



Removing Cerumen from the Ear Canal Consent

You and a MinuteClinic healthcare provider discussed removing cerumen (sehr-RUE-men), also called ear wax, from one or both of your ears by using a curette and/or irrigation. The purpose of this form is to give you information in writing to help you decide whether or not you want your/your child's ear wax removed using these procedures.

Please read this form carefully and ask the MinuteClinic healthcare provider to explain any words or information in this form that you do not clearly understand. When we have answered all of your questions, you may decide if you want the procedures or not. This process is called making an informed decision or "informed consent." You may also take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

CONDITION AND PROCEDURE

A MinuteClinic healthcare provider explained that I/my child have/has a condition called "cerumenosis" (sehr-RUE-men-oh-sis). Cerumenosis means there is a lot of wax inside the ear canal.

Ear wax can be removed from the canal by curettage. In this procedure, a MinuteClinic healthcare provider will place a plastic loop attached to a thin plastic handle into the ear canal and pull out the ear wax. If curettage does not work or ear wax is too hard for curettage, irrigation may be used. In this procedure, the MinuteClinic provider uses a WaterPik® with a special ear tip to spray water into the ear canal. The pressure of the water should loosen the wax so that it flows out of the ear canal.

POSSIBLE COMPLICATIONS AND SIDE EFFECTS OF EAR CURETTAGE AND IRRIGATION

Complications of ear wax removal are rare, but there are some risks and side effects that may happen with curettage or irrigation. They include:

1. **Cerumen remains** (most common complication). If the MinuteClinic healthcare provider is unable to remove the cerumen, you will be directed to see your primary care provider for further treatment.
2. **Pain**. Some people may feel mild to moderate discomfort during the procedure. This typically goes away after treatment is completed. A dull ache in the treated ear may persist for a few hours.
3. **Bleeding**. If the ear canal shows inflammation or irritation, some bleeding may occur during the procedure. It is usually slight and resolves on its own.
4. **Nausea**. Some people may develop this side effect during treatment. It is related to balance and stimulation of nerves in the inner ear. While people may develop nausea, vomiting is uncommon and the symptom fades on its own after treatment.
5. **Vertigo**. Vertigo means dizziness. People describe it as a sensation of spinning. The vagus nerve connects to the ear canal. Sometimes stimulation of this nerve can lead to vertigo. This side effect usually dissipates after treatment is done.
6. **Tinnitus**. Some people may experience ringing in their ears during treatment. This usually is minor and goes away when the procedure is done.
7. **Hearing loss**. Hearing loss is usually temporary, and returns completely after removal of the cerumen. In rare cases, the loss is permanent.
8. **Puncture of the ear drum**. Sometimes water pressure or the tip of a curette can make a hole in the ear drum. If this happens, the MinuteClinic healthcare provider will refer you to your primary care provider. Usually, a ruptured ear drum heals on its own in about two months without any treatment.
9. **Damage to the middle or inner ear**. In rare cases, water pressure from ear irrigation can disrupt middle and inner ear structures that are involved with hearing and balance.



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OTHER OPTIONS

1. **No treatment.** About a third of people with cerumenosis find that the wax goes away on its own after about 5-7 days.
2. **Over-the-counter products.** Many over-the-counter ear drops contain wax softeners. The purpose is to loosen and break up the wax. Little research has been done to determine whether these softeners work well enough by themselves. Some people reported that the ear wax softeners irritated the skin of their ear.

ACKNOWLEDGMENTS

- I acknowledge that my MinuteClinic healthcare provider has explained my medical condition and the proposed procedure. I understand the possible complications and side effects of the procedure and possible outcome.
- I acknowledge that my MinuteClinic healthcare provider has explained other relevant treatment options and any associated risks.
- I acknowledge that I was able to ask questions and raise concerns with my MinuteClinic health care provider about my condition, the procedure, possible complications and side effects, and my treatment options. My questions and concerns have been answered to my satisfaction.
- I understand that there can be no guarantee of benefit or cure from the treatment and no assurance that side effects or complications of treatment will not occur.
- I understand that ear canal curettage and/or irrigation will be performed by a licensed nurse practitioner or physician assistant who works in association with a physician.

CONSENT TO PROCEDURE(S) AND TREATMENT

Having read this form and talked to my MinuteClinic healthcare provider, I request that cerumen removal be provided to me, or to the minor named below for whom I attest that I am the child's parent, authorized representative, or legal guardian and may provide effective consent for this procedure.

This MinuteClinic provider will remove wax from my left /right /both ear(s). *(Circle in the sentence the side of the body where the procedure will be done.)*

By signing below I certify that this form has been fully explained to me, that I have read it or have had it read to me, that the blanks have been filled in, and that I understand its contents. I voluntarily give my authorization and consent for the procedure(s) and treatment described above, and assume responsibility for my decision.

Patient Name (Please Print)

Date

Patient Signature

If signed by anyone other than the patient, check the box that describes relationship to the patient:

☐ Parent ☐ Guardian ☐ Healthcare Agent

Practitioner Name (Please Print)

Date

Practitioner Signature