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Appliance

A new aid for ear syringing

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THIS article describes an aid which enables one person to syringe an ear with the minimum spillage of water, without having to interrupt the procedure in order to empty the collecting dish and, even in the case of the very young and elderly, without the need for an assistant. It can also be used for collecting the water in the caloric test.

Ear syringing is a common procedure. Approximately 40,000 ears are syringed each week in the United Kingdom (Burgess, 1977). The usual method of ear syringing (Burgess, 1977) involves the use of either a metal ear syringe, a Higginson's syringe or a Bacon's syringe. After the water has irrigated the external meatus it is collected either in a kidney dish or in a Noot's ear tank. The successful use of the 'collecting dish' depends on the co-operation of the patient, who is required to hold the dish firmly in position against the side of the neck just below the ear. In order that the syringe can be positioned correctly, the outer edge of the dish needs to be lower than the inner. The dish requires emptying regularly because, owing to the tilting necessary for correct positioning, it can safely hold only a fraction of the water needed in the average syringing process and, even so, spillage still occurs at times. If the patient cannot perform this task, an assistant is required to hold the dish.

In order to overcome the inconveniences of the present method, we have developed a simple and effective piece of apparatus which greatly facilitates the technique of ear syringing.

Fig. 1 depicts the apparatus in use and is largely self-explanatory. The apparatus comprises a receptacle, having a drain tube connected to its base, which leads to a collecting bag. An adjustable length of elastic ribbon is attached to the receptacle. This loops over the patient's head, keeping the wall of the receptacle against the side of the head. For further protection and comfort, a foam pad is attached to the outer edge of the inner side of the receptacle. The possibility of leakage is thus minimal. As the ear fits into one recess in the receptacle (Fig. 2), and as the syringe is inserted through an opposing recess, the upper side walls of the receptacle form a shield which catches the water spraying back out of the ear. The recess on the outside of the receptacle has been designed so that when the metal syringe rests on it and slight pressure is applied downwards, the syringing nozzle is in the correct position to direct the flow of water to the postero-superior wall of the meatus.

The funnel described (Busis, 1967) for use in collecting water during the caloric test is unsuitable for ear syringing because it is too small, it is not attached firmly with a seal to the patient's head, and it has neither a filter nor a tube draining to a collecting bag. The device described for collecting the water from ear syringing can, however, be used in the caloric test.

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FIG. 1

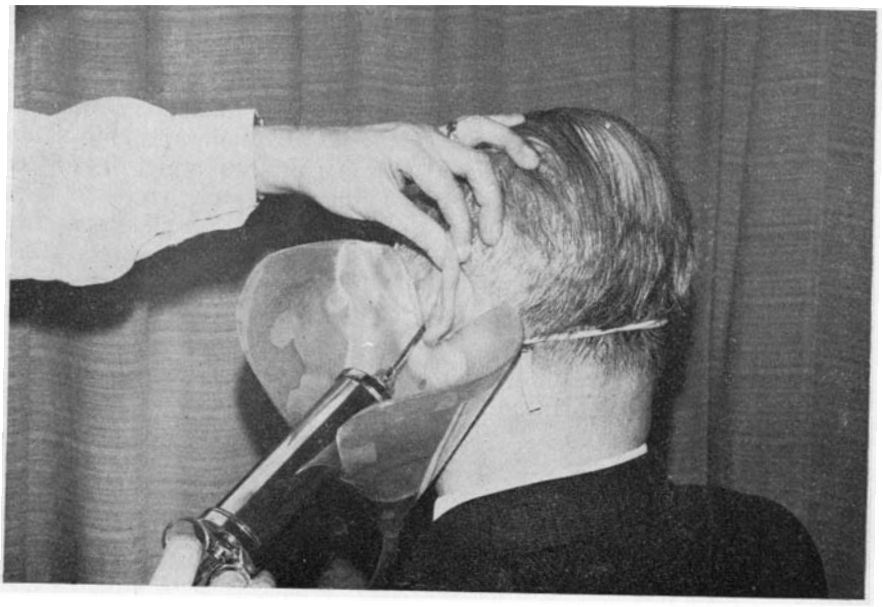


FIG. 2

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Advantages of the apparatus

The advantages of the apparatus can be summarized as follows:

(i) The patient remains dry, experiences neither inconvenience nor discomfort, and needs to take no active part in the procedure.
(ii) The examination of any foreign matter dislodged from the ear is straight forward.
(iii) The syringing is not interrupted by emptying and re-positioning the dish.
(iv) Only one nurse is required for any patient.
(v) The shape of the receptacle facilitates the correct and stable positioning of the metal syringe, reducing the danger of damage to the meatus.
(vi) This system can be manufactured simply and cheaply.
(vii) The system of continuous drainage will complement the new system of continuous syringing by an electric ear syringe.

It was found that a cheap and effective way of manufacturing the receptacle was to produce it in rigid plastic, and to include an inner semi-disposable liner. This liner, which incorporates the filter, was made of flexible plastic, and was easily replaced when it had completed its useful life. Both the rigid receptacle and the inner liner are easily cleaned in a warm antiseptic lotion, e.g. Savlon.

In conclusion, this simple apparatus has already gained favour with patients, doctors and nurses at our Clinic. It has enabled one nurse to syringe ears of young, elderly and infirm patients without spilling water over them. The initial results have been most encouraging and there seems little doubt that this will prove a worthwhile aid to ear syringing.

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