

The potential pitfalls of ear syringing

Minimising the risks

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Case histories are based on actual medical negligence claims. However, certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

Ear syringing is a common procedure performed in general practice. It has been estimated that major complications occur in 1 in 1000 ears syringed. This article discusses the common complications of ear syringing and provides some tips on how to minimise the possibility of a complication and claim arising from this procedure.



Case history

A 40 year old musician attended his general practitioner complaining of bilateral blocked ears and deafness. On examination the GP found both ear canals were occluded with hard wax. The GP advised the patient that she would need to syringe both ears in order to perform a full examination and that this procedure may lead to a resolution of his symptoms. The practice nurse prepared the equipment and the GP proceeded to syringe the patient's ears. As the GP commenced syringing the patient's right ear, the nozzle became detached from the barrel of the syringe and was propelled into the external ear canal. The patient immediately complained of sharp pain, tinnitus and dizziness. Examination revealed fresh blood in the canal. The patient was referred to an ear, nose and throat surgeon who confirmed the presence of a large posterior perforation of the tympanic membrane and superficial trauma to the canal. Despite conservative treatment, the perforation did not heal and ultimately the patient required grafting of the right tympanic membrane.

Six months after the initial injury, the GP received a letter from a solicitor acting on behalf of the patient. The patient was seeking compensation for his pain and suffering, out of pocket medical expenses and lost wages incurred as a result of the perforated ear drum.

Medicolegal issues

The letter from the solicitor alleged the ear syringing had been performed negligently. Specifically, the patient alleged he had not been warned of the potential complications of the procedure. It was

also alleged that the equipment was faulty and that the general practitioner had used excessive force during the procedure. On review of the case, it was apparent that the nurse had no experience or training in preparing the ear syringe and she had failed to fully screw the nozzle into the

cap of the syringe. Additionally, the GP had failed to check the equipment before syringing the patient's ears. The claim was promptly settled.

Discussion

It has been estimated that GPs see on average two patients per week requesting removal of ear wax and 38% of GPs have encountered complications of ear syringing.¹ The complications of ear syringing include:

- failure of wax removal
- otitis externa
- perforation of the ear drum
- damage to the external auditory canal
- pain
- vertigo, and
- otitis media.

Major complications occur in approximately 1 in 1000 ears syringed.

One medical defence organisation has estimated that up to one-fifth of their medical negligence claims involving GPs are caused by ear syringing.² The reasons for these claims include:

- poor technique – 43% of claims

- faulty equipment – 26% of claims
- excessive pressure – 26% of claims, and
- failure to examine the ear before syringing – 5% of claims.

Risk management strategies

A recent article by Aung and Mulley provides a useful overview of the steps that should be taken when removing ear wax.³ According to the authors, before removing ear wax GPs should:

- take a full history, asking specifically about ear discharge, previous perforation of the ear drum, or ear infection
- carefully examine the external auditory canal
- recommend the use of wax softening agents
- explain the potential complications of the procedure
- ensure the person performing the ear syringing is fully trained
- ensure the equipment is correctly assembled. If the nozzle of the syringe is not properly secured, it may become detached during the procedure and cause damage to the external canal and/or tympanic membrane.

During ear syringing, the pinna should be pulled outwards and backwards and the jet of water should be aimed at the superoposterior part of the ear canal. Failure to do this may result in the pressure in the canal rising to a dangerous level. Following completion of the syringing, the external canal should be examined. Always document the procedure in the medical records, including the status of the drums.

Contraindications to ear syringing include:

- perforation (past or present) of the ear drum
- ear infection
- presence of a grommet
- history of ear surgery
- young children who are uncooperative
- only hearing ear.

References

1. Sharp J F, Wilson J A, Ross L, Barr-Hamilton R M. Ear wax removal: a survey of current practice. *Br Med J* 1990; 301:1251–1253.
2. The MDU. Medicolegal aspects related to ear syringing.
3. Aung T, Mulley G P. Removal of ear wax. *Br Med J* 2002; 225:27.

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SUMMARY OF IMPORTANT POINTS

- Complications of ear syringing are a relatively common cause of medical negligence claims against GPs.
- Careful checking of the equipment before ear syringing is essential.
- Common causes of complications of ear syringing include poor technique, faulty equipment, excessive pressure and failure to examine the ear before syringing.
- Staff performing ear syringing should be adequately trained.