

# ENT LOGISTICS LIMITED MICROSUCTION CONSENT FORM



To remove ear wax / debris from your ear canals it is necessary to carry out otoscopy (visual inspection of the outer ear, canal, and ear drum) and remove it from your ear using the safest and most appropriate method. Two methods of wax removal may be used:

1. Microsuction – a system which effectively uses a vacuum to clear out any debris or wax from the ear canal. The suction unit we use was originally designed to remove fluids from the airway or respiratory support system and infectious materials from wounds and has been adapted for aural (ear) microsuction. A fine suction tube is gently inserted into the ear canal while being viewed closely through a microscope.
2. Dry Removal – (Jobson-Horne probe and/or forceps) – The Jobson-Horne probe is a thin metal instrument with a small circular loop on the end. We also use other similar curette instruments and forceps with various tips for gentle removal of wax and other debris close to the ear canal entrance.

All our staff have undertaken training in debris and wax removal and will use best-practice procedures to minimise any risk of harm. However, as with any wax removal procedure, even when performed with the utmost care, there is a small risk of damage to or infection of the skin of the ear canal or the eardrum. Furthermore, microsuction can be noisy and may cause a temporary shift in your hearing thresholds or cause / aggravate any existing tinnitus. There is also the risk of temporary dizziness or discomfort. In certain instances, olive oil or sodium bicarbonate may be used during the procedure, unless there is a known sensitivity. Finally, where it is not possible to remove the wax, you may be advised to use further treatment with olive oil or sodium bicarbonate before arranging a further visit.

Fee structure: visit + review = £70 total (cash, Visa, Mastercard accepted on day or procedure)

If you are happy with all the above and wish to proceed, please indicate consent by signing the consent statement and completing the information requested below. Consent can be withdrawn at any time.

**I consent to allow the wax removal procedure most appropriate as above. I have read the Consent Form information and understand there is a small risk involved. I am aware the procedure can be terminated at any time.**

\*\*\*SIGNATURE OF PATIENT/ PARENT// GUARDIAN / NEXT OF KIN .....

\*\*\*IF PARENT / GUARDIAN / NEXT OF KIN, STATE RELATIONSHIP TO PATIENT.....

[DATE]:

SIGNATURE OF HEALTH PROFESSIONAL OBTAINING PERMISSION (IF APPROPRIATE) .....

[DATE]:

Full Name (PRINT): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Full address: \_\_\_\_\_

GP Surgery address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_