

# American Academy of Audiology

## *Policy Position Statement on Cerumen Management/Removal*

*This statement is for public policy purposes.*

It is the position of the American Academy of Audiology that cerumen management and removal are appropriately within the audiology scope of practice based on the audiologist's level of education, supervised externship clinical experience, and comprehensive examination requirements for licensure. It is also the position of the Academy that cerumen management and removal are **not** within the scope of practice of hearing instrument specialists whose level of education is more variable with a narrow span and have only a limited examination required for licensure.

### **Audiologists: Education and Training Requirements**

Audiologists are doctoral-level professionals who undergo up to four years of rigorous postgraduate education. This includes academic education, clinical training, and a required national exam. Audiologists are qualified to (1) detect underlying medical conditions, (2) perform cerumen management, and (3) diagnose and treat tinnitus, hyperacusis, vestibular issues, auditory processing disorders, and hearing loss. Audiologists undergo extensive training, which includes cerumen management and working with hundreds of patients, before they are allowed to obtain a professional license and work independently. Cerumen removal requires extensive training in the anatomy and physiology of the ear canal, pathologies of the ear, and visual inspection of the ear canal and the tympanic membrane to differentiate cerumen impaction from pathological conditions. The procedure requires extensive experience in the use of cures, alligator forceps, irrigation equipment, and/or suctioning equipment.<sup>1, 2</sup>

### **Hearing Instrument Specialists: Education and Training Requirements**

In comparison, licensure requirements for hearing instrument specialists can vary widely between states. Most states only require a high school diploma, a period of on-the-job training alongside another hearing instrument specialist, and passage of an examination. A few states require two years of college coursework and passage of an examination. Current educational and training requirements for hearing instrument specialists do not typically include any coursework or training in cerumen removal. The scope of practice for an individual with this level of education and training should be appropriately limited to non-invasive tasks and skills associated with the fitting of a hearing aid.

<sup>1</sup> [Clinical Practice Guideline \(Update\): Earwax \(Cerumen Impaction\) - Schwartz - 2017 - Otolaryngology–Head and Neck Surgery - Wiley Online Library](#) .

<sup>2</sup> [The Human Ear Canal by Bopanna B Ballachanda](#): SBN13: 978-1-59756-413-7 .

## **Risks and Comorbidities Associated with Cerumen Removal**

Audiologists are trained to address adverse situations, treat minor issues in the clinic, or refer to a specialist immediately for further care by a qualified medical professional. Though generally safe, treatment of cerumen impaction can result in significant complications. Tympanic membrane perforation, ear canal laceration, infection of the ear, bleeding, or hearing loss occur at a rate of about 1 in 1,000 ear irrigations.<sup>3</sup> Applying this rate to the approximate number of ear irrigations performed in the United States, estimates are that 8000 complications occur annually and likely require further medical services. Other complications that have been reported include otitis externa (sometimes secondary to external auditory canal trauma), pain, dizziness, and syncope.<sup>4</sup> There are certain patients for whom cerumen removal may pose an increased level of risk. An increased level of caution is warranted when removing cerumen in patients with certain immunosuppressive illnesses (HIV, diabetes mellitus, transplant patients, etc.), chronic anticoagulation, or anatomical anomalies that narrow the canal, as they may be prone to complications from cerumen extraction procedures.

## **Conclusion**

Given the invasive nature of cerumen removal, potential complications, and increased risks associated with certain patient cohorts, the procedure should be reserved for those professionals who possess the requisite degree of relevant education and training.

Audiologists as doctorally educated providers with rigorous clinical training are qualified to provide cerumen removal and management services safely. In the interest of patient safety and well-being, cerumen removal should not be included in the scope of practice of hearing instrument specialists.

<sup>3</sup> Sharp JF, Wilson JA, Ross L, et al. Earwax removal: a survey of current practice. *BMJ*. 1990;301:1251-1253.

<sup>4</sup> McCarter DF, Courtney AU, Pollart SM. Cerumen impaction. *Am Fam Physician*. 2007;75:1523-1530.