

STANDARD OPERATING PROCEDURE (SOP)	Issue date: 19/10/2018	
Trust Reference Number: C37/2019	Revision date: June 2023	
University Hospitals of Leicester 	Review date: June 2026	
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI)	Page 1 of 11	Version: 2

## Aural Packing Standard Operating Procedure UHL Ear, Nose & Throat (ENT) (LocSSIPs)

<b>Change Description</b> <input type="checkbox"/> Change in format	<b>Reason for Change</b> <input checked="" type="checkbox"/> Trust requirement
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APPROVERS	POSITION	NAME
Person Responsible for Procedure:	All Clinicians performing the procedure	Consultants, Registrars, SHO's and Advanced Nurse Practitioner (ANP)
SOP Owner:	ENT Head of Services	Javed Uddin
Sub-group Lead:	Consultant Advanced Nurse Practitioner (ANP)	Sudip Das Maria Pereira

<p>Appendices in this document:</p> <p><b>Appendix 1 : UHL Safer Surgery Checklist Sticker - Outpatients Invasive Procedure Checklist: Aural Packing</b></p> <p><b>Appendix 2 : Patient Information leaflet for Aural Packing</b> Available at:  <a href="http://leicestershospitals.nhs.uk">Outer ear infection (otitis externa) (leicestershospitals.nhs.uk)</a></p>
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<p>Introduction and Background:</p> <p>Aural Packing such as pope ear wick insertion is a common practice for treatment for severe otitis externa in outpatient setting. In severe otitis externa, the external auditory meatus is closed off by mucosal oedema and an ear wick is inserted, to aid delivery of topical antibiotic treatment to the ear. This is recommended by NICE guidelines (CKS) for initial management of acute diffuse otitis externa. Both NICE and National Safety Standards for Invasive Procedures recommend that ear wick requires specialist referral for insertion. A wick can be inserted into the ear canal and topical antibiotics applied to the wick for 24-48 hr. The wick can be removed after <b>2-3 days</b>, at which time the oedema of the ear canal usually is markedly improved, and the ear canal and TM are better seen. Sometimes, a BIPP pack or ribbon gauze is also used if an aural polyp is removed or if there is drainage of an abscess or furuncle.</p>
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**Authors:** Maria Pereira, Javed Uddin, Sudip Das

**Approved by:** MSS Quality & Safety Meeting & Safe Surgery Board June 2023

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#### List management and scheduling:

Patients with severe otitis externa are commonly referred from the Emergency Department or from community by local GP surgeries or urgent care centres to the ENT department via the referral pathway. Patients will then be seen on the day or booked in the ENT emergency outpatient clinic within 7 days. When procedures such as aural polypectomy or drainage of abscess are done in clinic, the ear canal is packed as part of the procedure. The patient is then given a follow up appointment to have this removed in clinic in 2-3 days' time or as per the clinicians'/ANP's decision.

Information required for booking patients onto the ENT emergency outpatient clinic includes patient's name, date of birth, NHS number or local hospital number, their contact telephone number. In addition, patient's symptoms, the side of ear affected and the treatment that patient has received so far needs to be taken. This information is commonly placed onto the ENT emergency clinic list which is on the ENT shared hard drive. All personnel within the ENT department have access to this hard drive.

For any reason if there is a need of change of appointment time from the ENT department, the admin team will contact patient to inform them of the changes. If a patient misses their appointment, the patient is rescheduled to come back to clinic by the admin team either by telephone or by letter.

#### Patient preparation:

The patient does not require any fasting or hydration arrangements prior to attending the clinic. The clinician/ANP will obtain patient history and perform an examination. An ear swab may be taken for microbiological assessment as pre-procedural investigation. The indication and procedure of ear wick insertion, ribbon gauze or BIPP insertion will be explained to the patient and a verbal consent will also be taken at the time. Patients will be warned about the pain and given advice on appropriate analgesia to use post procedure.

Appropriate PPE is used by the clinician/ANP before carrying out the procedure. In order to prevent transmission of infection, the ear speculum used for the procedure is discarded. The clinician/ANP performing the procedure should wash hands prior to and after the procedure.

#### Workforce – staffing requirements:

The procedure requires qualified doctor/SHO/ANP that has received teaching on insertion of ear wick and are deemed competent to perform the procedure.

Ideally a health care assistant should be present to assist with the procedure, however due to lack of staffing this is often not possible.

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The ENT induction teaching occurs every 4 months when junior doctor rotates. It lasts two and half day and focus on the theoretical and practical aspect of ENT surgery.

The ANP's are qualified and have undergone an extensive competency training and National Diploma in Aural Care. Regular teaching and update sessions with CBD are conducted with consultants to provide quality assurance of practice.

If there are any concerns, the clinician/ANP must escalate this to the Registrar on call and ask for further input/support.

Ward checklist, and ward to procedure room handover:

Not Applicable.

Procedural Verification of Site Marking:

As it is a procedure carried out in outpatient clinic and patient is awake during the procedure, site marking is therefore not necessary.

Team Safety Briefing:

Most of the time, the procedure is carried out by only the clinician or ANP in the room. If there is an assistant available, the main operator will brief them on the procedure to be carried out.

Sign In:

Patient's details are checked and the site of the pack insertion is determined. Verbal consent is obtained.

Time Out:

This is combined with the Sign In as per above

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**Performing the procedure:**

Patient should be sitting in a chair with good head support or lying on an adjustable couch that can be height adjusted and angled as required for good access.  
Microscope, large ear speculum and crocodile forceps are necessary for performing the procedure.

**Monitoring:**

Patient does not require any special monitoring during the procedure. If the patient is in a lot of pain post procedure, adequate analgesia should be administered prior to sending patient home.

**Prosthesis verification:**

Not Applicable.

**Prevention of retained Foreign Objects:**

An Ear wick is intentionally left in the external auditory canal to assist the delivering of topical medication. Similarly, if inserting packs/BIPP, this is to aid healing and prevent bleeding. The procedure should be appropriately documented in the notes provided with the date, time, side and the name of performing clinician/ANP both in the patient's notes and the checklist.

After the procedure, patient will be booked back into the emergency clinic in the next 2 to 3-days time for removal of the pack. The patient is also given a written card that tells them that there is a pack in situ and that this would need removal. The date, time and location of where this will be removed are also documented. Sometimes, it may be necessary to re-pack after removing the previous pack and the patient is made aware of this.

**Radiography:**

Not Applicable.

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**Sign Out:**

Ensure patient is aware that the pack is to be removed and details of follow up are provided prior to discharge. Number of packs inserted must be documented in the notes and the safety check list. Correct labelling of any samples, if taken, must be confirmed.

**Handover:**

The patient's notes should be available to the doctor/ANP that will see the patient for the removal of ear pack to ensure all packs in situ are removed at follow up.

**Team Debrief:**

Any issues noted (e.g. equipment malfunction, need for replenishment of supplies) should be escalated to the practitioner in charge of the clinical area for rectification. If there are any concerns that require reporting, this should be done through the trust DATIX reporting system.

**Post-procedural aftercare:**

After the insertion of the wick, antibiotic ear drops should be administered straight away to reduce pain, swelling and discomfort. Patients are given a prescription of ear drops to be used to treat their ear infection.

The patients with packs such as ribbon gauze and BIPP will not need ear drops.

We do advise patients to keep their ear dry and avoid water contamination to ensure healing occurs.

Patients are also explained how this can be done.

As previously mentioned, appropriate analgesia is administered and advised to be taken at home.

**Discharge:**

Patients are booked into a follow up clinic and given the date and time for this. They are also provided with a card that indicates when the pack would be removed and a contact number if the patient has any further problems.

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#### Governance and Audit:

Safety incident includes when patient is discharged from the clinic without a follow up appointment to remove the ear wick. If this happens it should be reported on Datix.  
The procedure should be for review, investigation, dissemination, and learning from incidents after a Datix is submitted  
This can be audited once every year.  
[To submit monthly Safe Surgery Audit and WHOBARS assessment as Per Safe Surgery Quality Assurance & Accreditation programme.](#)

#### Training:

The ENT induction teaching occurs every 4 months when junior doctor rotates. It lasts two and half day and focus on the theoretical and practical aspect of ENT surgery.  
The ANP's are qualified and have undergone an extensive competency training and National Diploma in Aural Care. Regular teaching and update sessions with CBD are conducted with consultants to provide quality assurance of practice.

#### Documentation:

The procedure should be appropriately documented in the notes provided with the date, time, indication, procedure side and the name of performing clinician/ANP. A procedure checklist sticker is also completed as per the Safe Surgery guidelines.

#### References to other standards, alerts and procedures:

National Safety Standards for Invasive Procedures, NHS England 2015  
<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

National Institute for Health and Care Excellence, Clinical Knowledge Summaries, Otitis Externa, Scenario: Acute diffuse otitis externa (initial management) <http://cks.nice.org.uk/otitis-externa#!scenario>

UHL Consent to Treatment or Examination Policy A16/2002  
UHL Delegated Consent Policy B10/2013  
Surgical Swabs, Instruments, Needles and Accountable Items UHL Policy B35/2007

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Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](https://www.gmc-uk.org)  
 COVID and PPE: [UHL PPE for Transmission Based Precautions - A Visual Guide](#)  
 COVID and PPE: [UHL PPE for Aerosol Generating Procedures \(AGPs\) - A Visual Guide](#)

END

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**Appendix 1: UHL Safer Surgery Checklist Sticker - Outpatients Invasive Procedure Checklist: Aural Packing**

<p><b>Patient ID Label</b> <i>or write name and number</i></p> <p>Hospital No.: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>D.O.B.: _____ Sex: _____</p> <p>Telephone No. 1: _____</p> <p>Telephone No. 2: _____</p>	  																				
<h2 style="margin: 0;">Outpatients Invasive Procedure Checklist</h2> <h3 style="margin: 0; background-color: #663399; color: white; padding: 5px;">Aural Packing</h3>																					
<p>Operator: _____ Chaperone/Assistant: _____</p> <p>Allergies: _____</p> <p>Verbal consent taken:    Yes <input type="checkbox"/>      Patient identity confirmed:    Yes <input type="checkbox"/></p>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"><b>Findings:</b></td> </tr> <tr> <td style="width: 50%; padding: 5px;">Left Ear</td> <td style="width: 50%; padding: 5px;">Right Ear</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Procedure performed:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Pope wick inserted?</td> <td style="padding: 5px;">Yes <input type="checkbox"/>    No <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Number of packs inserted</td> <td style="padding: 5px;"><input style="width: 50px;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Any specimens taken?</td> <td style="padding: 5px;">Yes <input type="checkbox"/>    No <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Specimens labelled correctly</td> <td style="padding: 5px;">Yes <input type="checkbox"/>    <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Post-procedure card given to patient?</td> <td style="padding: 5px;">Yes <input type="checkbox"/>    No <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Follow-up appointment given</td> <td style="padding: 5px;">Yes <input type="checkbox"/>    No <input type="checkbox"/></td> </tr> </table>		<b>Findings:</b>		Left Ear	Right Ear	Procedure performed:		_____		Pope wick inserted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of packs inserted	<input style="width: 50px;" type="text"/>	Any specimens taken?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specimens labelled correctly	Yes <input type="checkbox"/> <input type="checkbox"/>	Post-procedure card given to patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Follow-up appointment given	Yes <input type="checkbox"/> No <input type="checkbox"/>
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<p>Date: _____ Signed: _____</p> <p style="text-align: right; font-size: small;">52314067XR</p>																					

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**Appendix 2: Patient Information leaflet for Aural Packing** Available at:[Outer ear infection \(otitis externa\) \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk)

*Caring at its best*

  
**University Hospitals of Leicester**  
 NHS Trust

## Outer ear infection (otitis externa)

**Department of Ear, Nose and Throat**

Information for Patients

Produced: Jun 2023  
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 Leaflet number: 1413 Version: 1

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**What is otitis externa?**

It is the swelling of the skin around the outer ear canal, which is the tube between the outer ear and the eardrum. This is a common condition often seen by the GP. This condition normally settles down and rarely causes illness that lasts for a long time.

**What are the symptoms?**

The most common symptom is earache. The pain can be bad enough to affect your sleep and eating.

Some other symptoms aside from earache are

- itchiness,
- fluid or pus leak from the ear,
- temporary hearing loss,
- and sometimes dizziness or ringing in the ear.

**How do you get an outer ear infection?**

These are some of the reasons why people get outer ear infection:

- Scratch or skin damage in the ear canal
- Skin conditions affecting the ear such as eczema, psoriasis and dermatitis.
- Getting your ears repeatedly wet as it increases the risk of getting an infection.


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**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
 or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
 To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

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## What causes an outer ear infection?

In general, bacterial bugs cause this infection. You can also get this from other sources such as

- yeast infection,
- irritation or even allergic conditions.

## How is it treated?

Your GP normally start you on pain killers and tells you to avoid scratching your ear.

Ear infection can settle down on its own even without treatment but this may take weeks.

Antibiotic ear drops are usually given to clear up the infection. Sometimes antibiotics to be taken by mouth may also be prescribed if the infection is more serious.

An ear swab may also be taken to check which type of bugs are causing the infection.

If the infection is more serious you may need to be seen by an Ear, Nose and Throat (ENT) doctor.

- The ENT doctor can clear up the discharges from your ear by suctioning.
- Sometimes they can insert a small sponge called 'pope wick' inside the ear. This holds the ear drops. This makes the treatment work better. The pope wick will need to be taken out in about 3 days, which means you need to come back to the clinic for a follow-up.

## How do you stop this from happening?

Do not put objects such as cotton buds inside your ear and scratch the insides with your fingers . These cause the skin lining in the ear to break. This, makes it more likely to get an infection.

An ear plug may help to keep the water from getting in if you are a regular swimmer. Keep your ears dry after a shower or bath. Also make sure soaps or shampoos are not left inside the ear.

## Are there any complications?

Outer ear infection normally settles down on its own with or without treatment. Sometimes your doctor might ask you to stay in the hospital for antibiotics through the vein if it is bad. Sometimes you may need surgery to help ease the problem.


A condition called necrotising otitis externa happens although this is not common. This is when the infection spreads from the skin to the underlying bone. This condition is dangerous and needs quick treatment with antibiotics.

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## More information

For more details, please go to <https://www.entuk.org/>

## Contact details:

Ear, Nose and Throat (ENT) Department, Leicester Royal Infirmary switchboard: 0300 303 1573.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો  
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਸਾਢੇ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)



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RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit [www.leicestersresearch.nhs.uk/patient-and-public-involvement](http://www.leicestersresearch.nhs.uk/patient-and-public-involvement)

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