- If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.
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### CONTINU ED

### Technical issues with the Recording?

- Clear browser cache using these instructions
- Switch to another browser
- Use a hardwired Internet connection
- Restart your computer/device

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- Call 800-753-2160 (M-F, 8 AM-8 PM ET)
- Email <u>customerservice@AudiologyOnline.com</u>



# Managing the "Earie" Canal

Cerumen Removal Part 1

Rita R. Chaiken, AuD

continued

### Learning Outcomes

After this course, participants will be able to:

- Describe pertinent features of outer ear anatomy and physiology.
- Describe characteristics of cerumen.
- Name at least three contraindications to performing certain cerumen management methods.



Yikes!



continued

This training is usually didactic and experiential







# The goal is for you routinely remove cerumen

- Perform basic cerumen management techniques
- Improve and expand current services

How we will reach our goal

Prof.
Issues

Methods

Physical Setup

Basics



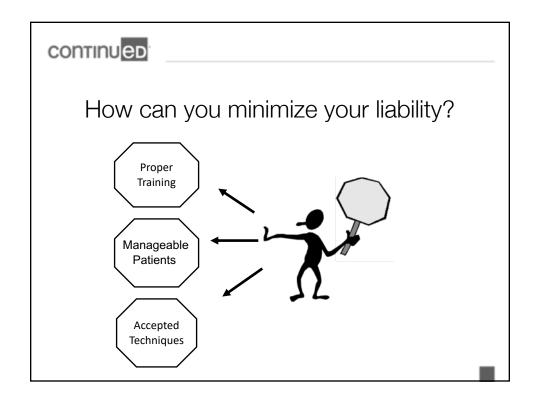
### Why Should Must Audiologists Perform Cerumen Management?

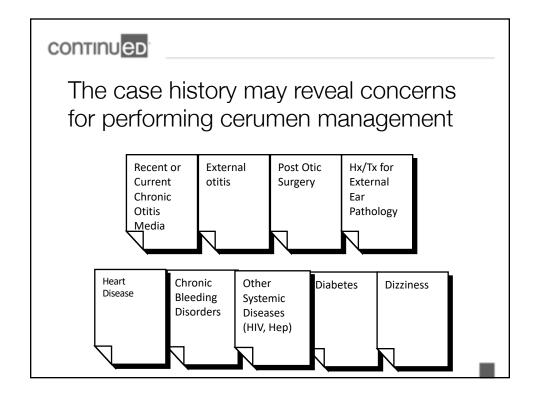
continued

### **WARNING:**

 The Primary Danger of a Foreign Object in the Ear Lies in its Careless Removal!!









# A patient's medications can lead you to their health conditions

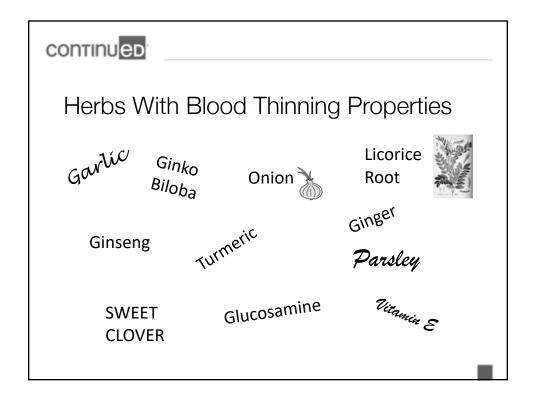
- Anticoagulants/Antiplatelets
- Thrombolytic meds.
- Prescription ear drops, creams etc.
- Steroids, chemotherapy meds.
- Herbal supplements/vitamins

Audiology Today, vol 20, No 5, September –October 2008 pg 60

<a href="https://www.audiology.org/sites/default/files/audiologytoday/2008ATSeptOct.pdf">https://www.audiology.org/sites/default/files/audiologytoday/2008ATSeptOct.pdf</a>

Adverse drug reactions go to CNS Side Effects section: <a href="http://www.rxlist.com/">http://www.rxlist.com/</a>

For drug-drug interactions go to: <a href="http://www.drugs.com/drug">http://www.rxlist.com/</a>

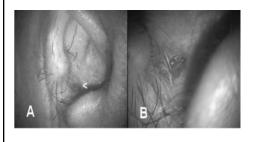


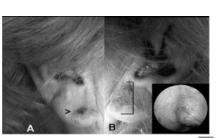


# Thorough otoscopy must precede cerumen management

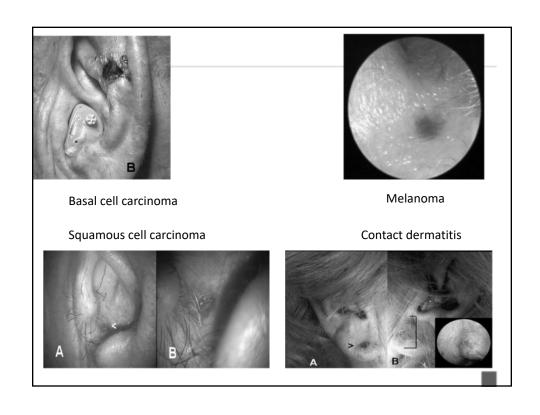


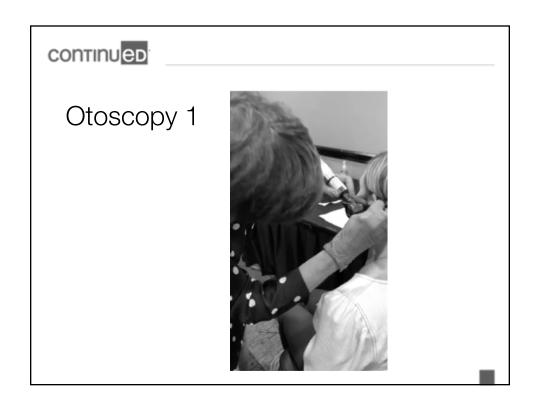
- 1. Squamous cell carcinoma
- 2. Contact dermatitis
- 3. Basal cell carcinoma
- 4. Melanoma



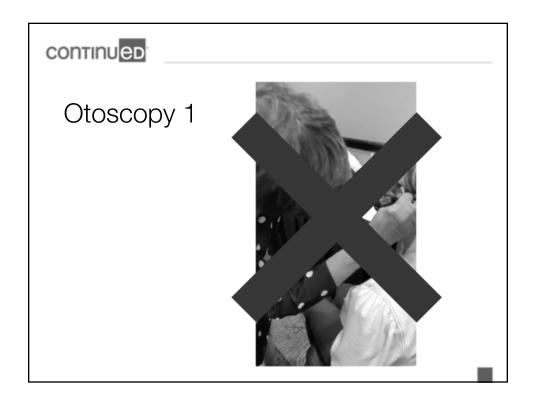
























### External Ear Canal

- 25 mm long/9mm high7 mm wide
- Osseous- 2mm thick
- Cartilaginous- .5-1mm thick
- Isthmus
- Fissures of Santorini Parotid gland
- Antero-inferior wall approximately 6mm longer
- Superior & anterior walls less sensitive
- Inferior & posterior walls more discomfort





## The external ear is vulnerable to abrasions and sensitive to touch

Cranial Nerves V, VII, IX, X

Arnold's (Vagul) Reflex (VII, IX, X)
Inferior and posterior walls
Auricular branch of the vagus nerve

continued

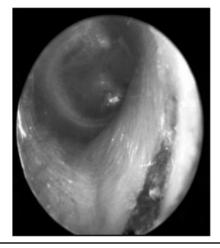
# The external ear is susceptible to bleeding

- External carotid artery
- Superficial temporal & posterior auricular veins which connect to the jugular vein



### CONTINUED

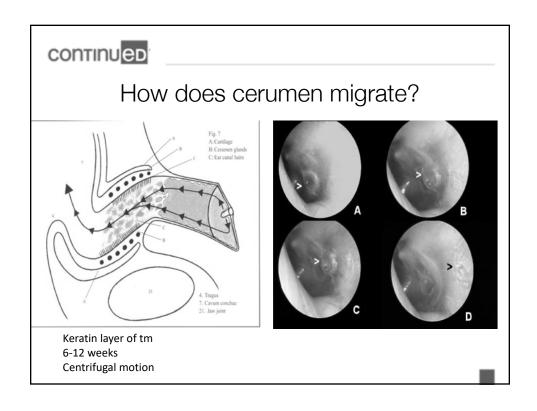
# The external canal is a dark, moist environment

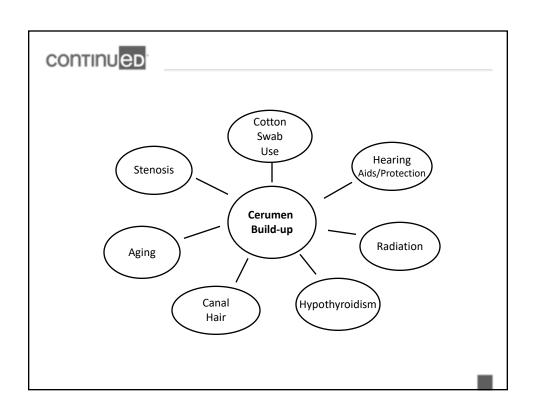


- 1000-2000 glands
- Prone to infection
- Covered by epithelium

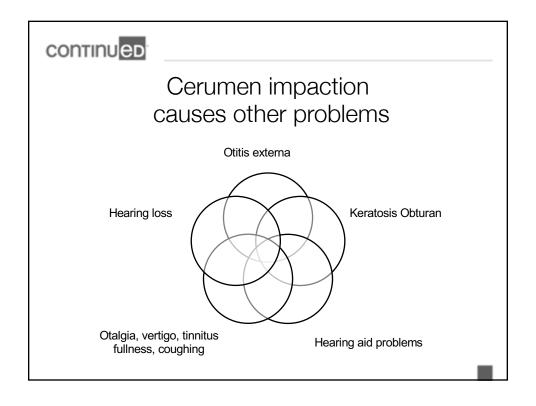
# What are Ceruminous Glands? Hologrine glands Modified apocrine glands

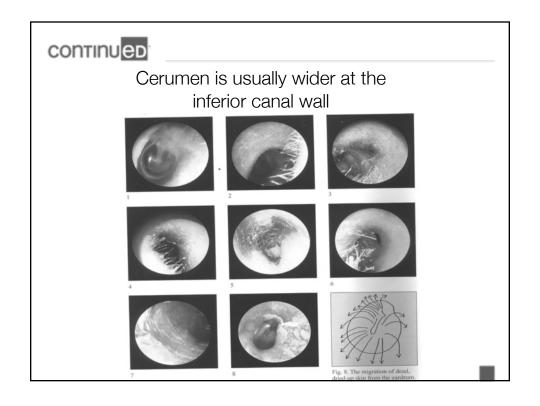




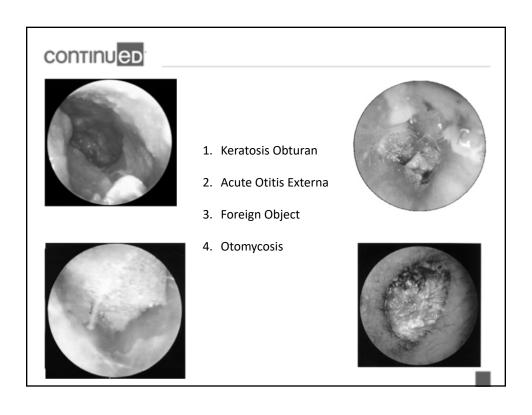


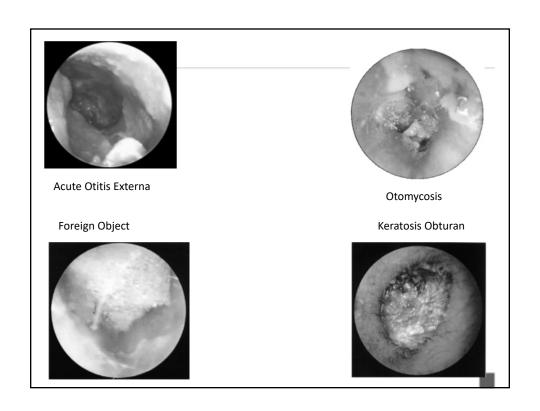




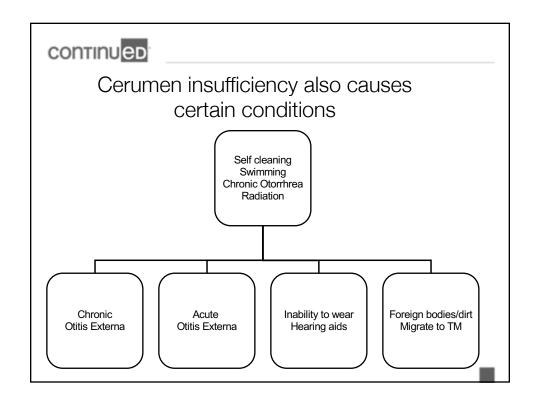


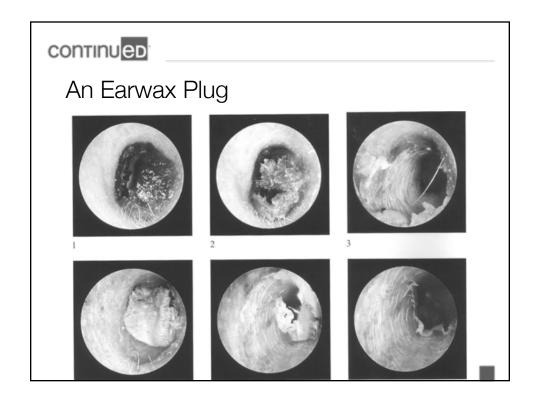




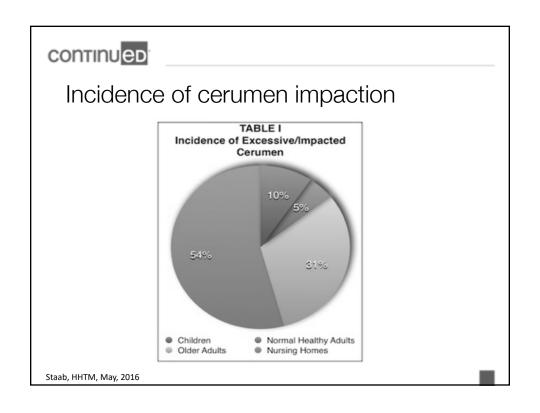


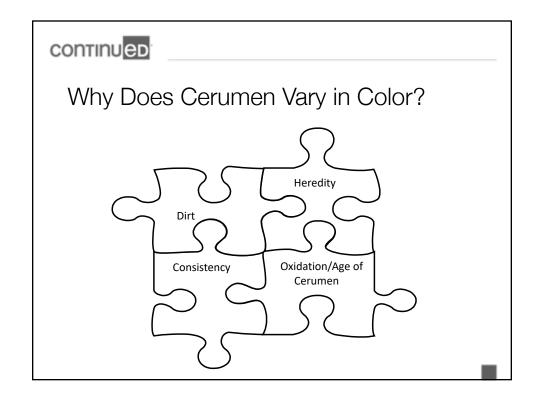




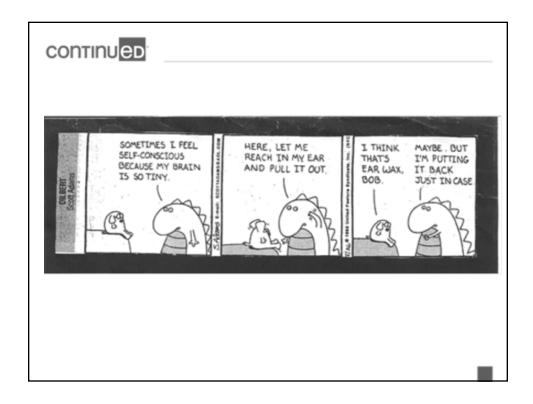














### Questions?

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