Breaking: New Earwax Impaction Guidelines Released, World Rejoices

ALEXANDRIA, VA – YES!!!! The American-Academy of Otolaryngology-Head and Neck Surgery has dropped some serious knowledge on the world with their newly-published and much-anticipated updated guidelines on the management of cerumen (earwax) impaction!! I KNOW!! The world is absolutely giddy!!

Table 4. Summary of Guideline Action Statements.

Statement	Action	Strength
1. Primary prevention	Clinicians should explain proper ear hygiene to prevent cerumen impaction when patients have an accumulation of cerumen.	Recommendation
2A. Diagnosis of cerumen impaction	Clinicians should diagnose cerumen impaction when an accumulation of cerumen, as seen on otoscopy, (1) is associated with symptoms, (2) prevents needed assessment of the ear, or (3) both.	Recommendation
2B. Modifying factors	Clinicians should assess the patient with cerumen impaction by history and/or physical examination for factors that modify management, such as ≥1 of the following: anticoagulant therapy, immunocompromised state, diabetes mellitus, prior radiation therapy to the head and neck, ear canal stenosis, exostoses, nonintact tympanic membrane.	Recommendation
3A. Need for intervention if impacted	Clinicians should treat, or refer to another clinician who can treat, cerumen impaction when identified.	Strong recommendation
3B. Nonintervention if asymptomatic	Clinicians should not routinely treat cerumen in patients who are asymptomatic and whose ears can be adequately examined.	Recommendation
3C. Need for intervention in special populations	Clinicians should identify patients with obstructing cerumen in the ear canal who may not be able to express symptoms (young children and cognitively impaired children and adults), and they should promptly evaluate the need for intervention.	Recommendation
4. Intervention in hearing aid users	Clinicians should perform otoscopy to detect the presence of cerumen in patients with hearing aids during a health care encounter.	Recommendation
5A. Recommended interventions	Clinicians should treat, or refer to a clinician who can treat, the patient with cerumen impaction with an appropriate intervention, which may include ≥1 of the following: cerumenolytic agents, irrigation, or manual removal requiring instrumentation.	Recommendation
5B. Contraindicated intervention (ear candling/coning)	Clinicians should recommend against ear candling/coning for treating or preventing cerumen impaction.	Recommendation
6. Cerumenolytic agents	Clinicians may use cerumenolytic agents (including water or saline solution) in the management of cerumen impaction.	Option
7. Irrigation	Clinicians may use irrigation in the management of cerumen impaction.	Option
8. Manual removal	Clinicians may use manual removal requiring instrumentation in the management of cerumen impaction.	Option
9. Outcomes assessment	Clinicians should assess patients at the conclusion of in-office treatment of cerumen impaction and document the resolution of impaction. If the impaction is not resolved, the clinician should use additional treatment. If full or partial symptoms persist despite resolution of impaction, the clinician should evaluate the patient for alternative diagnoses.	Recommendation
10. Referral and coordination of care	If initial management is unsuccessful, clinicians should refer patients with persistent cerumen impaction to clinicians who have specialized equipment and training to clean and evaluate ear canals and tympanic membranes.	Recommendation
11. Secondary prevention	Clinicians may educate/counsel patients with cerumen impaction or excessive cerumen regarding control measures.	Option

Behold, the greatest guidelines to grace this Earth

"It's like when *Star Wars' Rogue One* came out, the universe was just beside itself!" said nephrologist and lifelong fan of earwax (f**k yeah!) Meredith Scott. The latest update to the beloved guidelines were in 2008. "That's nearly 10 years ago! Ohmigod, I don't think I can sleep, this is so exciting!" You bet it is, Meredith!!!!

Cerumen fanboy and cardiologist Gary Pitman agrees and why the hell wouldn't he?! "EARWAX GUIDELINES RULE!!!!" Pitman is hoping to see a lot of admissions for acute on chronic earwax, and you're not alone, Gary: WE DO TOO!!!

We don't want to play the role of spoiler, but these recs go balls out. BALLS OUT.

Here are a few we love, love, LOVE:

- *Clinicians should explain proper ear hygiene to prevent cerumen impaction* (Oh hell yeah! I'm gonna do it right now!!!)
- *Clinicians should treat… cerumen impaction when identified* (HALLELUJAH! It's too good to be true!!!!)
- *Clinicians should treat… the patient… with an appropriate intervention* (Preach, baby, PREACH!!!!")
- *Clinicians may use irrigation… may use manual removal requiring instrumentation* (Ir-ri-gation!! [Clap, clap, clap-clap-clap] Ir-ri-gation!! [Clap, clap, clap-clap-clap])

Really, the only one true downer in all of this amazingness is this one bullet point: *Clinicians should recommend against ear candling/coning.* Sigh. So sad. This is a defeat to those legions of clinician fans who absolutely adore ear candling and coning.

That being said, take a look outside: Sh*t, you'd think it just struck midnight on New Year's Day!! Nations across the planet cannot contain their unbridled joy knowing that earwax can and WILL be managed!!! American-Academy of Otolaryngology-Head and Neck Surgery FTW!!!!!!