

Nettleham Medical Practice
Risks of Ear Irrigation

PLEASE BE SURE THAT YOU HAVE READ AND UNDERSTOOD ALL OF THIS PRIOR
TO SYRINGING

If you choose to attend for irrigation the nurse will assess your ear canals and make a judgement about whether or not syringing is necessary and/or suitable for you. You may be asked to re-attend after further oiling at home, or you may be referred to the GP for further assessment.

We will NOT syringe your ears if:

- Oiling has been ineffective and your earwax is not soft enough to safely remove (olive oil drops should be instilled into the ear/s twice a day for at least a week prior to syringing)
- You have suffered complications during or after previous syringing
- You have had an ear infection in the last 6 weeks
- You have ever had ear surgery
- You have grommets or have had grommets removed in the last 18 months
- You have a perforation of your ear drum
- You have any discharge from your ear in the last year
- You have a cleft palate (whether repaired or not)
- You have pain in your ears or are found to have inflamed ear canals
- We do not consider the procedure necessary

We may not syringe your ears if:

- You have tinnitus
- You have a healed perforation
- You are suffering from dizziness

1. Ear syringing can encourage the production of earwax and can therefore make the problem worse
2. In a very small number of cases syringing the ear can cause damage to the eardrum and/or irritation to the ear canal. Any damage can be temporary or permanent
3. Ear syringing should not be painful. If you feel any discomfort during the procedure you MUST tell the nurse immediately as this can be a sign of a problem. Failure to inform the nurse of your pain can result in damage to the ear drum
4. Some people can feel unwell during or after the procedure. Symptoms can include dizziness, sweating, sneezing, coughing and nausea
5. There is a small risk of infection from ear syringing. You should see the nurse practitioner or the GP if you suspect you have an infection

Please sign if give your consent to this procedure:

First name _____ Surname _____

Date of birth _____

Address _____

Signature _____ Date _____