

## **Referral for Microsuction for Ear Wax, Discharge or Debris Removal** Criteria Based Access and Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (<https://remedy.bnssg.icb.nhs.uk/>) or consider use of advice and guidance services where available.

### **Referral for Microsuction for Ear Wax, Discharge or Debris Removal (CBA)**

#### **1. Mastoid Cavities**

Funding for Microsuction treatment will only be provided by the ICB for patients who have previously undergone surgery for cholesteatoma including radical mastoidectomy and require ongoing care and monitoring through ENT services.

Note:

**Cleaning of wax is usually recommended approximately once every 3 to 12 months, depending on the need of each individual patient.**

#### **2. Chronic or Recurrent Ear Canal Pathologies**

Funding for Microsuction treatment will only be provided by the ICB for patients suffering from:

- a) recurrent otitis externa (more than 2 episodes in one year recorded in the patient's care records);  
**OR**
- b) retracted tympanic membrane (retraction pocket) which is suitable for management with regular cleaning;  
**OR**
- c) acquired stenosis of the ear canal following chronic otitis externa;  
**OR**
- d) keratosis obturans.

**Referral for Microsuction for Ear Wax, Discharge or Debris Removal (PA)**

Funding approval for treatment will only be provided by the ICB for patients meeting the criteria set out below.

- 1 There is a foreign body, including vegetable matter, in the ear canal that could swell during irrigation.  
**OR**
- 2 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 one or more of a) to f):**

- a) The patient has previously undergone ear surgery (other than grommets insertion that have been extruded for at least 18 months).  
**OR**
- b) The patient has a recent\* history of Otagia and/or middle ear infection (\*in the past 6 weeks);  
**OR**
- c) The patient has a current perforation.  
**OR**
- d) The patient has a history of ear discharge in the past 12 months.  
**OR**
- e) The patient has had previous complications following ear irrigation including perforation of the ear drum, severe pain, deafness, or vertigo.  
**OR**
- f) Two attempts at irrigation of the ear canal in primary care have been unsuccessful.

**AND**

- 3 **Patients must have used ear drops/olive oil (unless clinically contraindicated), as per instructions for a minimum of 14 days with no improvement and/or irrigation is clinically contraindicated.**

*NB: if funding approval is successful, patients are advised to continue with ear drops until their ENT assessment.*

**Patients who are suspected of suffering from malignancy should be referred under the 2 Week Wait cancer pathway which does not require prior approval.**

**Note:**

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

## **BRAN**

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

### **Benefits**

- Prevent infection
- Improve your hearing

### **Risks**

- Pain
- Dizziness
- Bruising or bleeding of the ear canal
- Outer Ear Infection
- Ear drum perforation
- Middle Ear Infection
- Tinnitus
- Hearing Loss
- Facial Nerve Damage

### **Alternatives**

- Ear wax drops
- Endoscopic ear wax removal

### **Do Nothing**

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

## **Referral for Microsuction for Ear Wax, Discharge or Debris Removal – Plain Language Summary**

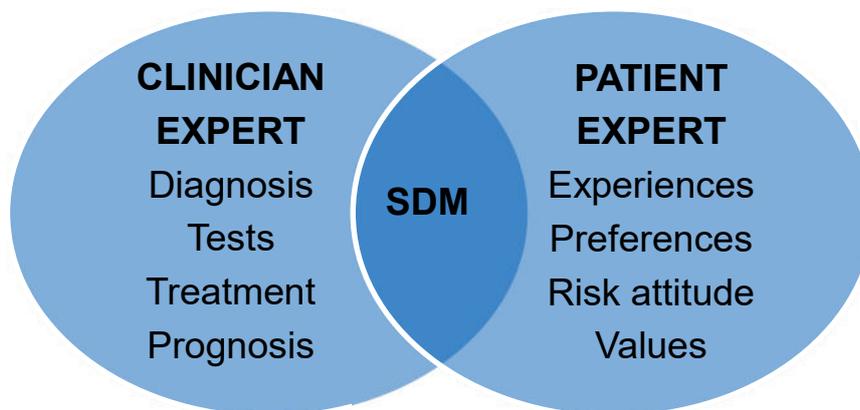
Microsuction is a quick and safe method to remove ear wax. It involves the use of a gentle suction device that helps to loosen and remove impacted earwax.

A build-up of earwax can happen if an individual has narrow or damaged ear canals, lots of hair in their ear canals, a skin condition affecting the scalp or around the ear or if a person has inflammation of the ear canal.

## Shared Decision Making

If a person fulfils the criteria for Referring Children for Microsuction of Ear Wax, Discharge or Debris Removal in Secondary **Care** it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

### This policy has been developed with the aid of the following:

1. NICE (2021) Ear Wax (Clinical Knowledge Summary) [www.nice.org.uk](http://www.nice.org.uk)
2. National Health Service (2021) Health A to Z: Ear Wax Build Up [online] [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
3. National Library of Medicine (2010) The safety and effectiveness of different methods of earwax removal: a systematic review and economic evaluation - 20546687 (Online) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
4. Cochrane Database of Systematic Reviews (2008) Ear drops for the removal of ear wax (Review) - 14651858 (Online) [www.cochranelibrary.com](http://www.cochranelibrary.com)
5. National Library of Medicine (2002) Effectiveness of ear syringing in general practice: a randomised controlled trial and patients' experiences - 1314442 (Online) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)

6. National Library of Medicine (2004) Impacted cerumen: composition, production, epidemiology and management - 15256605 (Online) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
7. National Library of Medicine (2004) Keratosis obturans and external ear canal cholesteatoma: how and why we should distinguish between these conditions - 15533140 (Online) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
8. National Library of Medicine (2017) Clinical Practice Guideline (Update): Earwax (Cerumen Impaction) - 28045591 (Online) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
9. Patient Information (2020) Ear Wax – (Online) [www.patient.info](http://www.patient.info)
10. British Medical Journal (2015) Ear Wax (Online) [www.bmj.com](http://www.bmj.com)

## Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

## Document Control

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## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

<b>Policy Category</b>	<b>Approval By</b>
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

## OPCS Procedure codes

Must have any of (primary only):  
D071, D072, D152



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

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## Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net).

