The Rotherham NHS
NHS Foundation Trust

Aural Toilet Guidelines

INTRODUCTION

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

PURPOSE

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

EVIDENCE

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 Primary Ear Care Trainers (2017).

SCOPE

This procedure should only to be carried out by a trained doctor, nurse or audiologist with recognised ear care training.
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 REQUIREMENTS:

- Otoscope
- Otoscope Speculae
- Head mirror and light or headlight and spare batteries
- Jobson Horne probe or carbon curette
- Good quality cotton wool (100%)
- Tissues
- Sharps bin
- Disposable gloves

PROCEDURE

This procedure should be carried out with both participants seated and under direct vision, using a headlight or head mirror and light source.

1. Examine the ear using an otoscope.

2. 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.

3. Replace the cotton wool directly it becomes soiled.

4. 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 harbour debris.

5. Patients who have mastoid cavities should be followed up in the ENT department unless the nurse, doctor or audiologist has been specifically trained in this area. The frequency of cleaning required by the cavity will depend on the individual patient. If the cavity gets repeatedly infected the patient should be considered for revision surgery.

6. If an infection is present treatment should follow patient group directives and referral guidelines or as dictated by the result of a swab culture and sensitivities following the failure of first line management. If the patient has repeated problems with the ear, the patient should be referred on according to local policy.

7. Give advice regarding ear care and any relevant information.

8. 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.

RISK FACTORS

Potential complications during and following procedure:

- Patient cough
- Trauma
- Infection

SUPPORTING MATERIALS

- Otoscope with a halogen bulb
- Single use speculae
- Jobson Horne probe/ carbon curette
- Cotton wool
- Tissues

DEFINITIONS AND ABBREVIATIONS

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

RELATED GUIDANCE

Ear Care Guidance Document 2014

This document will be reviewed every three years unless such changes occur as to require an earlier review.