**INTRODUCTION AND SCOPE**

Patients presenting with problems with ear wax is a common issue for healthcare providers. Although some people are asymptomatic, the most common symptom from impacted earwax is hearing loss. People may also complain of:

1. Blocked ears
2. Ear discomfort
3. Earache
4. Tinnitus (noises in the ear)
5. Itchiness
6. Vertigo (not all experts believe that wax is a cause of vertigo)
7. Cough (rare and due to stimulation of the auricular branch of the vagus nerve by pressure from impacted ear wax).

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.

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

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](http://cks.nice.org.uk/earwax%20).

Those suitable for ear micro suction will be 18 years and over, offered an appointment with a qualified clinician.

The Practice currently offers clinics with:

Dr John Egan

Dr Chethan Reddy

Dr Emma Shackley

Ruth Duncan (Nurse Practitioner)

Sue Attwood (Nurse Practitioner)

**ACCESS CRITERIA**

**A referral for ear wax removal in this Local Enhanced Service 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 micro suction:**

**AND**

**• Has previously undergone ear surgery (other than grommets insertion that have been extruded for at least 18 months).**

**• Has a recent history of Otalgia 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 were unsuccessful.**

**• Ear drops have been unsuccessful, and irrigation is contraindicated (includes diabetic patients).**

**EXCLUSIONS**

**Ear wax removal in secondary care would not be routinely funded.**

**CASES FOR INDIVIDUAL CONSIDERATION**

**Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments can be reviewed via referral meeting as the group 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.**

**The fact that treatment is likely to be effective for a patient is not, a basis for exceptional circumstances. 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 condition, and.**

**• They are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition’.**

This Criteria Based Access Protocol requires a review every 3 years, or in the event of any changes to national guidance or when new guidance is issued.

**REFERRAL PROCEDURE**

All referring clinicians will complete the attached referral form –

The Patient Liaison Team (PLT) responsibilities:

1. Microsuction Referral Form emailed from outside organisation to the generic email.

2. Referral emailed by the phone room team to Ruth Duncan for authorisation. Ruth Duncan replies to generic email to decline or approve the referral for booking.

3. Phone Room Team either email back the rejected referral form to the referring practice or book the appointment in the next available clinic and send the referral form email to the PLT generic email to register the patient as a Temporary Resident.

4. Just prior to the clinic the temporary registration is completed by the PLT, and the referral form is attached to the patients record by the PLT. The Clinician will need this document attached in the patients record before the appointment to see why they have been referred.

5. The consent page only (duplex) of the referral is printed for patients’ signature and given to the clinician doing the Microsuction clinic on the day of the clinic.

6. Following the clinic, the signed consent form is returned to the PLT and attached to the patients record.

7. Following the clinic, the clinician doing the Microsuction Clinic tasks the phone room team to email the referring practice with the consultation information for their records.

**REPORTING PROCEDURE**

All referral, procedure and discharge information will be read coded and reported via reporting template.

**MERSTOW GREEN MEDICAL PRACTICE**

**Evesham Medical Centre, Abbey Lane, Evesham, Worcs, WR11 4BS**

**Enquiries: 01386 765600 / Fax: 01386 768189 /** [**www.merstowgreenmedicalpractice.co.uk**](http://www.merstowgreenmedicalpractice.co.uk/)

**MICROSUCTION REFERRAL FORM**

Please email to: Administration Team at [sowoccg.mgmp@nhs.net](mailto:sowoccg.mgmp@nhs.net)

The purpose of this clinic is for assessing, treating and managing undifferentiated diagnosed ear conditions, including wax removal if contraindicated for syringing, removal of foreign bodies, chronic ear infection, perforations, adult mastoid cavities. To ensure this process is safely carried out it is important that the clinician is made aware of anything which may have a bearing on the procedure.

We DO NOT accept referrals for:

* Patients under 18
* Differentiated undiagnosed ear conditions
* Nose and throat conditions
* Rapid access
* Sudden unilateral hearing loss with tinnitus
* Undifferentiated diagnosis of vertigo/dizzy patient
* Malignant otitis externa (diabetic patients with bony erosion)
* Sudden unilateral otitis media with effusion in adults
* Acute episode.

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| Patient Details | Referring Clinician Details |
| NHS No: | Practice G8 ref: |
| First name: | Referral date: |
| Last name: | GP: |
| Address: | Practice address: |
| Tel No:    Mobile No: | Practice Tel No:    Practice generic email:  (for discharge summary) |
| Date of Birth: |  |
| Please attach relevant medical history (including previous and current treatment and medications. Also give brief details below of presenting ear problems: | Undifferentiated diagnosed ear conditions only:  How does your patient meet the referral criteria for this clinic, as published on our website click the hyperlink below:  [*Microsuction Referral Process*](https://www.merstowgreenmedicalpractice.co.uk/page1.aspx?p=14&t=6)  ❒ Yes ❒ No  Name of Clinician Referring:  Signed: ….…………………….... |
| Patient follow up: ❒  *Please ensure you tick a follow up request (if linked to original referring condition/complaint and within 6 months of original procedure)* | |