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Still having issues?

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

continued[®]

Managing the Earie Canal

Tools for Cerumen Removal

Rita Chaiken, AuD

continued[®]

Lighting and Magnification

continued[®]

continued

Use the largest size speculum for the patient's ear canal



continued

Proper Protocol for CM with Otoscope



Hold otoscope in the non-dominant hand

continued

continued

Video Oscopes



Med Rx

continued

Video Otoscopy Procedures



continued

continued

VO and Suction



continued

The operating microscope is ideal lighting/magnification for treatment



Lens system converges the view of both eyes
Through a common lens.



Seiler Microscope

continued

Otomicroscope Tips

- Sit at eye/ear level
- Turn light on and adjust brightness
- Look thru binocular lens and focus
- Adjust binocular lens' pupillary distance- if double vision
- Move scope forwards or backwards for clarity
- Use fine focus to control depth perception field of vision

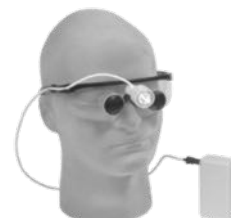
Head loupes light, magnify, are hands free and portable.



Available in 340mm (13.4"), 400mm (15.7"), 500mm (19.7") working distances.



Available in 340mm (13.4"), 400mm (15.7"), 500mm (19.7") working distances.



Seiler



Vorotek

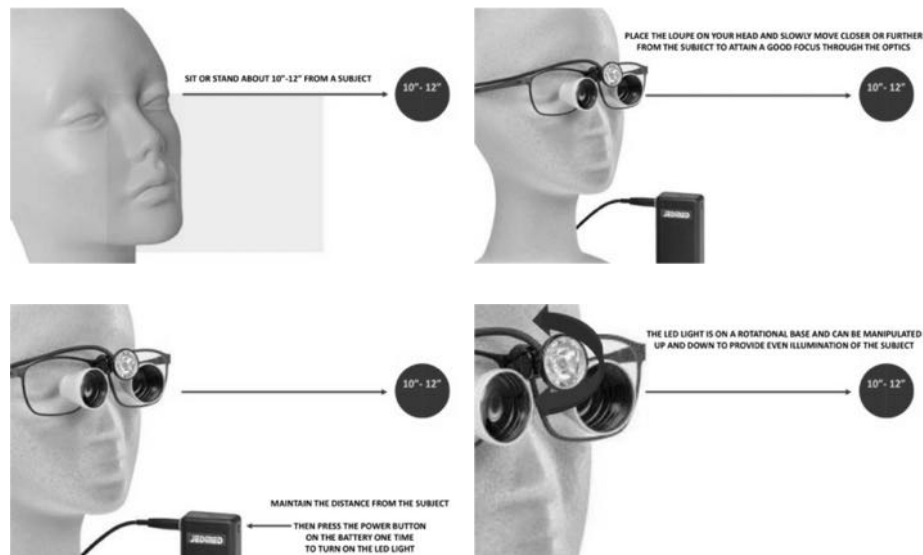


JedMed



How do you set the loupe/head worn microscope?

- Tighten band behind head and/or on top
- Focus on object 10-12" away
- Move forwards or backwards for image clarity – distance between you and patient's ear
- If double vision set pupillary distance (PD) laterally until one image viewed
- Turn lamp on
- Turn light off when not using

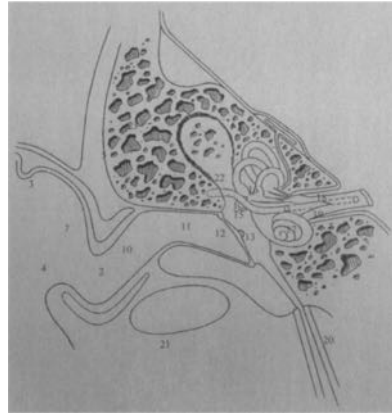


Head Worn Microscope

- May need to adjust PD
- May need to adjust distance to patient
- May need to adjust patient's head angle
- Lens system converges the view of both eyes through a common lens – converged optics



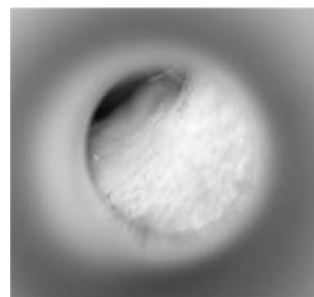
Using the Loupe or Microscope



Source:
Jean Courtois: Cerumen und Fremdkörper im Gehörgang

Manipulate the ear

For a first overview
without speculum, ...



... it focuses the view
to a small area.

continued

Manipulating the head

Move the head of the patient to aid with view:



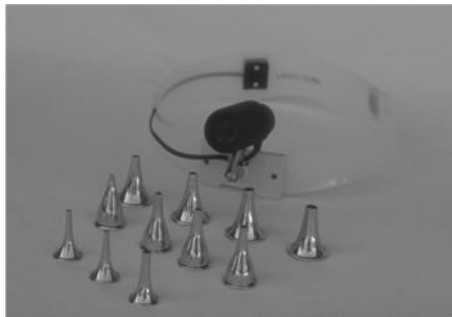
Tilt head to compensate for rise,



turn head to compensate for bend

continued

Use the largest size speculum insertable in ear



continued

continued

Using the metal/plastic speculum

Without speculum...



With speculum...



continued

Headlight – has no magnification



continued

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continued[®]

Clinician Seating



continued[®]

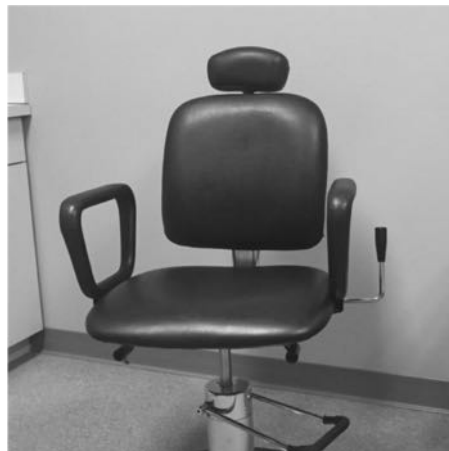
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Patient Seating



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Patient Seating



continued[®]

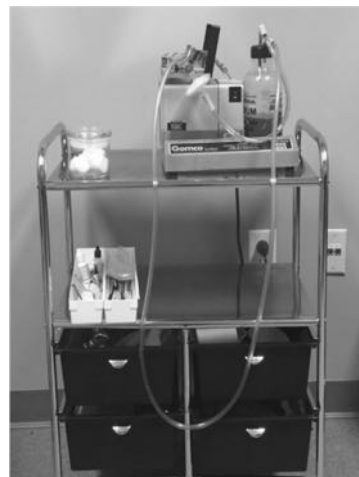
continued

Equipment/Instrument Storage



continued

Storage



continued

continued

Storage



continued

Ear Drops/Softening Agents

- 6.5% carbamide peroxide & glycerine
- Docusate sodium
- Miracell
- Oils
- Bicarbonate soda



continued

continued

Infection Control

continued

Hand Washing

- Single most important method in reducing the spread of disease!
- Use hospital grade antibacterial soap and water immediately before and after each patient
- Rub vigorously for 20 seconds – friction is most important
- Use no rinse hand degermers if necessary

continued

continued

Wear Gloves

“...during procedures...where hands are likely with potentially infectious material including cerumen” to become contaminated

continued

Gloves



continued

continued

What's wrong?



continued



continued

continued

Managing CM Instruments

Clean

Disinfect

Sterilize

continued

When to Clean, Disinfect or Sterilize

- Clean – always
- Disinfect – items that do not touch blood or other infectious substances (e.g. earmolds, headphones, specula, work areas, toys...)
- Sterilize – items that may contain blood or mucus (curettes ,probe tips, specula...)

continued

continued

Sterilization

- Autoclave – heat under pressure
- Cold sterilization
 - 2% gluteraldehyde for 10 hours (Wavicide)
 - 7.5% hydrogen peroxide for 6 hours (Sporox)

continued

See you next time!!

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