

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

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| Policy title | Policy 33: Management of earwax / microsuction in adults |
| Policy position | Criteria Based Access |
| Date of Issue | 19 February 2024 |
| Update | This policy will be updated in light of a substantial body of new evidence or new national guidance. |

Ear wax is a normal physiological substance, which in most cases will not cause any problems and should be left alone without any attempts to remove it. The importance of patient education regarding self-management of problematic ear wax needs to be emphasised. When clinically indicated, earwax can be removed using an electronic irrigator or microsuction (in primary or community ear care services where available).

The Committee recommends that microsuction should be available for the following indications:

- Patients who have had an episode of acute otitis externa - up to a maximum of 3 microsuction procedures per year, or
- The tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis in high-risk individuals (such as people with learning disabilities and/or Down's syndrome), or
- The patient has a history of unilateral hearing and there is a need for wax removal from that or the contralateral ear

Microsuction should also be offered to patients with symptoms caused by ear wax build up e.g. pain or hearing loss, if ear drops have been unsuccessful at softening the ear wax i.e. if one or more of the following criteria is met:

- Previous ear surgery (other than grommet insertion, extruded for at least 18 months), or
- A recent history of otalgia and / or middle ear infection in the previous 6 weeks, or
- A retraction pocket or a cholesteatoma, or
- A current perforation or a history of ear discharge in the past 12 months, or
- Previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness or vertigo.

In such cases patients should receive a maximum of 2 microsuction appointments per year, at no less than 6 monthly intervals.

References

NICE guideline (NG98) Hearing loss in adults: assessment and management. Published: June 2018.

Coding

Note: There is no specific OPCS code for microsuction only.

- D07.1 Irrigation of external auditory canal for removal of wax – includes syringing and washout
- D07.2 Removal of wax from external auditory canal NEC
- D07.8 Other specified clearance of external auditory canal
- D07.9 Unspecified clearance of external auditory canal

| Version | Date | Reason for change |
|-------------|---|---|
| Version 1 | June 2018 | |
| Version 2 | Agreed by the Priorities Committee, May 2022. Ratified by the Board January 2023. Not issued. | Policy review as part of the three yearly update programme. No change to core policy thresholds or commissioning position. |
| Version 3.0 | Agreed by the Priorities Committee, September 2023. Not issued. | Change of policy position from for information only to criteria based access (CBA). Content previously agreed by the ICB Board. Priorities Committee agreement to RAG rate as amber i.e., CBA policy with Prior Approval. Additional minor rewording for clarity. |
| Version 4.0 | 19 February 2024 | Removal of the criterion relating to two attempts at irrigation in primary/community care as this option is not readily available. |

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.