## **CAA BLOG**

## The Voice of Audiology THE IMPACT OF OFFERING CERUMEN MANAGEMENT IN A HEARING CARE PRIVATE PRACTICE

JULY 26TH, 2022



Are you offering cerumen management in your private practice? What are the pro and cons of the most common evidence-based methods?

In Canada, cerumen management is part of Audiologists' scope of practice, however, due to the lack of comprehensive training during the graduate program, many audiologists don't feel comfortable providing this service to their clients. I highly recommend you read Daniel Paccioretti's article for a better understanding of the impact of this neglected service in our community- <u>Cerumen Management — One of Hearing Healthcare's Neglected Services</u>

Establishing an effective scheduling system with a good patient flow is an important key to a profitable and successful hearing care clinic. Over a decade ago, I got frustrated over having to refer patients out for cerumen management. Not only because my patients would not understand the reason why their "ear specialist" could not provide this service, but also because a lot of the clients we see in a hearing care clinic are in the aging group that often presents with mobility issues, dependent on family member's

rides, and often in need of the same day solution for their hearing needs. I realized that I was not providing the holistic hearing care that I believe in.

In hearing health care private practice, referring patients out for cerumen management can negatively impact your calendar management and delay sales opportunities. Once a patient is referred to another health professional, they might not return to your services, or start having second thoughts and delaying the recommended treatment.

In April 2020, Hearing Health & Technology Matters (HHTM) conducted a survey of hearing professionals regarding their experience with hearing aid maintenance and repair. It was confirmed that wax and moisture are the most common causes of hearing device failure. <u>Hearing Aid Repair Survey Results (hearinghealthmatters.org)</u>. Offering cerumen management will not only support a productive and successful clinic but also increase patient satisfaction.

If you are looking to provide high-quality hearing care in your clinic by introducing a cerumen management service, here are steps to be considered:

- Even though cerumen management is part of the audiologist's scope of practice, going through comprehensive training is essential. If you are interested in learning more about cerumen management training, check out <u>Pacific Audiology Group</u>'s resources. Contact your local regulatory body to confirm if a certificate of clinical competence in cerumen management is required to provide this service.
- 2. Implementing best practice infection control protocol is highly recommended when performing cerumen management.
- 3. Implement a cerumen management consent document that outlines possible conditions which may increase the risk of cerumen management or contraindicate the procedures you will be offering in your clinic.
- 4. While you are building up your confidence to provide cerumen management service, I recommend you schedule at least 30 minutes for each patient. It is wise to reserve 1 or 2 slots per week in your calendar to avoid taking time from higher revenuegenerating appointments.
- 5. Cerumen management should be offered as a paid service, and not included for free during a hearing evaluation or hearing aid appointment. Your expertise and time are valuable!
- 6. It is not imperative to have a special room for cerumen management in your office, however, having a portable cart with all your tools will save time and demonstrate professionalism.
- 7. In my experience, after you achieve a high level of competency in cerumen management, a max of 10-15 minutes will be required if using manual techniques.
- 8. During the time you are working on improving your skills, ensure to provide cerumen management service a couple of times a week. Practice is the best way to achieve high competency.
  - Start by removing soft wax from the cartilaginous portion of the ear canal as it is a less sensitive area.

- Build up confidence in removing cerumen located past the second bend of the ear canal, which is formed by the temporal bone increasing client sensitivity and chances of bleeding.
- Keep in mind that while skin abrasions might happen, they are usually minimal and ear canal skin will naturally heal in 1 or 2 weeks.
- A couple of years ago I received a great recommendation from an Ear Nose and Throat doctor. To stop the bleeding, soak a cotton dam with saline nasal spray and keep on the abraded area for 1 or 2 minutes.
- 9. It is totally acceptable and expected to refer patients to another medical professional when you don't feel comfortable removing wax from specific ear canals, even if there are no contraindications.
- 10. Consider investing in a good light source with magnification and a video otoscopy. I recommend Vorotek O Scope for your light source. It provides excellent light and a simple method to adjust focus. Great equipment to be shared between clinicians.
- 11. The most common, efficient, and evidence-based methods to remove cerumen from the ear canal are curettes, Earway Pro, forceps, micro-suction, and ear irrigation. Audiologists should not attempt to remove wax if a client has a history of recurrent otitis externa, radiation therapy affecting the ear, tympanoplasty/myringoplasty, mastoidectomy, dermatologic disease of the ear canal, dermatologic diseases of the ear canal, or other surgery affecting the ear canal.
- 12. What are the pros and cons of each method? If you don't have a dedicated room to provide cerumen management, manual techniques using curettes, forceps, and Earway Pro are a guick great option. Micro-suction and irrigation will require more time to set up the room and prepare the client for the procedure. Here are the pros and cons of my experience with each method:



MICRO-SUCTION

The entire process takes about 30 min

- Does not expose ear canal to moisture
- Can be performed in patients with history of ruptured eardrum and to remove a foreign body in
- the ear Earwax does not necessarily need to be soft
- Not convenient to move around
- Possible side effects: dizziness, discomfort due to loudness during the procedure, injury to the eardrum, worsening tinnitus , hearing loss, ear infection

 The entire process takes about **RRIGATION** 30min The water temperature is indicated on the side of the bottle and the Otoclear tip creates a gentle pressure and directs the water to the ear canal

- wall into 3 divergent streams. Easily moved around the office • To be effective , is best to use an
- earwax softening. Not indicated for patients with history of middle ear infection, perforated eardrum, vertigo/dizziness.
- Possible side effect: discomfort, dizziness, middle ear damage, otitis externa, perforation eardrum

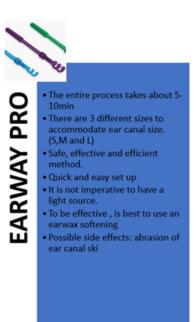
## The entire process takes about 10-15min

 There is a variety of types to accommodate ear canal size and cerumen consistency.

- Single use and disposable options
- Lighted tips and magnification option to provide a good visualization
- Quick and easy set up
- To be effective , is best to use an earwax softening
- Possible side effects: abrasion of ear canal skin, injury to eardrum

## **ORCEPS**

Remove easily graspable objects, such as cotton, a loose piece of wax, and dry flaky wax.
Light source with magnification is required prior procedure
Possible side effects: abrasion of ear canal skin, injury to eardrum





References and professional cerumen management equipment I recommend:

- 1. World Report on Hearing. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO. 2021. World report on hearing (who.int)
- Aural Irrigation Using the OtoClear® Safe Irrigation System in Children*Ellen M.* Mandel\*, Joseph E. Dohar, Margaretha L. Casselbrant. International Journal of Pediatric Otorhinolaryngology (2004) 68, 1295–1299. <u>Bionix Articles I Aural Irrigation Using</u> the OtoClear® Safe Irrigation System in Children
- A Novel Device for the Evacuation of Cerumen Udi Katzenell, MD1,3, Doron Halperin, MDm, MPH1,3, Tzofit Dahan2,3, and Noam Bartov, MD1,3 Udi Katzenell, MD1,3, Doron Halperin, MD, MPH1,3, Tzofit Dahan2,3, and Noam Bartov, MD1,3
- Bionix Lighted Ear Curette Chronic Supportive Otitis Media, Ear Care Products
- Bionix Lighted Articulating Ear Curette Ear Wax Removal Products
- Bionix Ear Wax Removal Kit
- EarWay®Pro Earways Medical
- <u>Vorotek O Scope</u>
- <u>Aurical Otocam 300 Video Otoscope I Natus</u>
- Portable Suction Pumps JEDMED



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Medicalization Advisor, Connect Hearing Canada, Vancouver, BC Christiane Basilio graduated with a Doctorate in Audiology from Salus University in Pennsylvania, USA, in 2015. She has an audiology and hearing instrument practitioner registration with the College of Speech and Hearing Professionals of British Columbia and is certified in cerumen management for over a decade. She worked as a clinical Audiologist in Brazil for 5 years, before moving to Vancouver- BC in 2007 to work for Connect Hearing. She has extensive experience mentoring students and was a Clinical Educator for the Masters of Audiology program at the School of Audiology and Speech Sciences at UBC for 8 years until she was promoted to Clinical Assistant Professor in July 2019. Since 2018, she maintains a clinical practice and works as an Audiology and Medicalization Business Advisor for Connect Hearing. As an AudMed Advisor, Christiane is responsible for execution and coaching of audiology professional practices, standards, and ethics of the business for Connect Hearing clinics in British Columbia, Alberta, and Saskatchewan; driving business success through innovation of practice; maintaining the communication and integration of the healthcare and business of the company; maintain communication with business partners and provide support to future healthcare and to provide and engage in Risk management tactics.