GUIDELINE FOR AURAL MICROSUCTION

PROCEDURAL INFORMATION

SECTION 1
PROCEDURAL INFORMATION

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1. INTRODUCTION

This guideline has been written to ensure safe aural microsuction

2. EVIDENCE

In order to reduce litigation in ear irrigation and microsuction and 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 (2022).

The document provides the practitioner with guidance in microsuction.

3. DEFINITIONS AND ABBREVIATIONS

3.1. Definitions

Hyperacusis – sensitivity to loud noise

3.2. Abbreviations

None

4. PURPOSE

Use of the microscope and suction is carried out to:

- Remove cerumen and foreign bodies in patients who are not appropriate for ear irrigation

- Remove discharge, keratin or debris from the external auditory meatus or mastoid cavity

5. SCOPE

This procedure is only to be carried out by a suitably trained healthcare worker who has trained in the use of the microscope/loupes and suction. An individual assessment should be made of every patient to ensure that microsuction is appropriate. The suction generates loud noise and patients should be advised of this.

MICROSUCTION MAY NOT BE SUITABLE IF:

- Patients taking anticoagulants or high dose steroids
- Patients have experienced difficulties with the procedure in the past
- Patients with a discharging perforation or mastoid cavity (refer to local guidelines)

- Patients are unable to keep their head still or who are prone to unpredictable head movement

- Patients who have a sensitivity to loud noise (Hyperacusis)

6. GUIDANCE EQUIPMENT REQUIRED

- Otoscope and spare bulbs
- Single use otoscope speculae
- Wall mounted or free standing suction bottles
- Height-adjustable couch/ chair with adjustable back/head rest
- Microscope or Loupes
- Couch roll
- Suction liner/ filters
- Suction connecting tube
- Non-fenestrated/ Fenestrated suction handle 30 degrees
- Single use speculae in sizes 2,3 and 4
- 18 G fine ends
- Galli pot
- Jobson Horne probe/ cotton wool
- Disposable apron and gloves
- Tissues

PROCEDURE

At the beginning of every clinic the following should be performed:

- Ensure that all hard surfaces are cleaned with disinfection wipes as per local policy
- New suction liner fitted
- New suction tubing fitted
- Couch/ chair wiped clean
- Ensure suction is set as per manufacturer's guidelines and is in good working order
- Ensure microscope eye pieces are set at the neutral position
- Turn microscope on to ensure it is functioning
- Place small, clean object on couch and view through microscope to ascertain if focus is working
- Ensure couch rises and lowers effectively and back rest adjusts safely

At the end of the day the waste within the liner and the tubing should be disposed of in the clinical waste as per local policy. All sharp instruments should be disposed of in a suitable sharps disposal bin. All hard surfaces should again be cleaned with disinfection wipes as per local guidelines.

1. Before careful physical examination of the ear, listen to the patient, elicit symptoms and take a careful history. Explain each step of any procedure

or examination and assure yourself that the patient understands and gives consent.

2. Check whether the patient has had microsuction previously and explain the nature of the noise and that they can ask for a rest if they experience any vertigo (if this should occur ask the patient to focus their eyes on a fixed object until the feeling subsides).

3. Adjust the magnification, eye piece and angle of the microscope to the appropriate position. Request that the patient position themselves comfortably on the examination couch or chair.

4. First examine the pinna, outer meatus and adjacent scalp by direct light and check for incision scars and observe for skin defects.

5. Gently pull the pinna upwards and outwards (in infants downwards and backwards) to straighten out the meatus. Remember that the skin lining of the deeper meatus is very delicate and sensitive.

6. Direct the microscope down into the ear. Insert the speculum gently into the EAM/cavity - use the largest size speculum that will fit comfortably into the ear.

7. Carefully check the cavity, tympanic membrane or drum remnant. Decide the size of suction tip most appropriate for the procedure and attach it to the suction tubing.

8. Turn the suction machine on, maintaining the pressure according to the suction machine's manufacturer's guidance. Apply the suction tip to the areas requiring debris removal. Use an appropriate solution to wash through the suction tubing when it becomes blocked.

9. Avoid touching the wall of the meatus, cavity or drum/ drum remnant. By only touching the debris, most pain can be avoided.

10. The ear cannot be judged to be completely free of ear disease until the entire cavity and tympanic membrane or drum remnant has been seen. You may need to ask the patient to move his/her head e.g. lean the head towards the opposite shoulder, to be able to see more clearly into the roof of the meatus and posterior aspect of the cavity.

11. Methodically inspect all parts of the EAM/cavity, tympanic membrane or drum remnant by varying the angle of the microscope.

12. The normal appearance of the EAM/cavity varies and can only be learned by practice. Practice will lead to recognition of abnormalities.

13. Carefully check the condition of the external auditory meatus as you withdraw the speculum.

14. Advice should be given to the patient as appropriate.

15. 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. If any abnormality is found a referral should be made to the ENT Outpatient Department following local policy.

RISK FACTORS

Dizziness
Trauma
Temporary hearing threshold shift
Worsening tinnitus

7. RELATED DOCUMENTS AND GUIDANCE

Ear Care Guidance Document 2014 .

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SECTION 2
DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING

8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Clinical governance group - Ear Care and Audiology at Rotherham NHS Foundation Trust

9. APPROVAL OF THE DOCUMENT

TRFT – Ear Care and Audiology - Clinical Governance Group

10. RATIFICATION OF THE DOCUMENT

This document was ratified by the Clinical Governance Group

11. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years by the ear care specialist nurse team unless such changes occur as to require an earlier review.

12. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Library & Knowledge Services via "policies" email.	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform DRG Admin Support if a revision and which document it replaces and where it should be located on the Hub. Ensure all documents templates are uploaded as word documents.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments / Matrons	Author	Meeting / Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments / Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies

To be disseminated to	Disseminated by	How	When	Comments
				Instruct them to inform all staff of the policy including those without access to emails

13. IMPLEMENTATION AND TRAINING PLAN

This document references current practice and will be reviewed annually by all relevant staff.

14. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT

14.1. Process for Monitoring Compliance and Effectiveness

Audit / Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Local Procedures	On going review	Internal peer review	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service
Staff Awareness	On going with annual update	Lead ear care nurse Head of service	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service

14.2. Standards/Key Performance Indicators (KPIs)

None