

AURAL TOILET GUIDELINE

PROCEDURAL			
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1.0 INTRODUCTION/BACKGROUND

Aural toilet is a procedure used to clean the external auditory meatus (EAM) of the ear of wax, discharge and debris. It is also used to dry the EAM following ear irrigation.

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

The aim of this document is to provide clear guidance for health care workers trained in aural toilet. In order to provide the patient with effective and safer ear 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 Primary 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)

Health records policy (trust policy available on HUB)

Standard infection prevention and control precautions (trust policy available on HUB)

3.0 ABBREVIATIONS AND DEFINITIONS

Definitions

Carbon Curette - plastic probe with serrated end used in ear care

Jobson Horne - probe with a serrated end used in ear care

Speculae - otoscope ends

Abbreviations

EAM – External auditory meatus

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

Aural toilet is used to clear the EAM (external auditory meatus) of debris, discharge, soft wax or excess fluid following irrigation.

SCOPE

This procedure should only be carried out by a suitably trained healthcare worker.

An individual holistic assessment should be made of each patient to ensure that it is appropriate for aural toilet to be carried out.

Children

Aural toilet can be carried out on children as long as the child is happy to co-operate with the procedure. The practitioner must ensure the procedure is appropriate and necessary. When carrying out otoscopy, gently pull the pinna down and backwards to straighten the EAM.

EQUIPMENT REQUIRED

- Otoscope
- Otoscope Speculae
- Headlight and spare batteries
- Jobson Horne probe or carbon curette
- Cotton wool
- Tissues
- Sharps bin
- Disposable gloves

PROCEDURE

This procedure should be carried out with both participants seated and under direct vision, using a headlight or other light source which allows a stream of light to illuminate the external auditory meatus..

1. Examine the ear using an otoscope

2. Gently pull the pinna upwards and outwards to straighten the EAM (directly backwards in children).
3. Under direct vision, dry mop - using an ear mop or Jobson Horne probe/carbon curette with a small piece of cotton wool applied to the serrated edge. Clean the EAM with a gentle rotary action. Do not touch the tympanic membrane.
4. Remove the soiled cotton wool and replace with clean cotton wool as required.
5. Intermittently re-examine the meatus, using the otoscope, during cleaning to check for any debris/discharge/crusts which remain in the meatus at awkward angles. Pay particular attention to the anterior-inferior recess, which can harbor debris.
6. Patients who have mastoid cavities should be assessed and treated by a suitably trained healthcare professional. The frequency of cleaning required by the cavity will depend on the individual patient. If the cavity gets repeatedly infected the patient should be referred to ENT for assessment.
7. If an infection is present appropriate treatment should follow. If the patient has repeated problems with the ear, the patient should be referred on according to local policy.
8. Give advice regarding ear care and any relevant information.
9. 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.
10. All contaminated equipment and PPE should be disposed of in clinical waste, with sharp instruments to be disposed of in appropriate sharps disposal.

RISK FACTORS

Potential complications during and following procedure:

- Patient cough
- Trauma
- Infection

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.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

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