

Consent for Ear Syringing

FULL NAME:.....

Date of Birth:...../...../.....

GP:.....

Do you have/or have you had (please circle your answer)

history of previous problem with irrigation(pain, perforation,severe vertigo)	YES/NO
a history of tympanic perforation (ear drum)	YES/NO
grommet in place	YES/NO
recent history of middle ear pain/infection	YES/NO
suspicion of otitis externa	YES/NO
cleft palate	YES/NO
hearing only in the ear to be treated (as there is a remote chance that irrigation could cause permanent deafness).	YES/NO

If you answer YES to any of the above we would recommend you see the Ear Nurse Specialist.

If you wish to proceed with syringing of the ears.

The Ear Syringe procedure involves gently squirting warm water in to the ear canal via a nozzle.

The water dislodges the wax, which will then come out of the ear. Some patients find the procedure quite soothing. Other patients describe it as an odd feeling. You should not feel any pain.

There is a slight risk (1 in 1000) of this procedure causing a perforation/hole to the eardrum and possible increase of tinnitus.

If you have any concerns after the procedure, please return to the Medical Centre.

I have read and answered the questions to the best of my knowledge and understand there is a slight risk of ear perforation and tinnitus. I consent to having the procedure performed.

SIGNED BY PATIENT