



Ear Syringing Procedure

Procedure Number

CHC-PC-0024

Version Nos:

2

1. Purpose

This Procedure outlines the process for the safe syringing of ears to remove debris or foreign bodies from patients by West Coast District Health Board (WCDHB) clinical staff.

2. Application

This Procedure is to be followed by all WCDHB clinical staff members.

3. Definitions

For the purposes of this Procedure:

Ear syringing is the act of removing earwax, dead skin or a foreign body by way of gentle flushing with warm water via a narrow nozzle attached to a custom-designed syringing device.

4. Responsibilities

This Procedure is to be performed by a:

- i) Registered Nurse (RN) under a General Practitioner's supervision; or
- ii) Rural Nurse Specialist (RNS)

5. Resources Required

This Procedure requires:

- i) Ophthalmoscope
- ii) Ear syringe and nozzles
- iii) Warm, clean tap water at body temperature
- iv) Baking-soda
- v) Large kidney dish or similar to catch post-syringing water
- vi) Nylon cape and hand-towels to protect clothing

6. Process

- 1.00 Wash hands and collect appropriate equipment/resources.
- 1.01 Ensure privacy of patient by closing door and blinds/curtains.
- 1.02 Explain Procedure to patient including the risks. Check patient's previous ear history, if there has ever been a perforation of the tympanic membrane, **DO NOT** syringe in that ear. (See Precautions and Consideration)
- 1.03 Obtain written consent from patient.
- 1.04 Check ears with ophthalmoscope and identify landmarks if visible – ear canal, tympanic membrane as well as any debris or foreign body to be removed.



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- 1.05 Assemble equipment ensuring that water is at correct temperature, add small amount of baking soda (this softens the water and helps to get in behind the wax) and that cape and towels are under ear and protecting clothing.
- 1.06 Wash hands.
- 1.07 Position kidney dish under patient's ear and ask them to hold there to collect waste water.
- 1.08 Pump water through tubing until warm water is coming through and then syringe small amount of water and check with patient that it is neither too hot nor too cold.
- 1.09 If there are no problems with the temperature of the water, pull pinna of ear up and back to straighten canal and then begin to gently syringe water into ear inserting nozzle into ear canal for about 3mm and angling nozzle towards roof of ear canal so that water will flow over the drum and flush out debris on return
- 1.10 Syringe two or three times and then check canal with ophthalmoscope to either visualise landmarks or see if debris has moved.
- 1.11 Ask patient if process is comfortable throughout procedure. If the patient complains of discomfort, stop immediately.
- 1.12 If there is no discomfort, empty water from kidney dish and re-place and begin to gently syringe again.
- 1.13 Examine ear canal every 2-3 syringes to see if any progress is being made, if the canal is becoming red or sore, stop immediately.
- 1.14 If all wax has been removed from ear canal, dry the canal with a twisted tissue just inside the canal to act as a sponge to absorb the excess water.
- 1.15 Check that patient has no water down neck or on clothing.
- 1.16 If the debris hasn't been removed, advise the patient to use Waxsol ear drops twice a day for three days and to then return to try syringing again. If, after three separate attempts, syringing is unsuccessful, refer to General Practitioner for further assessment and advice.
- 1.17 If patient complains of pain, advise GP and ask for assessment before patient leaves the surgery/rooms.
- 1.18 If there is any trauma associated with syringing, refer to Accident and Emergency Department of nearest WCDHB hospital for Specialist review.
- 1.19 For future wax build-up, advise patient to use Waxsol drops once a month to keep wax soft and enable it to move out of the canal on its own.
- 1.20 Clean equipment used – clean inside of tubing with 1 part of Meths to 4 parts of water, plastic nozzles – soak in Precept solution, metal nozzles – sterilise in instrument sterilizer.
- 1.21 Document procedure and result in patient's notes.



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7. Precautions And Considerations

- Never syringe if patient has had perforated eardrum
- Stop syringing immediately if patient complains of pain or if canal begins to bleed.
- Advise patient to use Waxsol eardrops for 3 days before attempting to syringe – debris is softened and therefore easier to get out.
- Never syringe a child's ears – refer back to the GP
- Never syringe if patient has experienced trauma with previous syringing or has had previous ear surgery.
- Do not syringe if patient has infection in ear e.g. otitis media or otitis externa
- Do not syringe if patient has use of only one ear or has severe hearing loss.
- Never syringe if patient suffers from known inner-ear problems such as vertigo.
- Do not syringe if patient is likely to be uncooperative – damage may be done to internal ear structures if the patient moves suddenly.

8. References

Hunt, M. (2005). Tips for Successful Ear Syringing. *The Practice Nurse*, 4 (4) p10-11.

Serra, A. (1982). Ear syringing. *Nursing Mirror*, July, 1982, px-xiii.

9. Related Documents

WCDHB Infection Control Policy and Procedure Manual

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