

## **Wax Removal Self-Referral**

Please answer the following questions. This will allow us to book an appropriate appointment for you.

**1. What is your full name?**

**2. What is your date of birth?**

**3. What is your address?**

**4. What is your postcode?**

**5. What is your email address?**

**6. What is your contact phone number?**

**7. Please provide your GP name and address**

**8. Are you currently experiencing any of the following:**

- Altered sensation or numbness in your face?
- Pain in your ears?
- An active ear infection or discharge from your ear/s?
- Sudden hearing loss (over a period of 3 days)?

**If YES to any of the above we are unable to appoint you within this clinic, please seek immediate medical / GP support**

If NO continue with your referral

**9. Do you have any specific/additional requirements for your appointment?** (E.g Wheelchair User, Ambulance Transport and Chaperone required?) Please provide details

**10. Would you prefer your appointment and correspondence to be carried out in**

- Welsh
- English
- Other

**11. Do you require interpreter?**

- Yes
- No

**For WAX REMOVAL:**

**Please ensure that prior to requesting an appointment for wax removal, you have read and followed the attached guidance regarding 7 days of self-management.**

Please return this form to: Audiology Referrals, Therapies Hub, Montgomery County Infirmary (Newtown Hospital), Llanfair Road, Newtown, Powys, SY16 2DW

Tel: 0845 840 1234 or 01686 613 200

Email: [therapies.hub.pow@wales.nhs.uk](mailto:therapies.hub.pow@wales.nhs.uk)

**12. Have you ever suffered any adverse effects following ear wax removal?**

- Yes
- No

**13. Are you currently taking blood thinners (anticoagulants)?**

- Yes
- No

**14. Do you have a perforated ear drum (a hole in the ear drum) or have any history of ear drum perforations?**

- Yes
- No

**15. Have you had any previous surgery to your ears?**

- Yes
- No

## **FOR HEARING LOSS ASSESSMENT**

**16. Are you an existing NHS hearing aid user?**

- Yes
- No

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# Ear Care



## How to use Ear Drops

### USING OLIVE OIL EAR DROPS

Olive oil encourages the natural movement of wax from the outer ear.

It is advisable to buy a bottle of olive oil and “dropper” from you local pharmacist. Use olive oil drops as directed by your nurse.

Most patients find that applying 1-2 drops at night, for 5 nights prior to an appointment, is helpful for wax removal. If you have continued problems with excessive wax it may be beneficial to use 1-2 drops of olive oil each week. This will not stop wax collecting, but will make removal easier.

1. Lie down on your side with the affected ear upwards.
2. Gently pull the outer ear upwards and backwards (see diagram below). Using room temperature olive oil and the dropper drop 1-2 drops in the ear canal and gently message the area in front of the ear.

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Pull Up and Back

3. Remain lying down for 10 minutes and then wipe away any excess oil. DO NOT put any cotton wool in your ear canal as this will absorb the oil.
4. Repeat the procedure with the opposite ear if necessary.

### USING DROPS PRESCRIBED BY THE DOCTOR OR NURSE

1. Follow the instructions as for olive oil ear drops.
2. You will need to use the drops more frequently than the olive oil drops. Please follow the instruction on the bottle.
3. Make sure you complete the course of treatment.

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