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Earwax management

Earwax (cerumen) helps keep the canal clean, and protects the ear from infections, dust and debris. However, excessive buildup of earwax can lead to discomfort, infections, and even hearing loss. A lot of patients are uncertain how to manage their earwax[1], and for those that wear hearing aids, managing their earwax can be even more complex.

Excessive earwax build-up

Causes include:

- Regular use of earplugs
- Use of hearing aids
- Use of cotton swabs
- Medical conditions, e.g. eczema, psoriasis
- A narrow ear canal

Symptoms include:

- Itch, odor, or drainage
- Sensation of a plugged ear or fullness in the ear
- Humming, ringing, or buzzing in the ears, or tinnitus
- Partial hearing loss
- Pain in the ear
- Vertigo, dizziness, or balance problems

How to prevent earwax build-up

Do's:

- Use of a damp cloth to clean the outer ear
- For removal of larger amounts of earwax / an earwax plug in the outer ear part: Soften the earwax with drops of olive / almond oil or a commercial solution

Dont's:

- Use of ear candles (can cause injury, no clinically proven effect)
- Use of cotton swabs or sticking other objects in the ear (can cause injury or push the earwax further into the ear canal)

When to seek professional help

Patients can gently clean their ear canal on their own regularly as long as no issues occur. However, when wearing hearing aids and experiencing symptoms listed above, or in addition whistling from the hearing aid, a sudden increase in hearing loss or a bad smell from the ear, it is absolutely essential that patients contact their ENT or hearing care professional for the correct treatment.

Patients prone to repeated earwax impaction or that wear hearing aids, should consider seeing their ENT every six to 12 months for a checkup and routine preventive cleaning.

Earwax build-up is a common challenge for patients, but with proper management and prevention, it can be easily managed in most cases. However, those experiencing severe symptoms or prone to repeated earwax impaction should consult an ENT (or Hearing Care Professional) for professional examination and treatment.

[1]Kevin J Munro, Thomas C Giles, Christine Smith-Howell, Irwin Nazareth (2023). Ear wax management in primary care: what the busy GP needs to know. British Journal of General Practice, 73 (727): 90-92. DOI: 10.3399/bjgp23X732009