

Audiologist-Led Wax Removal Clinic, A Pilot Project

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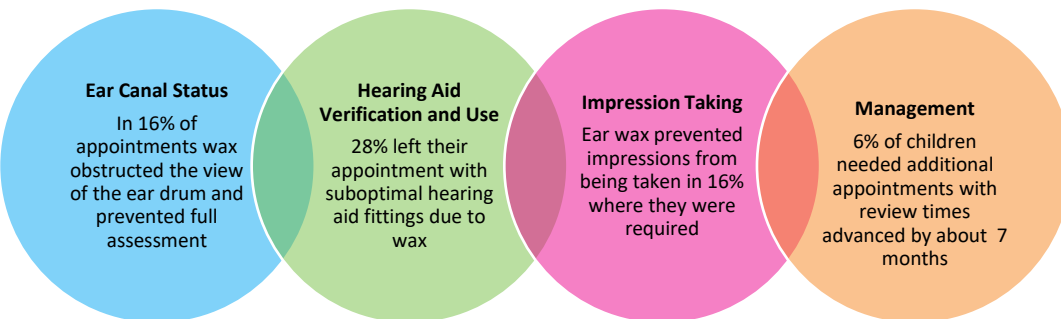
Introduction

Children seen in Paediatric Audiology who require wax removal are typically referred to Ear, Nose and Throat (ENT) specialists, leading to multiple visits for the family, underutilised audiology appointments and high ENT referral rates, creating unnecessary burden for both services and families.

The Problem

Wax has a number of implications:

1. Paediatric Audiology made an average of 211 referrals to ENT a year specifically for wax removal.
2. A review of 232 Hearing Aid Review appointments in 2021 revealed:



The Solution

An audiologist-led wax removal.

In 2022 we launched a pilot project for audiologist-led wax removal aimed at improving care quality, reduce referrals, and enhance family experiences.

The Proposal

The first step in implementation was developing a pilot proposal and associated Standard Operating Procedure (SOP) which was co-produced with the Audiology and ENT clinical teams. This was submitted to the Trusts Clinical Reference Group for review and approval.

The proposal and SOP include specific details on the following:

Scope of Practice

- Audiologists must be of AfC band 6 level and have a minimum of one-year clinical experience in paediatric audiology
- Only Audiologists who have received aural care training, assessment and sign-off from the ENT clinical team will perform the procedure
- Procedures are only on compliant patients who are assessed individually for appropriateness, with parental support and consent
- Patient presenting with the locally agreed contraindications are not eligible for audiologist-led wax removal
- If a patient falls out of scope for audiology or contraindications are present, they are referred to the ENT Clinical Nurse Specialist Clinic (CNS) per the previous pathway.

Training

- Training is overseen by an ENT Consultant and typically delivered by the ENT Clinical Nurse Specialist
- Audiologists must observe wax removal on at least five patients and then perform a minimum of five successful wax removals while under supervision
- Once deemed competent by a supervisor, audiologists receive written sign-off documented in the SOP
- All Audiologists require annual revalidation of training
- Two senior members of the team act as Audiologist Wax Specialists, leading the wax removal clinic and supporting colleagues. As part of their competency maintenance, specialists' annual revalidation is conducted by the ENT team, while all other trained audiologists are revalidated annually by the Audiologist Specialists.

Implementation

The audiologist-led wax removal clinic has been operational since June 2022. To date, nine audiologists (with some currently in training) are performing paediatric wax removal independently. In the first six months, a wax removal clinic was scheduled for a full day once a month, where patients were booked for wax removal and, if needed, were immediately scheduled for an additional audiology appointment.

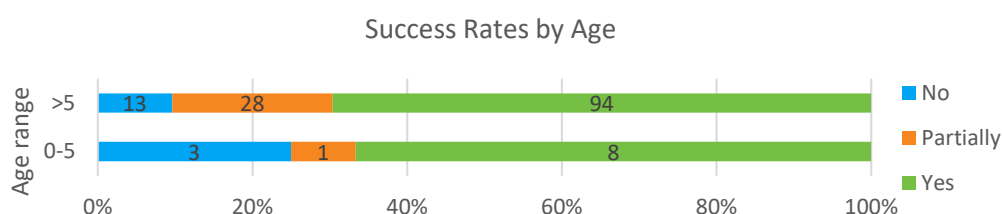
As the number of trained audiologists has increased, more wax removals are being conducted during routine audiology appointments, such as during routine hearing aid reviews, reducing the need for additional booked appointments. When wax removal is performed in a routine appointment, the audiologist uses clinical judgment to prioritize time effectively, for example, by omitting validation if it was recently performed and no change in hearing has occurred. As a result, the number of booked audiologist-led wax removal appointments has decreased to 1–2 per week.

Measure of Success

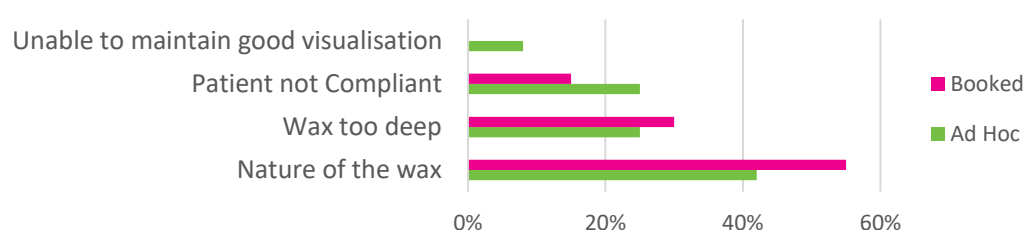
Data from June 2022 to June 2023 shows that 146 patients were seen for wax removal, of which 40 were ad hoc appointments, and 106 were pre-booked.

Success in wax removal procedures

The success rate for wax removal was 69%, with ear canals cleared of obstructive wax. An additional 20% of cases were partially successful, where wax was partly removed, but further wax management and patient advice were provided. 11% of cases required follow-up in the audiologist-led clinic or a referral to the ENT Clinical Nurse Specialist.



Factors affecting the success of audiologist-led wax removal



Despite being issued preparation advice wax that is too hard was the greatest cause of an unsuccessful wax removal appointment. This was explored further via service user feedback.

Feedback from patients and caregivers

A questionnaire assessing patient satisfaction and preparation advice quality was completed by 65 families who attended the clinic. Results showed 77% of families were satisfied with their experience. Dissatisfaction was mostly linked to unsuccessful wax removal. Although most families reported receiving preparation advice, understanding varied. Creating concise, consistent preparation guidelines is a priority to improve appointment success and patient satisfaction.

Impact on referral rates to ENT for wax removal

A primary objective of this project was to decrease the number of wax removal referrals to ENT, which was initially around 211 per year (or 2.37% of all paediatric audiology appointments). Post-implementation, the referral rate dropped to about 80 per year, or 0.9% of all attended appointments.

Period:	2021	2023
Average annual referrals to ENT for wax management	211	80
ENT wax management referral rate	2.37%	0.9%

Conclusion

This pilot project has demonstrated the success of an audiologist-led wax removal in reducing referrals to ENT, reducing wasted audiology appointments, optimised clinical outcomes and improved the patient journey.