

Primary Care Management Guidelines

Impacted Wax

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local optometrist or ophthalmologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

Primary Care Management

- Refer with presence of red flags including tuning fork tests suggestive of sensori-neural loss, attic pathology (retraction of keratin accumulation in the post-superior area of the tympanic membrane, canal widening (which may suggest keratosis obturans). The ear canal or tympanic membrane may not be visible due to obscuration by wax. However, after clearance of wax, both structures should be normal.
- Removal with cerumen curette, Suction clearance using loupes, Wax softener and later removal. Impacted wax may result in a conductive hearing loss. Tuning fork tests may confirm this.
- Irrigation method - Not to be used when perforated tympanic membrane is suspected or there is a history of a healed tympanic membrane, middle ear ventilation tubes may be in place, there is otorrhoea, it is the only hearing ear

Patient Instructions

- Advise against cotton-bud use / self-instrumentation
- Use wax-softening drops or olive oil twice a week, or according to the manufacturer's instructions
- Limit ear cleaning to the outer ear only
- Treat any associated eczematous ear canal conditions with topical steroids such as mometasone lotion 0.1% PRN

When to refer to the Eye and Ear

When there is a sudden loss of hearing and it does not resolve from wax removal, the patient should attend ED ASAP to exclude a sudden sensorineural hearing loss. Routine follow up is not normally required, unless subjectively the patient still thinks there is hearing loss. Arrange review for clearance of remainder of wax if the tympanic membrane is not seen.

Information to include on the referral letter

- History of present complaint, associated symptoms and risk factors
- Impact of symptoms
- Treatment to date