

# Ear Wax

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## Background | Cefndir

▼ [About ear wax](#)

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## Assessment | Aseiad

1. History – Ask about:
    - ▼ [ear symptoms](#) .
    - previous ear surgery.
    - perforation of the tympanic membrane.
  2. Examine the ear canal. Look for signs of infection (e.g. [otitis externa](#)), ▼ [cholesteatoma](#) , foreign bodies, discharge, and wax.
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## Management | Rheolaeth

1. If otitis externa is evident, follow the [Otitis Externa](#) pathway.
2. Inform the patient that ear wax is normal and the quantity, consistency, and colour vary from person to person.
3. Advise the patient on how they can prevent future ear wax build up:
  - Regular use of olive oil drops (2 to 3 drops in each ear once a week) may reduce the need for microsuction. This can be particularly useful for hearing aid and ear plug users.
  - Avoid using cotton wool buds to clean ears as this may actually push wax deeper into the ear canal and increase the risk of impacted ear wax.
4. Trial products which may soften and loosen the ear wax such as olive oil, applied with a dropper or spray, or [sodium bicarbonate](#). This may encourage the ear wax to work its way out naturally.
5. If ear wax blockage persists, or the tympanic membrane needs to be seen, consider removal by ▼ [ear microsuction](#) as the treatment of choice by requesting wax removal via the [primary care audiology service](#) or advising the patient to self-refer.

Ear irrigation is no longer recommended due to the risks of perforation to the ear drum and other complications, particularly if previous history of mastoid surgery and in patients with hearing aid.

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## Request | Cais

If ear wax blockage persists, or the tympanic membrane needs to be seen, consider wax removal via the [primary care audiology service](#) or advising the patient to self-refer.

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## Information | Gwybodaeth

▼ For health professionals

▼ For patients

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### SOURCES

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