

The White House Surgery

Check list and consent for Ear Irrigation

Ear irrigation is undertaken using a special machine that directs water into your ear canal .As with any procedure, there may be possible side effects, which your nurse will discuss with you before starting.

Irrigation may cause some discomfort but should never cause pain. If you feel pain please tell the nurse immediately.

Please complete the following questions:

Name DOB.....

Past History

Previous problem following ear syringe	Yes/no
Previous perforated ear drum	Yes/no
Previous operation in or around ear	Yes/no
Discharge from ear	Yes/no
Current or recent ear infection	Yes/no
Pain or redness in or around ear	Yes/no
Grommets (now or in past)	Yes/no
Radiation therapy to head or neck	Yes/no
Permanent deafness in one ear	Yes/no
On blood thinning medicine	Yes/no
Problems with your immune system	Yes/no
Skin conditions (eczema, dermatitis)	Yes/no
Diabetes	Yes/no
Cleft palate (repaired or not)	Yes/no
Tinnitus or dizziness (now or in past)	Yes/no
Use of appropriate ear drops as advised	Yes/no

Answering yes to some of these questions does not automatically mean you cannot have your ears irrigated. It may mean that you are higher risk of side effects so we will need to talk through the options and risks with you in more detail.

Consent

The nurse has asked questions related to the above conditions. She /he has explained the proposed treatment and given information on ear care and possible complications, including dizziness, nausea, tinnitus, bleeding, infection, hearing loss, perforated ear drum or not clearing the wax.

I understand and consent to the proposed treatment

Signature

Date.....

NURSE signature

Date.....