**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*

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| **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 |  |  |

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| **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 |

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| **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\_\_\_\_\_\_\_\_\_\_\_