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| **Ear Syringing**  Complications of ear syringing include infection, trauma and perforation. Therefore this is only considered if the above recommendations have proved to be unsuccessful. Ear wax needs to be softened as above for at least 2-3 weeks before attempting to syringe.  **Ongoing self-care**  If your ears are regularly becoming blocked with wax, after clearing the blockage, it is suggested that you use olive oil drops as above around once a week to keep the wax soft and encourage the natural process of wax expulsion. | **DOC-0126 / 20.01.17** | **Ear Wax**        **Representing: - Dorset LMC - Hampshire & Isle of Wight LMC - Wiltshire LMC**  **Supporting: - Jersey, Guernsey & Alderney GPs**    Alyth Health Centre  Current Safety Guidelines advise that Ear Syringing should no longer be a routine procedure. This leaflet will advise you on how to deal with ear wax. |
| **Ear Wax**   * Ear wax is normal it provides protection for your ears * Your ears are self-cleaning * The movement of your jaw while eating and talking moves the wax along the canal * Ear wax only becomes a problem if it causes deafness, pain or if a health professional needs a clear view of the ear drum   **What makes ear wax worse?**   * The amount of wax produced varies from person to person * Some people produce excessive amounts of wax and this can block the ear canal * Wearing a hearing aid, ear plugs and or head phones can interfere with wax expulsion * Narrow and or hairy ear canals * If you are elderly – the wax produced may be harder and drier * Dry skin in people who suffer with eczema or psoriasis   **What you shouldn’t do, some suggestions!**   * Do not use cotton buds to clean the ear. This forces the wax deeper into the canal and can cause damage, trauma and possible infection * Do not use objects such as matches, hair grips, crochet hooks, knitting needles, keys etc. this can cause trauma and possible infection * If your ears are itchy do not scratch or rub them with your finger nails or any other objects * Do not use anything smaller than your elbow in your ear!! | **What helps?**   * Try and keep your ears dry. When washing your hair, showering or swimming putting some Vaseline around the inner part of your ear can help * Don’t put your head under the water when bathing * If you regularly get blocked ears, use olive oil drops weekly   **When to see the GP or Advanced Practitioner**  If you are experiencing the following symptoms:   * Pain * Discharge or bleeding from the ear * Sudden deafness * Dizziness * Foreign bodies (you may be advised to attend A&E)   **What you can do to manage the problem?**   * If you are **no**t experiencing **any** of the symptoms above, the following is recommended:  1. **Olive Oil Drops/Spray** – It is recommended that this is done 2-3 times daily for at least 2-3 weeks. Lie on your side with the affected ear uppermost 2. Pull the outer ear gently backwards and upwards to straighten the ear canal 3. Put 2-3 drops of olive oil into the affected ear(s) and gently massage just in front of the ear 4. Stay lying on your side for 10 minutes to allow the wax to soak up the oil | 1. Afterwards, wipe away any excess oil but do not plug your ear with cotton wool as this simply absorbs the oil 2. Your hearing problem may initially worsen after first starting to use the olive oil drops; this is why you are advised to concentrate on treating one ear at a time if both ears are blocked with wax. 3. In most cases, the wax will have softened sufficiently to encourage the wax to come out without further intervention. 4. However, if you feel your hearing is still impaired, please make an appointment with the practice nurse for further advice and management.   **Self-irrigation**  There are a number of over-the-counter kits available from pharmacies. These contain a wax softener as drops which you use for 3-4 days and a small bulb syringe to enable you to remove the wax from your ear canals yourself.  Patients are advised that there is very little clinical based research available on self-irrigation. Care needs to be taken to ensure there is no trauma and or infection as result of self-irrigation.  For further advice please speak to your practice nurse.  .  Are they the same thing as the CCGs or the BMA?  No. CCGs are different. They are commissioning bodies which mean they are involved in  designing, purchasing and monitoring patient care. They are membership organisations but CCGs are  answerable to the government as well as GPs. LMCs are advisers and are only answerable back to their GPs  The BMA is the national voice of doctors and GPs. They negotiate on matters at a national level. They are a trade union which confers special legal  connotations.  Who are LMCs representing GPs to?  They represent General Practice to everyone around GPs at a local level. That may be working with Area Teams, CCGs, RCGP, the LETB (Deanery) or charities. They can iron out misunderstandings and help engender mutual  understanding.  LMCs also offer other non-clinical services from expertise around disciplinary issues, contract changes to medico-legal issues e.g. Data Protection Act interpretation and sometimes education and training.  They are experts at the time when you can’t think of anyone else who would know the answer.  Are they the same thing as the CCGs or the BMA?  No. CCGs are different. They are commissioning bodies which mean they are involved in  designing, purchasing and monitoring patient care. They are membership organisations but CCGs are  answerable to the government as well as GPs. LMCs are advisers and are only answerable back to their GPs  The BMA is the national voice of doctors and GPs. They negotiate on matters at a national level. They are a trade union which confers special legal  connotations.  Who are LMCs representing GPs to?  They represent General Practice to everyone around GPs at a local level. 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