

DST-710 Ceruminosis (Impacted Cerumen): Adult

DEFINITION

An accumulation of cerumen causing symptoms, preventing needed assessment of the ear, or both.

SYMPTOMS REQUIRING URGENT REFERRAL OR CONSULTATION

New onset of the following signs and/or symptoms require immediate emergency care and referral to a physician or nurse practitioner

- Ear pain, drainage, and/or bleeding

CARDINAL SIGNS AND/OR SYMPTOMS

- Tinnitus
- Ear fullness
- Hearing loss
- Vertigo
- Cough
- Discharge
- Odour
- Hearing aid feedback or malfunction
- Itching

DIAGNOSTIC TEST

- Greater than 80% obstruction of an ear canal on otoscopy

PHYSICAL ASSESSMENT

- Hardened cerumen in canal
- Red and swollen canal
- Obscured tympanic membrane
- Partial or complete obstruction of ear canal by cerumen

MANAGEMENT

If Tympanic Membrane is Intact

Softening or Emulsifying Cerumen

Soften cerumen with slightly warmed mineral oil or olive oil for several days before attempting irrigation unless there are bothersome symptoms such as pain or vertigo

Administer warm water or saline as ear drops for 10-15 minutes before syringing

Note: triethanolamine polypeptide oleate-condensate (Cerumenex) and carbamide peroxide (Murine) appear no more effective than saline

Irrigation

Inject lukewarm water upwards within ear canal with an ear syringe until cerumen is cleared. After cerumen removal, examine ear for otitis externa or tympanic membrane (TM) perforation

Debridement

Manual debridement should be done by a physician or nurse practitioner

Note 1: Irrigation should not be performed if the TM is known to be perforated, there is a history of ear surgery, the cerumen is not completely occluding the ear canal, if previous irrigations caused pain, or if the client is known to have factors which increase the risk of complications of irrigation such as anticoagulant therapy, immunocompromised state, diabetes mellitus, prior radiation therapy to the head and neck, ear canal stenosis or exostosis.

Note 2: Clients who are immunocompromised or diabetic have a greater risk for otitis externa following irrigation and should be followed up after the procedure.

POTENTIAL COMPLICATIONS OF IRRIGATION

- Vertigo
- Otitis externa
- TM perforation
- Nystagmus and vertigo

CLIENT INFORMATION AND DISCHARGE EDUCATION

- Explain disease course and expected outcome
- If asymptomatic, cerumen does not need to be removed as it has protective, emollient and bacteriocidal properties
- Suggest not using cotton swabs for ear hygiene (or inserting other objects into the ear)
- Return to clinic if no improvement
- To prevent ceruminosis, suggest client use a bulb syringe with warm water or allow warm water into ears with bathing or swimming
- 70% isopropyl alcohol or hydrogen peroxide drops reported to reduce cerumen accumulation

MONITORING AND FOLLOW-UP

- Return to clinic in three days if symptoms persist or if immunocompromised (see above)

CONSULTATION AND/OR REFERRAL

- Consult or refer to a physician or nurse practitioner if complicated (TM is not intact), or does not respond to treatment or if debridement is required

DOCUMENTATION

- As per agency policy

REFERENCES

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

Aaron K, Cooper TE, Warner L, Burton MJ. Ear drops for the removal of ear wax. Cochrane ENT Group, ed. Cochrane Database of Systematic Reviews. July 2018. doi:10.1002/14651858.CD012171.pub2

Michaudet C, Malaty J. [Cerumen impaction: diagnosis and management](#). American Family Physician. 2018;98(8):7.

Schwartz SR, Magit AE, Rosenfeld RM, et al. Cerumen impaction: an updated guideline from the AAO-HNSF. Otolaryngol Head Neck Surg. 2017;156(1_suppl):S1-S29. doi:10.1177/0194599816671491