The Rotherham NHS Foundation Trust

AURAL MICROSUCTION GUIDELINE

PROCEDURAL

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Approved by (Committee / group)	Rotherham NHS Foundation Trust Ear Care and Audiology clinical governance. Heads of Service Clinical governance	**Date Approved:**	1st December 2025
Scope of target audience	This procedure is only to be carried out by an experienced healthcare worker who has received recognised training in ear care and the use of ear care equipment. This training is available UK-wide from Rotherham Ear Care Centre trainers. The healthcare worker should also access a two yearly update.		
Evidence base/ References	NICE Clinical Knowledge Summaries for management of ear wax (2025) The Royal Marsden Manual of Clinical and Cancer Nursing Procedures (2020)		

Lead Care Group	Care Group 4
Lead Specialty/ Department: (Or Care Group if 'care group' owned)	Ear Care and Audiology Specialist Nursing team.
Lead Author: (position/ role and name)	Lead Ear Care Specialist Nurse Lecturer Jodie Whitehead
Co-Author(s): (position/ role and name if applicable	Georgia Hitchens Specialist Nurse

Sponsor (position/ role):	N/A
Name the documents here or record not applicable *(these are documents which are usually developed or reviewed/ amended at the same time – ie a family of documents)*	
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Amendments from previous version(s)

Version	Issue Date	Section(s) involved (author to record section number/page)	Amendment (author to summarise)
3	November 2025	Section 7. Related documents and guidance	Guidance outdated therefore removed and replaced with information obtained from current NICE Clinical Knowledge Summary.

CONTENTS

1.0 INTRODUCTION/BACKGROUND

Cerumen, or wax as it is commonly known, is a normal secretion of the ceruminous glands in the outer meatus. It is slightly acidic, giving bactericidal qualities in both its wet, sticky form (as secreted by Caucasians and African-Caribbeans) or dry, flaky form (as, for example, secreted by S.E. Asian people). In addition to epithelial migration, jaw movement assists the movement of wax to the entrance of the External Auditory Meatus (EAM) where it emerges onto the skin. A small amount of wax is normally found to the entrance of the EAM and its absence may be a sign that dry skin conditions, infection or excessive cleaning have interfered with the normal production of wax. It is only when there is an accumulation of wax that removal may be necessary. Cerumen impaction occurs in up to 6% of the general population, affecting 10% of children and over 30% of the elderly and cognitively impaired populations. Excessive wax should be removed if it is causing the patient a problem such as tinnitus, hearing loss, vertigo, pain/discomfort; or if examination of the tympanic membrane or audiological assessment/ intervention is required.

The experienced practitioner can use his or her clinical judgement on the best method for wax management and removal. Olive oil may be advised in favour of other cerumenolytics. The practitioner should advise patients to instil olive oil 3-5 days prior to their wax removal appointment. The practitioner may decide that extended use of olive oil is required.

These recommendations have been developed to assist practitioners in gaining experience and knowledge in the provision of ear care. They do not replace the need for education, recognised training and supervision in order to perform these procedures.

2.0 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)

The aim of the document is to promote and provide clear guidance for health care workers trained in the microsuction procedure to ensure safe and effective ear care is provided to patients, which will intern reduce litigation in aural care. This document was originally produced by the ‘Action On ENT’ Steering Board (2002) and endorsed by the Royal College of General Practitioners, The Royal College of Nursing, The Ear Care Centre and the Medical Devices Agency. It has subsequently been revised by the Ear Care Centre (2025).

Related Trust Documents

To consent to examination or treatment (trust policy available on HUB)
Heath records policy (trust policy available on HUB)

Standard infection prevention and control precautions (trust policy available on HUB)
Otoscopy guideline 2025 (trust policy available on the HUB)

3.0 ABBREVIATIONS AND DEFINITIONS

Definitions

Hyperacusis – sensitivity to loud noise

Abbreviations

EAM – External Auditory Meatus

Cavity – Mastoid cavity

4.0 ROLES AND RESPONSIBILITIES

All staff involved in the aural care of patients must follow the guidance within this document or record any justifications for not doing so.

5.0 GUIDELINE DETAILS

PURPOSE

Use of the microscope/loupes and suction is carried out to:

- Remove cerumen and foreign bodies in patients who are not appropriate for irrigation
- Remove discharge, keratin or debris from the external auditory meatus or mastoid cavity

SCOPE

This procedure is only to be carried out by a suitably trained healthcare worker who has trained in the use of the microscope/loupes and suction. An individual assessment should be made of every patient to ensure that Microsuction is appropriate. The suction generates loud noise and patients should be advised of this.

MICROSUCTION MAY NOT BE SUITABLE IF:

- Patients taking anticoagulants or high dose steroids
- Patients have experienced difficulties with the procedure in the past
- Patients with a discharging perforation or mastoid cavity (refer to local guidelines)
- Patients are unable to keep their head still or who are prone to unpredictable head movement
- Patients who have a sensitivity to loud noise (Hyperacusis)

EQUIPMENT

- Otoscope and spare bulbs
- Single use otoscope speculae
- Wall mounted or free standing suction unit
- Height-adjustable couch/ chair with adjustable back/head rest
- Microscope or Loupes
- Suction liner/ filters
- Suction connecting tube
- Non-fenestrated/ Fenestrated suction handle 30 degrees
- Single use speculae in sizes 2,3 and 4
- 18 G fine ends
- Galli pot
- Jobson Horne probe/ cotton wool
- Disposable apron and gloves
- Tissues

PROCEDURE

At the beginning of every clinic the following should be performed:

- Ensure that all hard surfaces are cleaned with disinfection wipes as per local policy
- New suction liner fitted
- New suction tubing fitted
- Couch/ chair wiped clean
- Ensure suction is set as per manufacturer's guidelines and is in good working order

- Ensure microscope eye pieces are set at the neutral position
- Turn microscope on to ensure it is functioning
- Place small, clean object on couch and view through microscope to ascertain if focus is working
- Ensure couch rises and lowers effectively and back rest adjusts safely

1. Before careful physical examination of the ear, listen to the patient, elicit symptoms and take a careful history. Explain each step of any procedure or examination and ensure the patient understands and gives consent.

2. Under direct light visually examine the pinna and adjacent scalp, check for any abnormalities such as incision scars and observe for any skin defects. Using the otoscope examine the external auditory meatus (please refer to otoscopy guidelines 2025)

3. Check whether the patient has had Microsuction previously and explain the nature of the noise and that they can ask for a rest if they experience any issues such as vertigo. If the patient experiences vertigo ask the patient to focus their eyes on a fixed object until the feeling subsides.

4. Adjust the magnification, eye piece and angle of the microscope to the appropriate position. Request that the patient position themselves comfortably on the examination couch or chair.

5. Gently pull the pinna upwards and outwards (in infants downwards and backwards) to straighten out the meatus. Remember that the skin lining of the deeper meatus is very delicate and sensitive.

6. Direct the microscope down into the ear. Insert the speculum gently into the EAM/cavity - use the largest size speculum that will fit comfortably into the ear.

7. Carefully check the cavity, tympanic membrane or drum remnant. Decide the size of suction tip most appropriate for the procedure and attach it to the suction tubing.

8. Turn the suction machine on, maintaining the pressure according to the suction machine's manufacturer's guidance. Apply the suction tip to the areas requiring debris removal. Use an appropriate solution to wash through the suction tubing when it becomes blocked.

9. Avoid touching the wall of the meatus, cavity or drum/ drum remnant. By only touching the debris, most pain can be avoided.

10. The ear cannot be judged to be completely free of ear disease until the entire cavity and tympanic membrane or drum remnant has been seen. You may need to ask the patient to move his/her head e.g. lean the head towards the

opposite shoulder, to be able to see more clearly into the roof of the meatus and posterior aspect of the cavity.

11. Methodically inspect all parts of the EAM/cavity, tympanic membrane or drum remnant by varying the angle of the microscope.

12. Examine the EAM/cavity, tympanic membrane of drum remnant using the otoscope following otoscopy guidelines (otoscopy guidelines 2025)

13. The normal appearance of the EAM/cavity varies and can only be learned by practice. Practice will lead to recognition of abnormalities.

14. Advice should be given to the patient as appropriate.

15. Document what was observed in both ears, the procedure carried out, the condition of the tympanic membrane and external auditory meatus and treatment given. Findings should be documented, nurses following the NMC guidelines on record keeping and accountability. If any abnormality is found a referral should be made to the ENT Outpatient Department following local policy.

16. At the end of the day the waste within the liner and the tubing should be disposed of in the clinical waste as per local policy. All sharp instruments should be disposed of in a suitable sharps disposal bin. All hard surfaces should again be cleaned with disinfection wipes as per local guidelines.

RISK FACTORS

Dizziness
Trauma
Temporary hearing threshold shift
Worsening tinnitus

6.0 EDUCATION AND TRAINING

This procedure is only to be carried out by an experienced healthcare worker who has received recognised training in ear care and the use of ear care equipment. This training is available UK-wide from the Ear Care Centre trainers. The healthcare worker should also access a two yearly update.

An individual assessment should be made of every patient to ensure that it is appropriate for ear irrigation to be carried out.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Compliance with this procedural guideline will be monitored by undertaking yearly peer led clinical supervision.