

Ear Irrigations

Ear irrigations are indicated when a patient has an excessive amount of cerumen (ear wax) in one or both ears which can adversely affect hearing or cause symptomatic discomfort.

You may use a manual technique using a syringe, or you may use a water pik.

- I. Before beginning procedure, always check the ear with an otoscope to see the degree of impaction, and do post irrigation comparisons.
- II. Using a needleless syringe, insert up to 1.0 cc of liquid ear wax softener into ear (Colace works well) while pt's head is tilted. Then place cotton ball to prevent spillage. Allow liquid to sit in ear at least 10-15 minutes before beginning the procedure.

*Always use luke warm water for ear lavage.

- III. If using a water pik, never set it beyond level 2...otherwise damage to the ear canal may occur. Always test pressure and temperature before putting pik into ear. Pull ear up and out to ensure an open straight canal. Stop immediately if the procedure causes pt any level of pain or dizziness.

If using a syringe, gently insert water into ear canal. Use same techniques as listed above. Allow water to drain into basing near ear. Stop if pain or dizziness occurs.

- IV. Continue irrigations until tympanic membrane in ear can be visualized with otoscope.

*Teaching tips: tell pts not to clean ears out with Q-tips...this causes further impaction and potential ear damage. Also inform pt to get up slowly, slight dizziness or changes in equilibrium may occur immediately following ear lavage. Make sure pt feels stable before leaving area. Chart treatment given, and how pt tolerated procedure.



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