PRACTICE TIPS
PROCEDURES IN YOUR ROOMS

The ear and hearing

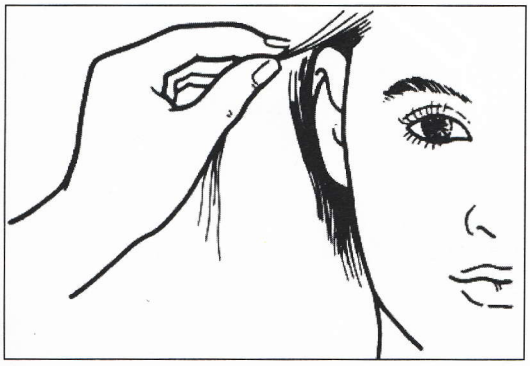


Figure 1:

Test for hearing loss in a child.

▶ A rapid test of significant hearing loss

The age of the digital watch has meant a decline in the use of the 'ticking watch' test as a rough screening procedure for hearing loss. In children and in adults with a reasonable amount of hair, an alternative method can be used.

▶▶▶ Method

1. Grasp several scalp hairs close to the external auditory canal lightly between the thumb and index finger.
2. Rub lightly together (Figure 1) to produce a relatively high-pitched 'crackling' sound.

If this sound cannot be heard, a moderate hearing loss is likely (usually about 40 dB or greater). If a hearing loss is detected, tuning fork assessment and other investigations are required.

▶ Ear wax and syringing

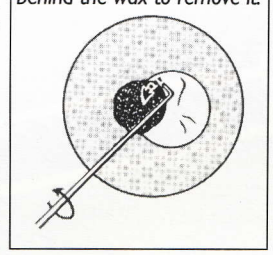
Ear syringing is a simple and common procedure, but it should be performed with caution.

▶▶▶ Contraindications

Syringing should not be performed in the acute stages of otitis media or when perforation of the tympanic membrane cannot be excluded. In these instances wax should be cleared with a hook or curette under direct vision (Figure 2).

In otitis externa, syringing may be performed to remove debris from the canal. Meticulous drying after the procedure is mandatory.

Figure 2: A hook is rotated behind the wax to remove it.



▶▶▶ Wax softeners

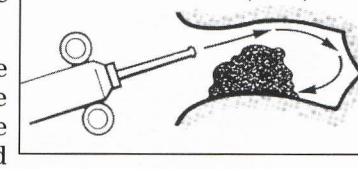
Proprietary preparations may be used as an alternative to syringing or to assist removal, but dioctyl sodium sulphosuccinate should not be used if perforation is suspected. Sodium bicarbonate (available on prescription) or olive oil drops may also be used.

▶ Ear syringing

▶▶▶ Method

The syringe should have a properly fitting nozzle and an air-tight plunger. Water at body temperature (37°C) is a satisfactory solution (vertigo, nausea and vomiting may be precipitated by excessively hot or cold fluid coming in contact with the tympanic membrane).

Figure 3: Syringing technique in which water is directed around (not at) wax.



The nozzle of the syringe should rest just inside the auditory meatus and the syringe should be angled slightly upwards (Figure 3). Water directed along the roof of the external auditory canal cascades around and behind the plug of wax. Pulling the pinna upward and slightly backward straightens the canal, and may assist partial separation of the wax plug.

▶▶▶ Method 2

This is a very effective system that provides a constant flow of water, maximum safety, and a free hand when syringing the ear. The apparatus consists of:

- a Higginson's syringe;
- a heavy metal washer (acts as a weight);
- a metal eustachian catheter; and
- additional tubing.

The washer maintains the rubber syringe in the basin of water during the ear syringing. The metal eustachian catheter provides an 'accurate' jet of water, which is aimed superiorly above the wax in the usual, recommended manner.

South African Perspective: In South Africa there are still a few 'ticking' watches. It is still a useful test. Two other tests that are commonly used are: the 'nail click test' (clicking the edges of the nails of the thumb and middle finger against each other produces a sound whose intensity can be varied – useful in hairless individuals!), and the 'whisper test' (turn your back to the patient and see if he/she can understand simple commands).

These procedures are selected from Practice Tips by Professor John Murtagh, published by McGraw-Hill Book Company, 1991.

We invite you to send in your practice tips for publication in this section. Send details of procedures that you find useful in your practice to:

The Editor, SA Family Practice, PO B ox 3172, Cramerview 2060.