

EARWAX

Ok not a glamorous topic for discussion but we all have it, even the Queen. Here's what you (and she) need to know!

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What is earwax?

Earwax, also known by the medical term cerumen, is a yellowish waxy substance secreted in the ear canal of humans and other mammals. Earwax usually consists of shed skin cells and secretions of the ceruminous and sebaceous glands in the outer ear.

The purpose of earwax is to clean and lubricate the human ear canal. We all have a certain amount of earwax to protect and self-clean the ear. The cleaning process involves wax removing bacteria and fungi from the ear canal as it works its way naturally out of the canal.

Problems with Earwax:

Excessive earwax can impede the passage of sound in the ear canal, resulting in a conductive hearing loss. However, this only happens when the wax forms an unbroken wall in the ear canal.

It is estimated that 60-80 per cent of hearing aid faults are associated with wax and excessive or impacted wax is also one of the main reasons why hearing aids will whistle or feedback. The wax literally

reflects the amplified sound waves back outside the ear and if the hearing aid microphones detect this reflected sound this creates a feedback whistle.

Cleaning and treatment options:

Importantly, if the wax is not blocking the ear or causing discomfort or irritation leave it alone.

The old adage of not putting anything smaller than your elbow into your ear is generally appropriate, as small and sharp implements may simply push the wax further in or worse cause damage to the ear canal or eardrum. It is acceptable to use a tissue twisted into a spear shape or a cotton bud to clean the ear, preferably after showering when the wax is often softer, providing you do not push either too far down the ear canal. Pull the ear up and back to open the canal more and then if using a cotton bud gently scrape the skin of the canal in a circular motion as you clean.

Ear candling is also popular, although many medical researchers claim that it is both dangerous and ineffective. While I'm personally not an advocate of candling,



many patients of mine have been happy to use this procedure which was originally practised by Native American Indians.

If wax remains persistent, gentle syringing of the canal by your GP is appropriate, although drops to soften the wax first are essential. Syringing where wax remains hard and impacted can lead to excessive pressure on the ear drum and can lead to a ruptured drum or worse a perilymph fistula of the inner ear which can result in hearing loss and dizziness.

Apart from your GP, ear, nose and throat specialists and many audiologists have training and expertise to remove wax using dry methods that involve picking the wax while visualising the ear canal through a magnified headlight.

For more information or to make an appointment contact the Bendigo Hearing Clinic on 54425800 or visit www.bendigohearingclinic.com.au ■

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