

Ear wax

Ear wax keeps our ears clean and healthy. It usually works its way out of the ears by itself, but sometimes too much wax can build up and block the ears. This factsheet explains how a build-up of ear wax is treated.

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Medical disclaimer

The information given in this factsheet is not medical advice and, by providing it, Action on Hearing Loss nor our medical advisers undertake any responsibility for your medical care, or accept you as a patient. Before acting on any of the information in this factsheet, or deciding on a course of treatment, you should discuss the matter with your GP or other medical professional.

What is ear wax?

Ear wax is a normal substance that protects the skin of your ear canals, keeping your ears clean and healthy.

It's made up of:

- dead skin cells
- 'debris' such as dust
- cerumen, which is the natural wax produced by glands in your ears.

When does ear wax need to be removed?

Ear wax doesn't usually cause problems, but if too much is produced, it can build up in the ear, leading to:

- hearing loss (the most common symptom)
- ear discomfort, earache and the feeling of having blocked ears
- tinnitus (noises in the ear(s) or head)
- vertigo (a 'spinning' sensation) – though not all experts agree that wax can cause this
- a cough, though this is rare.

If you have any of these problems, see your GP.

If it's confirmed that your ear problems are caused by a build-up of ear wax, a nurse or doctor will remove it.

You may also need to have ear wax removed if:

- ear wax is preventing a doctor or audiologist (hearing specialist) from viewing your ear canal and eardrum
- you're getting a hearing aid and the audiologist needs to take an impression of your ear for the earmould
- you use a hearing aid and ear wax is causing it to whistle.

Who is at risk of an ear-wax blockage?

You're at risk of a build-up of ear wax if you:

- have narrow or deformed ear canals
- have many hairs in your ear canals
- have bony growths in your ear canals

- produce hard wax, as this is more likely to become compressed
- are an older person (ear wax tends to become drier)
- have a history of ear-wax blockages
- often have inflammation of the outer ear and ear canals.

You're also more likely to have an ear-wax blockage if you:

- work in a dusty or dirty environment
- wear earplugs a lot or use hearing aids – this may interfere with the natural process of the wax moving out of your ears, causing it to build up
- try to remove ear wax using an object such as a cotton bud – this can push the ear wax deeper into the canal (see 'Can I remove a wax blockage myself?', [page 4](#)).

If you think you may have an ear-wax blockage, ask your GP or audiologist to check your ears.

What's the link between ear wax and tinnitus?

Tinnitus is the word for noises that some people hear in one ear, both ears or in their head, which don't have an external source. The noises can be buzzing, ringing, whistling, hissing and other sounds.

If you have tinnitus in an ear that gets blocked with wax, you may notice your tinnitus more. This is because you won't be able to hear as many of the environmental sounds that help to mask the tinnitus.

Once the wax is removed, your tinnitus should return to its previous level. This may take from a few days to a few weeks.

You may develop mild tinnitus for the first time if you have a build-up of ear wax, but this normally goes away once the excess wax has been removed.

 See our leaflet *Understanding tinnitus* to find out more.

What's the link between a wax blockage and hearing loss?

A wax blockage may give you mild, temporary hearing loss. For this to happen, the wax has to completely block the canal or press on the eardrum.

Some people ask their GP to remove excess wax from their ears again and again, because their hearing isn't what it used to be. In most cases, they don't have any wax blockage to remove.

If you often have difficulty hearing the TV or radio, or if you miss words in conversation, you may have hearing loss caused by a condition in the middle or inner ear, rather than too much wax in your ears. Your GP should take a look in your ears, and if there's no wax blockage or other obvious cause of your hearing loss, they should refer you for a hearing test.

 See our leaflet *How's your hearing?* to find out more about getting your hearing tested.

Can I remove a wax blockage myself?

No. If you think you have a wax blockage in one, or both, of your ears, ask your GP or audiologist to check. If you try to remove ear wax yourself, you risk damaging your ears and your hearing.

Never poke anything into your ear canals

You should never insert anything into your ears to remove wax, such as a finger, cotton bud or towel, as this can:

- damage the wall of the ear canal and cause inflammation
- cause the wax to be compressed by pushing it further into the ear
- tear the eardrum.

Don't use 'ear candles'

Ear candling is an alternative medicine practice that involves lighting one end of a hollow candle and placing the other end in the ear canal. It's claimed that the procedure removes ear wax from the ear by creating a vacuum. However, medical research has shown that this treatment is both ineffective and dangerous: it doesn't help to remove ear wax and may result in serious injury.

Take care with over-the-counter ear drops

We recommend that you only use ear drops that your doctor or ear specialist has prescribed (see right). This is because

some types of wax-softening drops that you can buy over the counter may actually irritate your ears and cause inflammation and swelling in the ear canal, when used over long periods.

Important: Never use any type of ear drop if you know or suspect that you have a hole in your eardrum, unless directed by your doctor, as some types can harm the inner ear and may even lead to hearing loss. It's often difficult to tell if your eardrum has a hole in it - if you're in any doubt, don't put any drops into your ear and see your GP.

How is an ear-wax blockage treated?

Ear drops

Your doctor may prescribe ear drops for 3-5 days, to loosen the wax and see if it gradually falls out of your ear by itself. If there's no improvement, you'll need to go back to your GP, as you may need to have the wax removed.

Ear irrigation

Ear irrigation is the method of washing wax out of the ear canal once it is soft enough, using an electronic ear syringe. The procedure replaced 'ear syringing', which used a metal syringe.

Your doctor should prescribe you ear drops for 3-5 days or more before you have your ear irrigated, to soften the wax and make it easier to remove.

A clinician, usually a nurse, will carry out the procedure using a pulsed water-jet system. A short flow of warm water will be passed into your ear canal, and the action of the water behind the wax will bring the wax out into a container.

The nurse will take a look in your ear before and after the procedure to check the condition of your ear.

Ear irrigation isn't suitable for everyone, so it's important to let the doctor or nurse know if you've previously had:

- ear infections or ear injuries
- surgery on your ears
- problems with irrigation.

Also let them know if you have:

- grommets
- tinnitus, hyperacusis or hearing loss
- no useful hearing in the ear that isn't being irrigated
- a weak or perforated eardrum
- a cleft palate (whether repaired or not)
- any anxieties or questions about irrigation.

This will help the clinician choose the most suitable wax-removal option for you.

Other ways of removing wax

A clinician can also remove ear wax using a:

- 'dry' suction-clearance method
- wax hook
- curette (a scoop-shaped surgical instrument)
- probe.

This is usually only done in an ear, nose and throat (ENT) department of a hospital.

The suction-clearance method is the only method of wax removal that is suitable if you have one of the following:

- a hole in your eardrum(s)
- structural abnormalities of the ear canal
- a history of ear operations.

You may find that alternative therapists suggest using 'ear candles' to remove wax ([see page 4](#)).

There is no evidence to suggest that they work - they could actually be dangerous.

Can ear irrigation cause problems?

Most people who have irrigation don't have any problems and find it to be a fairly pleasant procedure. The irrigation does make some noise, but it's not too loud or uncomfortable.

If you have a slight hearing loss and a wax blockage is the problem, it's likely that your hearing will return to normal once it has been removed. But it's important to remember that your hearing loss or tinnitus might not be the result of a wax blockage – it could be caused by something else.

According to the British Tinnitus Association, very occasionally, people with tinnitus have reported that ear irrigation made their tinnitus more troublesome, and some people have said that irrigation actually caused their tinnitus. But complications such as these are rare.

What can I do if irrigation doesn't work?

If your ears have been irrigated and you don't feel that the wax blockage has cleared, go back to your doctor.

Your doctor may:

- advise you to use ear drops for another 3–5 days and then return for further ear irrigation
- place water in your ear and irrigate it again after 15 minutes
- refer you to an ear, nose and throat (ENT) specialist to have the wax removed.

What's the impact of wax on hearing aids?

If you use hearing aids, it's very important to make sure that your ears aren't blocked with wax. This is because if the wax blocks

the earmould or soft tip by going into the tubing, it can block off the sound and cause you to think that the hearing aid has stopped working. It can also cause your hearing aid to whistle.

If you think that the tubing of your hearing aid is blocked, make an appointment at your audiology department to get it cleaned or replaced.

Information you can trust

The Information Standard certifies us as producers of high-quality, evidence-based information.

Thank you to **Anthony Wright, Emeritus Professor of Otolaryngology** at the UCL Ear Institute, for reviewing this factsheet for us and making sure that our information is accurate and based on the latest evidence.

For a list of references for this factsheet, please email us at references@hearingloss.org.uk

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Our expert information covers everything you need to know about:

- hearing loss and deafness
- tinnitus
- ear problems and treatments
- hearing aids and cochlear implants
- useful products and technology
- communication tactics and support
- benefits and grants
- your rights.

Visit our website actiononhearingloss.org.uk or call our Information Line ([see last page](#)) for information, support and publications. You can also find out about services in your area, our hearing research, and how you can get involved.

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We provide our leaflets, factsheets and Information Line service free of charge to anyone affected by deafness, tinnitus or hearing loss in the UK. We rely on the generosity of our supporters to help us do this. We would be very grateful if you would consider making a donation – of as little or as much as you can afford.

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