balance problems? If so have you had any vertigo in the last 30 days Have you ever had any operations on your ears? Do you have a cleft palate? Have you ever consulted an Ear, Nose and Throat Consultant about any issues? Have you ever had chemotherapy or radiotherapy treatment? Was this head or neck? Do you take any blood thinners? Do you have diabetes? Do you use hearing aids? Has there been any change in your hearing? Is this just since your ear blocked? Do you use cotton buds in your ears? Have you been using any softener drops? Have you had wax removed from your ears before? If so, was water used to remove the wax? Please turn over to read the information on the procedure and sign to consent

Following a discussion of the above information, your ears will be examined, and wax removed using the safest and most appropriate methods given your medical history and the nature of wax discovered.

Methods of removal

- 1) Irrigation water irrigator unit is CE-marked and has been designed specifically for wax removal. Low pressure, pulses of body temperature (36-38°C) flush out the ear canal. Your ear canal is always dried out after the wax removal procedure.
- 2) Microsuction Effectively a vacuum to clear debris or wax from the ear canal while being viewed through magnifying Loupes. The CE marked suction unit is to remove fluids from the airway or respiratory support system and infectious materials from wounds and has been adapted for aural micro suction.
- 3) Instrumentation For gentle removal of wax close to the ear canal entrance may be used. The instruments are carefully inserted into the ear canal to clear the debris or wax while being viewed closely through magnifying Loupes.

Risks

The Audiologist has undertaken training in debris and wax removal and will use best-practice procedures to minimise any risk of harm and complication in line with the answers you gave to the questions overleaf.

There are small risks to wax removal using any procedure and these are stated by the NICE Guidance in England 2023 which states "There is evidence that rarely (approximately 1 in every 1000 ears syringed) serious complications may occur [Sharp, 1990]". These include the list below.

- Failure of wax removal.
- Otitis externa. (Ear infection in your ear canal)
- Nausea, vomiting, and vertigo resulting from temperature variations of the irrigating fluid (we use a controlled temperature machine to reduce this side effect).
- Perforation of the tympanic membrane.
- Otitis media due to water entering the middle ear when there is a previous perforation, (we will not use water to remove wax if you have had a previous unhealed perforation of the tympanic membrane)
- Exacerbation of pre-existing tinnitus.
- Pain. (Please ask to stop the procedure immediately if you experience pain).
- Serious injury to the middle and inner ear (very rare).
- Bleeding (usually stops on its own and is more common if you are taking blood thinners or we use microsuction).
- Noise induced hearing loss either temporary or permanent, caused by the noise of the wax removal machines.

I have read or had explained to me and understood the risks above and I am happy to have the wax removal procedure completed.

Your signature:	