AIMS OF EAR CARE
- To prevent the build-up of wax.
- To reduce unnecessary removal of wax by ear irrigation.
- To improve examination and inspection skills.
- To improve irrigation techniques.

THE EAR CANAL
- The ear canal is a skin-lined cul-de-sac and a self-cleansing organ. The epidermis is shed, and the keratinous debris migrates outwards from the tympanic membrane to the outer aspect of the external auditory meatus.
- These waste products then mix with cerumen (produced by the ceruminous glands), secretions from the sebaceous glands and organic matter collected by the ear to form ear wax.
- The functions of ear wax are to clean and lubricate the ear canal. It is also thought to protect the ear canal from bacteria, fungi and insects. The ceruminous glands appear to be stimulated by touch and emotional states such as anxiety, fear and pain.

NURSING CONSIDERATIONS
- Patients should be discouraged from poking in their ears, as this may result in wax impaction, trauma of the canal, and removal of the protective layer of ear wax.
- Where migration of the epidermis fails, patients who produce excessive amounts of wax, or have unavoidable friction in the canal – such as when a hearing aid is used – will require regular attendance from a nurse trained in ear care. With the correct instruments and skills this wax can be removed manually, and unnecessary friction avoided by using an ear syringe.
- In older people, migration slows down and the cerumen dries out through evaporation. Instead of being expelled, wax can become impacted. Instilling olive oil drops once a week may prevent this.

EAR SYRINGING
- Ear syringing is a common cause of litigation cases among procedures often carried out by a nurse.
- The Guidance Document in Ear Care, endorsed by the RCN, the Royal College of General Practitioners, the Primary Ear Care Centre and the Medical Devices Agency (MDA), has been produced to improve standards and reduce litigation cases.
- The MDA has expressed concern about the safety of the metal ear syringe and recommends use of the electronic irrigator Propulse II. The document also advises on otoscopy, ear irrigation, aural toilet, manual wax removal and micro-suction.
- This document does not replace the need for training and education in the ear care skills mentioned. Removal of wax is an invasive procedure, so employers should consider providing the correct equipment and necessary training and education.

REFERENCES


ENT Nursing:
www.entnursing.com

Primary Ear Care Centre:
www.earcarecentre.com

WEBSITE
Audiology Forum – video otoscopy: www.rcsullivan.com

FURTHER INFORMATION
The Primary Ear Care Centre, Kiveton Park Primary Care Centre, Chapel Way, Kiveton Park, Sheffield S26 6QU
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The information given serves as a general reference. Nurses should consult their individual trust policies on clinical procedures.