



Public – To be published on the Trust external website

Ear micro suction procedure

(formerly Ear Irrigation Guidelines)

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Status: Approved

Document type: Procedure

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1 Introduction

This procedure provides an explanation of the principles and practice of treating patient with wax /debris in the ear canal.

Wax or cerumen is a normal secretion designed to trap debris therefore, protecting the ear from infection. It is only when there is an accumulation of wax, or it becomes impacted that treatment may be necessary. Treating patient with wax /debris in the ear canal-should not be routinely undertaken and should only be performed when the wax becomes troublesome and is affecting hearing or balance or prior to hearing aid assessments and fittings. Excessive wax should be removed before it becomes impacted, as this can give rise to tinnitus, hearing loss, vertigo, pain, and discharge. A small amount of wax in the external auditory meatus (EAM) is normal and in its absence may indicate a dry skin condition. A build-up of wax is more likely to occur in older adults and people with learning disabilities, hearing aid users or those who have a narrow EAM.

This procedure support the delivery of [Our Journey To Change \(OJTC\)](#) as set out in the overarching [Physical Health and Wellbeing Policy](#).

2 Purpose

Following this procedure will help the Trust to: -

- set standards in treating patient with wax /debris in the ear canal.
- ensure that all patients receive safe and effective treatment from a practitioner who is competent at performing ear micro suction

3 Who this procedure applies to

- This procedure applies to all clinical staff.
- All staff undertaking this procedure must be competent practitioners who have completed a validated course on ear micro suction and hold a certificate.

4 Related documents



The [Physical Health and Wellbeing Policy](#) defines a clear purpose, objectives and standards relating to physical health care provision which you must read and understand in conjunction with the information described in this document.

This procedure also refers to: -

- ✓ [Medical Devices Policy](#)
- ✓ [Minimum standards for clinical record keeping](#)
- ✓ [Policy for Consent to Examination or Treatment](#)
- ✓ [Infection Prevention and Control Policy](#)

5 Assessment

Before micro suction is performed a detailed history including any symptoms, previous perforation of the ear drum and ear surgery is needed ([Appendix 3](#)). The ear must be examined by the practitioner before any micro suction is attempted to confirm presence of wax. Prior to the procedure the patient must be prescribed olive oil drops for a minimum of seven to ten days to be instilled twice daily and given an instruction sheet ([Appendix 4](#)).

6 Equipment and Procedure

6.1 Equipment

- Otoscope and spare bulbs
- Single use otoscope speculae
- Wall mounted or free-standing suction bottles
 - Height-adjustable couch with adjustable back rest
- Microscope and spare bulbs
- Couch roll
- Suction liner
- Suction connecting tube
 - Fenestrated suction handle 30 degrees
 - Single use speculae in sizes 2, 3 and 4
 - Crocodile forceps
- Jobson Horne probe
- Gloves
- Tissues
- Opticlar adjustable Loupes + VM3 LED headlight

6.2 Criteria for procedure

This procedure is only to be carried out by a trained practitioner in the use of the microscope and suction.

An individual assessment should be made of every patient to ensure that micro suction is appropriate.

The suction generates loud noise, and patients should be advised of this.

6.3 Exclusion criteria

MICROSUCTION SHOULD NOT BE CARRIED OUT IF:

- Valid consent has not been obtained
- Patients have experienced difficulties with the procedure in the past or trauma
- A history of severe dizziness
- Patients are unable to keep their head still or who are prone to unpredictable head movement
- Patients who have a sensitivity to loud noise (Hyperacusis)

6.4 Clinic set up

At the beginning of every clinic the following should be performed:

- Ensure that all hard surfaces are cleaned with disinfection wipes as per local policy
- New suction liner fitted
- New suction tubing fitted
- Couch wiped clean
- Ensure suction is set as per manufacturer's guidelines and that it is working
- Ensure microscope eye pieces are set at the neutral position
- Turn microscope on to ensure it is functioning
- Place small, clean object on couch and view through microscope to ascertain if focus is working
- Ensure couch rises and lowers effectively and back rest adjusts safely

6.4.1 Post clinic cleaning

At the end of the day the waste within the liner and the tubing should be disposed of in the clinical waste as per local policy

All hard surfaces should again be cleaned with disinfection wipes as per local guidelines.

6.5 Procedure checklist

1. Before careful physical examination of the ear, listen to the patient, elicit symptoms and take a careful history. Explain each step of any procedure or examination and assure yourself that the patient understands and gives consent.
2. Check whether the patient has had micro suction previously and explain the nature of the noise and that they can ask for a rest if they experience any vertigo (if this should occur ask the patient to focus their eyes on a fixed object until the feeling subsides).
3. Adjust the magnification, eye piece and angle of the microscope to the appropriate position. Request that the patient position themselves comfortably on the examination couch or chair.

4. First examine the pinna, outer meatus and adjacent scalp by direct light and check for incision scars and observe for skin defects.
5. Gently pull the pinna upwards and outwards (in infants downwards and backwards) to straighten out the meatus. Remember that the skin lining of the deeper meatus is very delicate and sensitive.
6. Direct the microscope down into the ear. Insert the speculum gently into the EAM/cavity - use the largest size speculum that will fit comfortably into the ear.
7. Carefully check the cavity, tympanic membrane or drum remnant. Decide the size of suction tip most appropriate for the procedure and attach it to the suction tubing.
8. Turn the suction machine on, maintaining the pressure according to the suction machine's manufacturer's guidance. Apply the suction tip to the areas requiring debris removal. Use an appropriate solution to wash through the suction tubing when it becomes blocked.
9. Avoid touching the wall of the meatus, cavity or drum/ drum remnant. By only touching the debris, most pain can be avoided.
10. The ear cannot be judged to be completely free of ear disease until the entire cavity and tympanic membrane or drum remnant has been seen. You may need to ask the patient to move his/her head e.g. lean the head towards the opposite shoulder, to be able to see more clearly into the roof of the meatus and posterior aspect of the cavity.
11. Methodically inspect all parts of the EAM/cavity, tympanic membrane or drum remnant by varying the angle of the microscope.
12. The normal appearance of the EAM/cavity varies and can only be learned by practice. Practice will lead to recognition of abnormalities.
13. Carefully check the condition of the external auditory meatus as you withdraw the speculum.
14. Advice should be given to the patient as appropriate.
15. Document what was observed in both ears, the procedure carried out, the condition of the tympanic membrane and external auditory meatus and treatment given. Findings should be documented, nurses following the NMC guidelines on record keeping and accountability.



If any abnormality is found a referral must be made to the ENT Outpatient Department following local policy.

6.6 Procedure actions and rationale

Action	Rationale
Establish that procedure is required by examination of both ears	Ensure that procedure is necessary
Obtain consent	Ensure consent if valid
Explain procedure to patient	Ensure understanding and improve compliance with procedure.

Wash hands thoroughly	Reduces risk of infection transfer
Examine ear, both meatus and tympanic membrane	To check tympanic membrane intact and no trauma
Wash hands thoroughly	Infection control
Give advice re; future ear care	Prevent recurrence
Document findings and procedure as per trust policy	Adherence to Trust policy

7 Definitions

Term	Definition
Ear irrigation	<ul style="list-style-type: none"> Ear irrigation is the removal of wax from the ear using water via an electronic irrigator. This is no longer practiced within the Trust.
Micro suction	<ul style="list-style-type: none"> Micro suction is the process of removing wax from the ears by using a small suction tube and probe to gently remove any excess wax in the ear. This is current Trust practice.

8 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Nursing/Clinician who perform ear examinations, issue advice to instil olive oil and refer* to ENT of Acute Trust (*note only nurse practitioner or GP may refer to ENT dept)	Ear micro suction	Study day	3 years

Nursing/Clinician who are to perform micro suction	Micro suction (delivered by Rotherham ear care centre)	Practical Study Day	3 years
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9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	100% of all practitioners performing the procedure have a current up to date competency.	1. Frequency – annually 2. Method – during appraisal 3. Person(s) responsible – line manager	Fundamental Standards of Holistic Health Care

10 References

The Rotherham NHS Foundation Trust (2022) GUIDELINE FOR AURAL MICROSUCTION PROCEDURAL INFORMATION accessed online 03/12/2025 available from [Microsuction guidelines 2022.pdf](#)

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	03 December 2025
Next review date	03 December 2028
This document replaces	CLIN/0074-v2 Ear Irrigation Guidelines
This document was approved by	The Fundamental Standards of Holistic Care Clinical Advisory Group
This document was approved	03 December 2025

This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	21 January 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Version	Date	Amendment details	Status
1	7 Dec 2012	New document	Withdrawn
1	4 May 2016	Full review – no changes needed. Content transferred to new template. Review date extended 3 years	
1	08 Aug 2019	Extended till 31 October 2019 to allow review of doc	Withdrawn
2	30 Oct 2020	Document fully reviewed, changes to wording throughout to incorporate contemporary guidance and a new section about the essential skills each practitioner should have and appendix for instillation of ear drops added.	Withdrawn
3	03 Dec 2025	Full review reflecting change of practice from ear irrigation to ear micro suction	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet.

Section 1	Scope
Name of service area/directorate/department	Physical Health Care
Title	Ear irrigation procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	<p>Following this procedure will help the Trust to: -</p> <ul style="list-style-type: none"> • set standards in ear irrigation practice. • ensure that all service users receive safe and effective treatment from a practitioner who is competent at ear irrigation.
Start date of Equality Analysis Screening	Aug 2023
End date of Equality Analysis Screening	Jan 2025

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan benefit?	Patients and Staff
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women, and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO

	<ul style="list-style-type: none"> • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism, and philosophical beliefs) /NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans, and their families) NO
Describe any negative impacts	
Describe any positive impacts	<p>Ear Irrigation is not suitable for patients under the age of 16 years or for those who have any contraindications to the procedure as discussed in the procedure.</p> <p>To ensure that patients who need ear irrigation receive safe, effective, and appropriate quality care which is supported by contemporary national guidance and best practice.</p>

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See References Section
Have you engaged or consulted with service users, carers, staff, and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a – this procedure is based on national clinical guidance

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	yes	
	Is there evidence of consultation with stakeholders and users?	n/a	
	Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	Training		
	Have training needs been considered?	y	
	Are training needs included in the document?	y	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	y	
	Have Equality and Diversity reviewed and approved the equality analysis?	y	Jan 2025 (note only formatting and removal of duplicate information since then)
9.	Approval		
	Does the document identify which committee/group will approve it?	yes	
10.	Publication		
	Has the policy been reviewed for harm?	yes	No harm
	Does the document identify whether it is private or public?	yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 –Checklist Prior to Procedure

IMPORTANT INFORMATION FOR THE PATIENT TO READ AND INFORM THE NURSE ABOUT, PRIOR TO HAVING THEIR EARS IRRIGATED

NB Suction may cause slight discomfort but should never cause pain. If the patient complains of pain stop the procedure immediately.

Name D.O.B.....

History	Comments
Previous problem following ear syringing/irrigation/ micro suction	
Previous ear perforation	
Any previous ear surgery e.g., mastoidectomy	
Discharge from the ear	
Current or recent ear infection	
Current Catarrh or cold	
Pain in your ear	
Ear infection within last 6 weeks	
History of mucous discharge within last year	
Permanent or new deafness in either ear	
Presence of unsoftened wax	
Hearing aids worn or planned for hearing aids	
Foreign body in situ	
Use of olive oil appropriately for a minimum of seven to ten days	

Appendix 4 – Advice Sheet for the Instillation of Ear Drops (Olive Oil)

ADVICE SHEET FOR THE INSTILLATION OF EAR DROPS (OLIVE OIL)

Ear drops are best applied whilst lying down, head resting on 1 pillow, with the treating ear uppermost. You need to lay for a minimum of five minutes either side to allow the oil to travel down the ear canal and penetrate the hardened wax to evenly soften it.

DO NOT put cotton wool into the ear canal as this will absorb the oil and the wax will remain hard, also a build-up of pressure can occur within the ear canal which may cause damage.

The use of cotton buds, hair pins, paper clips etc. to remove wax is NOT ADVISED as this could cause damage to the ear canal, the lining of the ear and could lead to perforation of the ear drum.

Once you have laid for a minimum of five minutes, sit up slowly as not to cause dizziness, and wipe away any surplus solution from the outer ear with a clean tissue, cloth, paper towel or towel.

Allow five minutes each side at least twice a day for a minimum of seven to ten days (longer the better).

Keep olive oil drops at room temperature only DO NOT WARM OR HEAT THEM as this cause trauma to the ear canal.

If you are unsure after reading this information sheet on how to instil ear drops, please ask to speak to any member of the Nursing Team.