



Information for parents

What you need to know about wax
in your child's ear.

What is ear wax?

Ear wax is a natural substance found in the ear canal and varies in colour from a pale yellow to dark brown. It helps our ears stay healthy. The wax keeps the skin soft, traps dead skin cells and prevents dust from the air from entering deeper into our ear canals. Usually the ear is self-cleaning. The wax moves naturally from the deeper parts of our ear canal to the outside where it can be wiped away using a soft piece of cloth.

How should you clean children's ears?

It is not recommended to remove ear wax with your fingers, cotton buds or any other object. Such actions can damage the ear. It is best to leave the wax alone if it is not causing any problem.

If excess wax is an issue the regular use of 3-4 drops of olive oil (extra virgin olive oil 100%, v/v) in the ears at bedtime once or twice a week is helpful. Olive oil softens the wax and helps the wax to come out more easily. The ear drop could be purchased over the counter from most pharmacies or you could buy an empty dropper bottle from a pharmacy and fill up with pure olive oil you may have at home. The oil needs to be at room temperature and you should not heat the oil.

Why might children need their ear wax removed?

Your child may need their ear wax removed in the Audiology or the Ear Nose and Throat clinics:

- If it prevents a doctor from examining the ears thoroughly.
- If your child needs an ear-mould, and the wax is preventing the processes of impression taking.
- If your child wears a hearing aid, and the obstruction of the ear canal with wax is causing the hearing aid to whistle (feedback).
- If the ear wax has become impacted and is causing pain, discomfort or hearing difficulties.

What is impacted ear wax?

Occasionally the wax cannot come out naturally and a large amount of wax totally blocks the ear canal. The impacted wax in the ear canal can sometimes become dry and hard and cause symptoms of:

- Ear ache
- Temporary Hearing loss
- Buzzing noise in the ears

Impacted ear wax can happen due to number of reasons, such as:

- Cleaning the ear with cotton buds can push some of the wax to the deeper parts of the ear canal.
- The amount of wax produced varies between individuals and excessive amount of wax may be a family trait.
- Some medical conditions such as narrow ear canals, bony growths in the ear canal, skin disorders, etc. may stop the ear from self-cleaning properly.

How you can help to remove ear wax in the clinic?

Impacted ear wax can be dry and hard that needs to be softened to remove it more quickly and easily in the clinic. If your child has an appointment to have their ear wax removed in clinic, we advise that you use 3-4 drops of sodium bicarbonate ear drops (Sodium Bicarbonate BP 5% w/v) twice daily for a week before the appointment. Sodium bicarbonate ear drops can be purchased over the counter from most pharmacies.

Please note that if you attend the clinic for ear wax removal without using the Sodium bicarbonate ear drops it may not be possible to remove the wax and you may need another appointment. This will delay the treatment of your child. However, please do not use ear drops for removing wax if your child is known to have a perforated ear drum, ear infection with discharge, recent ear surgery or previous adverse reaction to the drops.

How to use ear drops?

Lay your child on their side with their ear uppermost. Use a dropper to allow 3-4 drops at room temperature to fall into their ear canal. Keep the ear in the same position for couple of minutes and gently massage near their ear canal so the drops reach the wax. Now change position to repeat in the other ear if needed. Use a tissue to catch any drops that may run out of the ear. Do not insert cotton wool into the ears. If your child is upset by putting drops in their ear, try doing it whilst they are sleeping.

How is ear wax removed in the clinic?

There are three main ways to remove ear wax and the best one for your child will depend on their age, level of cooperation and the consistency of the wax. The main methods are ear irrigation, suction clearance and removal using a probe.

Water Irrigation:



Ear wax is flushed out using warm water from an electronic irrigator (Propulse). For this method to be effective the wax needs to be soft, and ear drops such as 5% sodium bicarbonate, mentioned earlier, must be used ideally for a week prior to the irrigation.

Picture: A child having ear wax removed using Propulse irrigation

We explain to your child that we are going to give their ear a 'shower'. Your child can sit by themselves or on your lap and a cup is placed under their ear to collect the water and wax that comes out during irrigation. We also wrap a small waterproof cloak around your child's shoulders in case water spills onto their clothing. The nozzle of the irrigator is placed just inside the ear canal. This method is ideal for younger children with intact eardrums but can also be used

on older children. Irrigation cannot be carried out if there is a perforation (hole in the eardrum) or a grommet in the eardrum.

Suction clearance:



Ear wax is removed using a metal straw attached to a suction machine and using a headlight or a microscope. The end of the straw needs to go as deep as the position of the wax and so it is important that the child understands that they mustn't move their head. This method can be used when a perforated ear drum is suspected.

Your child is explained that it is like sucking the wax out using a "Straw" and a "Hoover". The children are assured that it feels funny and is noisy in the ear but it should not hurt them. The children are asked to say "Stop" if it hurts and not to move their head.

Suction clearance can be done in hospital under a general anaesthetic for children who are not cooperative or where there is a contraindication for irrigation such as a perforated ear drum.

Picture: A child having ear wax removed using suction and microscope

Physical removal using a probe:

Ear wax can be removed using a metal probe, such as Jobson Horne, that has a blunt rounded ring at the end. This method may be used when the amount of wax is small, firmer and more superficial. The probe is guided into the ear by using a headlight or a microscope. Again, it is important that your child doesn't move their head.

Reference:

Scott-Brown's Otolaryngology, Butterworth Heinemann, Oxford, Sixth edition (1997), Otology (volume 3), chapter 6, pages 12-13

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

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Department: Paediatric Audiology

Division: Surgery

Production date: May 2018

Review date: May 2021

