

Deansgrange Medical Centre

EAR SYRINGING/IRRIGATION PATIENT INFORMATION & CONSENT FORM

PLEASE BE SURE THAT YOU HAVE READ AND UNDERSTOOD THIS LEAFLET PRIOR TO IRRIGATION

AFFIX PATIENT

LABEL HERE

YOUR EARS MAY NOT BE SYRINGED IF:	YES	NO
You have suffered complications during or after previous syringing		
You have had an ear infection in the last 6 weeks		
You have ever had ear surgery including grommets		
You have a perforation of your ear drum		
You have any discharge from your ear in the last year		
You have a cleft palate (whether repaired or not)		
You have confusion, agitation, inability to stay still		
You have pain in your ears or are found to have inflamed ear canals		
You have only one hearing ear		
You have vertigo, dizziness or tinnitus		

THE NURSE OR DOCTOR MAY DECIDE YOU ARE NOT SUITABLE FOR EAR IRRIGATED IF:
Oiling has been ineffective and your earwax is not soft enough to safely remove (olive oil drops should be instilled into the ear/s twice a day for at least a week prior to syringing)
You have a healed perforation
Previous otitis externa or dry skin condition such as eczema

PLEASE READ THE FOLLOWING AND UNDERSTAND THAT:
Ear syringing can encourage the production of earwax and can therefore make the problem worse
In a very small number of cases syringing the ear can cause damage to the eardrum and/or irritation to the ear canal. Any damage can be temporary or permanent.
Some people can feel unwell during or after the procedure. Symptoms can include dizziness, sweating, sneezing, coughing and nausea
There is a small risk of infection from ear syringing. You should see the nurse practitioner or the GP if you suspect you have an infection
Ear syringing should not be painful. If you feel any discomfort during the procedure you MUST tell the nurse or doctor immediately as this can be a sign of a problem. Failure to inform the nurse of your pain can result in damage to the ear drum

Patient has been fully informed about the procedure and consents verbally

Patients Name _____ Date _____

Nurse / Doctor Name _____ Date _____