Patient information



Ear Wax in Children

What is ear wax?

Ear wax is a natural substance produced within the ear canal which helps to keep our ears clean and healthy. It protects the delicate skin of the ear canal, contains antibacterial agents that help prevent infection and moves dead skin and dust out of the ear canal. The colour and consistency of wax varies greatly between people, from thin and yellow to thick and dark red. Some people produce lots of wax and others very little. Seeing wax coming out of your child's ears should not be a cause for concern, it means that it is moving out of the ear canal as it should. Wax production can be increased by diet or hereditary factors.

Is ear wax a problem?

For most children, ear wax is not a problem and should be left alone. If it is visible on the outside of the ear canal, simply wipe it away with the corner of a flannel or tissue. You should never try to remove wax yourself as placing anything into the ear, such as cotton buds, hair grips or paper clips, will push the wax in deeper and may result in hearing loss or injury.

How is problematic ear wax managed?

A large wax build-up or blockage of the ear canal can be uncomfortable and cause a tempory hearing loss. For most children, the use of olive oil or sodium bicarbonate ears drops will be sufficient at treating excessive wax. Both can be obtained from most local pharmacists.

Olive oil is very gentle and may soften the wax, helping to aid the ear's self-cleaning process. It can be used every day for 2-3 weeks and used once or twice weekly thereafter if required.

Sodium bicarbonate ear drops are more effective at breaking down ear wax. Refer to the product instructions but generally they can be used for 2-3 weeks at a time only. Sodium bicarbonate ear drops can sometimes cause irritation by drying out the skin that lines the ear canal. If this happens use olive oil instead.

If your child has an ear infection, eardrum perforation or grommet, then advice should be sought from a GP or an Ear, Nose and Throat Specialist before commencing any treatment.

If oilve oil or sodim bicarbonate does not sufficiently clear the wax, then other methods of removal will need to be considered. Some GP practices may offer a wax removal service, however in most cases, children will be referred to the Ear, Nose and Throat department for clearance. This is usually performed via microsuction, whereby the wax is removed from the ear using a small vacuum or by using small tools to manually capture and remove the wax.

Sources of information

https://www.ndcs.org.uk https://www.nhs.uk https://patient.info

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights

Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your audiologist or doctor.

Reference

The following clinicians have been consulted and agreed this patient information: Lisa Ireland, Paediatric Audiology Specialist Nurse Alison Hagan, Senior Paediatric Audiologist Mirela Iacob, ENT Nurse Practitioner

The Clinical Specialty/Unit that have agreed this patient information leaflet: Diagnostic, Anaesthetic and Surgery - Paediatric Audiology

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