



Ear Wax Removal (Microsuction) Consent Form

Name: _____ DOB: _____

Date of procedure: _____ Staff Initials: _____

What is Microsuction?

Microsuction is a procedure used to unblock your ears of cerumen (wax). The clinician uses a magnification tool to look directly into your ears, and then uses a small vacuum probe and curette to remove any material from the ear canal.

What are the potential risks involved in having microsuction?

Any medical procedure carries risk. Many of the risks below can be minimised by staying as still as possible during the procedure. If you do need to move for any reason, inform your clinician, so they can safely pause the procedure.

Potential Risks

- *Incomplete Clearance*
Occasionally we may only be able to remove 90-95% of the original blockage. Usually due to some wax being in a position that can't be safely reached or is stuck and can't be safely removed. To reduce the chances of this happening, and to save you both time and money we include a bottle of ear wax softener to be used twice a day for 3-5 days before your appointment.
- *Dizziness*
You may experience dizziness, as micro suction moves cooler air through the ear canal, but this usually goes away quickly. We advise that you keep your eyes open during the procedure but, if you do feel dizzy, let your clinician know and they can take the suction tip out of your ear for you to feel better.
- *Cough*
Microsuction may make you feel the need to cough or have a tickle in your throat. This is quite harmless and will pass once the procedure is over.
- *Trauma (grazing the ear canal)*
Grazes or scratches in the ear canal happen rarely and can be avoided by staying as still as possible during the procedure. Additionally, if there is any swelling or signs of infection, you may experience occasional bleeding. This is generally harmless, but your clinician will inform you if it occurs.
- *Eardrum Perforation*
There is a slight but rare risk of damaging the eardrum. If this does occur, then your clinician will inform you and we will provide appropriate care and support to you.

If you want to stop the procedure at any point, just let your clinician know and they will stop immediately.

- ☐ I confirm that the clinician has explained the procedure to me, the risks, benefits and alternatives and I am consent to the microsuction procedure.
- ☐ I consent to a hearing check at the end of the appointment and a referral to a hearing clinic if appropriate

Patient signature: _____

Date: _____