

NHS Dorset Clinical Commissioning Group

Ear Wax Removal (Adults)

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

EAR WAX REMOVAL CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Patients presenting with problems with ear wax is a common issue for healthcare providers with around 4 million ears per annum being irrigated. Although some people are asymptomatic, the most common symptom from impacted earwax is hearing loss. People may also complain of:
- Blocked ears
 - Ear discomfort
 - Earache
 - Tinnitus (noises in the ear)
 - Itchiness
 - Vertigo (not all experts believe that wax is a cause of vertigo)
 - Cough (rare and due to stimulation of the auricular branch of the vagus nerve by pressure from impacted ear wax)
- 1.2 Ear wax may be wet or dry and is a normal physiological substance that protects the ear canal. It has several functions including aiding removal of keratin from the ear canal (earwax naturally migrates out of the ear, aided by the movement of the jaw). It cleans, lubricates, and protects the lining of the ear canal, trapping dirt and repelling water.
- 1.3 Excessive build-up of ear wax can develop in some people, and the wax can become impacted. Although wax frequently obscures the view of the tympanic membrane it does not usually cause hearing impairment. It is only when the wax is impacted into the deeper canal against the tympanic membrane (often caused by attempts to clean out the ear with a cotton bud, or by the repeated insertion of a hearing aid mould) that it is likely to cause a hearing impairment
- 1.4 The vast majority of patients presenting with problems to primary care will be managed in primary care with advice or irrigation in line with the guidelines available here: <http://cks.nice.org.uk/earwax>
- 1.5 This protocol is applied in accordance with the Policy for Individual Patient Treatments.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

3.1 A referral for ear wax removal in secondary care is only commissioned for patients meeting the criteria set out below, in such cases prior approval is not required:

- There is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation;

Or

- The patient is suffering from significant symptoms due to ear wax build up including hearing loss or pain and the patient's condition warrants microsuction:

AND

- Has previously undergone ear surgery (other than grommets insertion that have been extruded for at least 18 months)
- Has a recent history of Otitis Media and /or middle ear infection (in past 6 weeks).
- Acute Otitis Externa;
- Has a current perforation or history of ear discharge in the past 12 months
- Has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness, or vertigo
- Two attempts at Irrigation of the ear canal in primary care are unsuccessful
- Ear drops have been unsuccessful and irrigation is contraindicated.

3.2 Patients who are suspected of suffering from malignancy should be referred under the two week cancer pathway which does not require prior approval.

4. EXCLUSIONS

4.1 Ear wax removal in secondary care is not routinely funded.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

- 6.1 Prior to approval from the Planned and Specialist Clinical Delivery Group, this Protocol was reviewed by the Individual Patient Treatment Panel which includes commissioners, clinicians and other relevant stakeholders.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. COMMUNICATION/DISSEMINATION

- 7.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

8. IMPLEMENTATION

- 8.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

9. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 9.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	120
Author	Jenny Jones, Programme Officer
Clinical Delivery Group (recommending group)	Planned and Specialist
Date of recommendation by CDG	14/09/2016
Date of approval by CDG	14/09/2016
Version	1.0
Review frequency	3 Years
Review date	September 2019

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	June 2016	Jenny Jones, Programme Officer	Planned and Specialist CDG, IPT Panel.

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
September 2016	1.0	September 2016	N/A	September 2016	CDG

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
Scenario Management Guidelines from NICE for Ear irrigation.	http://cks.nice.org.uk/earwax	06/06/2016

G DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓