Ear syringing
Ear syringing

This factsheet is part of our Ears and ear problems range. You will find it useful if your GP has suggested that you have your ears syringed and you would like to find out more.

Read this factsheet to find out:
- What is ear wax?
- What causes wax blockages?
- What is tinnitus?
- Is there a link between a wax blockage and hearing loss?
- Should I remove a wax blockage myself?
- What does ear syringing involve?
- Are there links between ear syringing, tinnitus and hearing loss?
- What is the impact of wax on hearing aids?

If you would like this factsheet on audio tape, in Braille or in large print, please contact our helpline – see front page for contact details.

What is ear wax?

Ear wax is also known as ‘cerumen’. It is made up of oil and sweat secreted from glands in your outer ear canal, scales from your skin and dust particles.

Ear wax helps to keep your ears healthy. It is anti-fungal and anti-bacterial. You do not need to wash, scrape or poke wax out of your ears because the wax, along with the skin, usually works its way out of the ear without you noticing it.

Your external ear canal keeps itself clean using a natural process, involving ear wax. It takes about two weeks for skin to move outwards from your eardrum to your external ear. This process goes on all the time and means that your ear canal is continually developing a new lining.

What causes wax blockages?

Occasionally, wax can build up in your ear canal and cause a blockage. A number of things may cause this. For example, you may find that ear wax is more of a problem if you:
- have narrow ear canals
- work in a dusty or dirty environment
- wear earplugs a lot
• have very hairy ears.

If you use a hearing aid, the earmould may interfere with the natural process of skin and wax moving out of your ear. This can cause wax to build up in your ear canal. If you are concerned about this get your GP or audiologist to check your ears.

Poking or scraping your ear canal with a finger, a cotton bud or towel can push wax further down your ear canal and actually encourages your wax glands to produce more wax.

**Looking after your ears**

You can help to prevent wax blockages forming in the first place by looking after your ears.

• Never poke anything in your ears such as fingers, cotton buds or matches.
• Try to avoid very dusty, dirty or smoky places as these things can combine with wax to form a blockage.

**What is tinnitus?**

Tinnitus is the word for noises that some people hear in the ears or in the head – buzzing, ringing, whistling, hissing and other sounds. For more information, see our range of tinnitus materials.

If you have tinnitus already, and your ear gets blocked with wax, you may notice your tinnitus more. Once the blockage is removed, your tinnitus should return to its previous level. This may take from a few days to a few weeks. If you were not aware you had tinnitus, the wax blockage may reveal a very mild tinnitus noise that you had not heard before. This normally goes away once the wax blockage has gone.

**Is there a link between a wax blockage and hearing loss?**

A wax blockage may give you mild, temporary hearing loss. For this to happen, the wax has to completely block the canal or press on the eardrum.

Some people ask their GP to syringe their ears again and again, because their hearing is not what it used to be. In most instances, they do not have any wax blockage to remove. If you often have difficulty hearing the television or radio, or you miss words in conversation, you may have hearing loss caused by a condition in the middle or inner ear, rather than excess wax in your ears. In this case, your GP should refer you for a hearing test.
Most people have some wax in their ear canals, but if it is not actually blocking the ear canal or affecting your hearing, it will not need to be removed.

**Should I remove a wax blockage myself?**

If you think you have a wax blockage in one of your ears, see your GP. Do not poke anything into your ear canals. Do not use eardrops, unless your GP or ear specialist has prescribed them.

It is possible to buy products designed to help soften your ear wax. Some of these products may actually irritate your ears and cause otitis externa (inflammation or swelling in the ear canal) when used continually over long periods.

Never use drops if you know your eardrum is perforated. It is often difficult to tell if your eardrum is perforated, so if you are in any doubt, do not put drops into your ear.

Some people recommend using olive oil, almond oil or sodium bicarbonate – which can be bought over the counter – to soften the wax, if you have a history of wax blockages. Again, if you suspect your eardrum is perforated then do not use these treatments.

If you do decide to use olive or almond oil or sodium bicarbonate, they may help the wax to work its way out of your ear. Use two to three drops per day in the ear that is blocked, for a maximum of 10 days, and then contact your GP to have your blocked ear examined. If your GP suggests that you have your ears syringed, the wax may come out more easily because you have softened it.

**What does ear syringing involve?**

Ear syringing should be carried out with a pulsed water-jet system using a narrow tube connected to an electric pump, particularly the first time your ears are syringed.

You may find that some medical practitioners still use a metal or chrome syringe, which looks like a small bicycle pump. A nurse will use an auroscope before and after syringing to check the condition of the ear. The metal syringe and pulsed water-jet system both use water to try and move the wax and clear the ear. But the use of a metal syringe is no longer a recommended method, as it is much less controlled than using a pulsed water-jet system, and it has been known to damage people’s ears.
Before syringing takes place, make sure you find out what method will be used to syringe your ears. If they are planning to use a metal syringe, you should ask for the pulsed water-jet system instead. You should also feel free to get a second opinion.

**Other ways of removing wax**

A doctor or nurse using a ‘dry’ suction clearance method, wax hook, curette or probe can also remove wax. This is usually only done at the ear, nose and throat (ENT) department in a hospital and the nurse will normally use an auroscope before and after the procedure to be really safe. The suction clearance method is the only method of wax removal appropriate if you have one of the following:

* perforated eardrum(s)
* previous ear operation(s)
* structural abnormalities of the ear canal

You may find that alternative therapists suggest using ‘ear candles’ to remove wax. **There is no evidence to suggest that they work.** You should also be aware that they could be dangerous because they involve a lighted candle burning very close to your ear.

It is important that before you have your ears syringed, you let the doctor or nurse know if:

* you have had ear infections or injuries to your ears
* you have had surgery on your ears in the past
* you have tinnitus or hearing loss
* you have a weak or perforated eardrum
* previous ear syringing was not straightforward
* you have any anxieties or questions about syringing.

**Are there links between ear syringing, ear problems and tinnitus?**

Unfortunately, very little research has been done into links between ear problems, tinnitus and ear syringing. But in the vast majority of cases, having your ears syringed to remove a wax blockage is a painless, harmless and highly effective procedure. The wax is removed and if you have been experiencing slight hearing loss, your hearing returns to normal.

Some medical practitioners feel that ear syringing should not be carried out unless strictly necessary. It is important to remember that your hearing loss or tinnitus might not be the result of a wax blockage, but could be caused by something else.
Some people believe that their tinnitus either started or was made worse after having their ears syringed. Most doctors believe that if the correct syringing technique is carried out on healthy ears, it should not lead to tinnitus or make existing tinnitus worse.

Research also suggests that when the ear has been damaged by syringing, it is more likely to have been caused by medical practitioners who have not carried out syringing correctly and/ or have failed to get a full medical history before syringing. Some possible causes of problems are:

- Poor technique, for example, if the water is directed at your eardrum, not at the roof of your ear canal.
- Faulty equipment, for example, if the nozzle of the metal syringe is not checked before use, it could come off during syringing.
- Failure by the person carrying out the syringing to get a full medical history, to examine you properly or to ask you about possible complications. For example, a doctor or nurse should not syringe your ears if you have otitis media, if you’ve had a chronic middle ear disease or a perforated eardrum in the past, or if you’ve had ear surgery. You should tell them if you have had any ear problems before they start the syringing, not afterwards.
- Very rarely, the tip of the syringe can scrape the skin of the ear canal. This can be painful and very occasionally can cause an infection of the skin in the ear canal (otitis externa).

**If you think syringing has not cleared your wax blockage**

If your ears have been syringed and you do not feel the wax blockage has cleared, go back to your doctor and discuss it. In a very few cases, ear syringing may not be effective in removing wax.

**What is the impact of wax on hearing aids?**

Wax can cause problems with your hearing aids. If the wax blocks the ear mould or eartip by going into the tubing, it can block off the sound and cause you to think it has stopped working. Wax blockages also cause problems with whistling and not allowing sound to be directed properly into the ear canal. So if you wear hearing aids, it’s very important to make sure your ears are not blocked with wax. If you think the tubing of your ear mould is blocked you should make an appointment at your audiology department to get the ear mould re-tubed. The slim tube and tip can be cleaned or replaced when needed.

**Where can I get further information?**

British Tinnitus Association
Ear syringing, Action on Hearing Loss Information, April 2012

Campaigns for better services for people with tinnitus, has a range of publications and produces a quarterly magazine, *Quiet*.

Ground Floor, Unit 5, Acorn Business Park, Woodseats Close, Sheffield S8 0TB
Telephone 0800 018 0527          Fax 0114 258 2279
info@tinnitus.org.uk      www.tinnitus.org.uk

Further information from Action on Hearing Loss
Our helpline offers a wide range of information on many aspects of hearing loss. You can contact us for further copies of this factsheet and our full range of factsheets and leaflets.

Acknowledgements
This factsheet was produced with the advice of Philip J Robinson FRCS, FRCS (Otol), Consultant Adult and Paediatric Otalaryngologist, Department of Otalaryngology, Southmead Hospital, Bristol; and Anthony Wright, Professor of Otalaryngology, Institute of Laryngology and Otology, University College London.

Action on Hearing Loss Information, April 2012

The Royal National Institute for Deaf People. Registered Office: 19-23 Featherstone Street, London EC1Y 8SL.
A company limited by guarantee registered in England and Wales No. 454169, Registered Charity Numbers 207720 (England and Wales) and SC038926 (Scotland).