

Earwax and Hearing Aids

Cerumen or earwax is a self-cleaning agent produced in your ears with protective, lubricating, and antibacterial properties. Earwax is not really a "wax" but a water-soluble mixture of secretions (produced in the outer third of the ear canal), plus hair and dead skin. Earwax is not formed in the deep part of the ear canal near the eardrum, but in the outer one-third of the ear canal. It naturally works its way out of the ear through movement of your jaw while speaking and chewing.

But for patients who wear hearing aids, special attention must be paid to make sure earwax does not damage the aid or impair function. Cerumen in the ear canal can cause the hearing aid to fit poorly and not seal properly. If the hearing aid fits poorly, sound produced by the aid passes around it and out of the ear canal, where it is picked up by the microphone and reamplified. A positive feedback loop is created and audible, high-pitched feedback results. Cerumen removal eliminates feedback, when the feedback is due to excess cerumen.

Too much earwax can also damage the listening device. In fact, current estimates from various hearing aid manufacturers indicate that 60 to 70 percent of all hearing aids sent for repair are damaged as a result of contact with cerumen.

Patients who wear hearing aids should have their clinician examine the ears for impacted cerumen during a routine healthcare visits, but this does not need to occur more frequently than every three months. Examination is accomplished by removing the hearing aid and inspecting the ear canal with a handheld otoscope. If the patient has bilateral hearing aids, the second ear is examined after replacing the first hearing aid, to facilitate communication.

If your doctor finds evidence of earwax impaction, he or she may need to perform a variety of techniques to help remove the obstruction. These include:

- Flushing the ear with cerumenolytic (wax-dissolving) agents, which include water, saline, and other agents of comparable efficacy.
- Using irrigation or ear syringing.
- Manual removal with special instruments or a suction device, which is preferred for patients with narrow ear canals, eardrum perforation or tube, or immune deficiency.

For more information on earwax impaction or hearing aids, please visit www.entnet.org.

