HEALTH BASICS

Ear wax

Ear wax is a natural material that protects and cleans the ear canal.

WHAT IT IS
Protective wax made in the outer ear canal

WHERE IT COMES UP
Ear blockage, hearing checks, and hearing-aid care

WHY IT MATTERS
Can protect the canal or block sound when impacted

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Pharmacist, primary care clinician, audiologist, or ear specialist

HOW IT IS CHECKED
Ear canal examination with an otoscope

Overview

Ear wax, also called cerumen, is a normal substance made in the outer part of your ear canal. It is not a disease. A healthy ear usually makes and clears wax without help.

Ear wax traps dust and small particles. It also helps keep the ear canal from becoming too dry and may limit the growth of some germs.

Wax can be soft, flaky, sticky, light yellow, orange, brown, or almost black. Its colour and texture are affected by age, genetics, and how long it has been in the ear. Dark wax alone does not mean that you have an infection.

Ear wax becomes a health issue when it builds up enough to cause a problem or stops a clinician from examining the ear. This is called cerumen impaction , meaning firmly collected or obstructing wax.

How it works

The ear canal is the short passage between the outside of your ear and your eardrum. Glands and skin in the outer part of this passage produce the oils and other material that form ear wax.

The skin of the ear canal slowly moves outward. Talking and chewing also move the jaw beside the canal. Together, these actions help carry old wax and trapped material toward the ear opening, where it dries or falls away.

This self-cleaning process does not work equally well for everyone. Wax may collect more easily when:

Water can sometimes make a wax plug expand, causing a blocked feeling after swimming or showering. However, a blocked ear after water exposure can also have other causes, including an outer ear infection.

- Your ear canals are narrow, curved, or unusually hairy
- You naturally make firm or dry wax
- Age-related skin changes make wax drier
- Hearing aids, earbuds, or earplugs limit its outward movement
- Cotton buds or other objects push it deeper into the canal

Why it matters for your health

Normal ear wax should usually be left alone. Removing it when it is not causing a problem may irritate the canal and remove its protective coating.

Impacted wax can reduce the movement of sound through the ear canal. This may cause temporary conductive hearing loss , which means that sound is being physically blocked before it reaches the inner ear.

Impacted wax may also be associated with a blocked or full feeling, ringing or buzzing, itching, discomfort, or sometimes coughing. These effects are not specific to wax. Ear infections, eardrum problems, sudden inner-ear hearing loss, and other conditions can feel similar.

Wax can affect hearing-aid performance by blocking sound openings or damaging parts of the device. It can also interfere with a hearing test.

Sometimes wax needs to be removed even when it is not bothering you. For example, a clinician may need a clear view of your eardrum to investigate pain, hearing changes, infection, or another ear problem.

What can go wrong

Cerumen impaction is the main condition related to ear wax. It means wax is causing an effect,

such as hearing difficulty, or is preventing a needed ear examination.

Trying to remove wax with cotton buds, hairpins, keys, or similar objects can push it farther inward. These objects can scratch the canal, cause bleeding, or damage the eardrum.

A damaged ear canal can develop otitis externa , an infection or inflammation of the outer ear canal. Pain, tenderness when the outer ear is moved, swelling, or discharge may suggest this rather than simple wax blockage.

Home irrigation can also cause injury or infection if it is done with too much pressure or when the eardrum is not intact. Extra care is needed if you have an eardrum hole, ventilation tube, previous ear surgery, diabetes, reduced immunity, or medicines that increase bleeding. A clinician can help decide which removal method is appropriate.

Ear candles are not a safe wax-removal method. They can cause burns, leave candle material in the canal, or damage the eardrum. There is no reliable evidence that they draw wax out.

Do not assume that a sudden hearing change is caused by wax.

Arrange urgent, same-day assessment for sudden hearing loss in one or both ears, especially if it developed over hours or a few days. You should also seek prompt care for severe ear pain, bleeding, pus-like discharge, marked swelling, fever with worsening ear problems, or significant dizziness.

Seek emergency help if a sudden hearing change occurs with facial drooping, arm or leg weakness, trouble speaking, confusion, or another possible sign of a stroke. A button battery in an ear also needs emergency removal because it can quickly injure tissue.

A gradual blocked feeling without severe pain or other urgent features can usually be discussed through routine pharmacy or primary care services.

What you can do

If wax is not causing a problem and no clinician needs to examine the canal, there may be nothing you need to do. Clean only the visible outer ear with a soft cloth.

Do not put cotton buds or other objects into the canal. Avoid ear candles and devices that claim to vacuum wax from the ear.

For a mild, gradual blockage, ask a pharmacist whether a wax-softening product is suitable. Products may contain oil, saline, bicarbonate, or other ingredients. Follow the instructions supplied with the product rather than improvising a dose or treatment length.

Before using drops or flushing the ear, tell the pharmacist or clinician if you have:

Stop using a product and seek advice if it causes significant pain, irritation, or worsening

problems.

A trained clinician may remove impacted wax using irrigation, microsuction, or small instruments while looking into the canal. Irrigation uses controlled water flow. Microsuction uses a small suction device. Manual removal uses instruments such as a loop or curette. The choice is based on your ear anatomy, medical history, the wax, and the equipment and training available.

If you use hearing aids, follow the manufacturer's cleaning instructions and check wax guards or filters regularly. Keep a note of repeated blockages, which ear is affected, and what treatment helped. This information can guide routine follow-up.

Arrange a routine appointment if blockage or hearing difficulty continues after appropriate self-care, keeps returning, or affects hearing-aid use. An examination can confirm whether wax is present rather than assuming it is the cause.

- A known or possible hole in the eardrum
- A current or previous ventilation tube
- Previous surgery involving that ear
- Pain, discharge, bleeding, or signs of infection
- Diabetes, reduced immunity, or increased bleeding risk

Common questions

Do ears need regular professional cleaning?

Most do not. Ear canals normally clean themselves. Regular removal may be useful for some people with repeated impaction, but this should be based on their individual history rather than a fixed schedule.

Is dark or smelly wax abnormal?

Dark wax is often older wax and can be normal. A strong new smell accompanied by pain, wet discharge, swelling, or fever deserves medical assessment because infection or another condition may be present.

Can ear wax cause permanent hearing loss?

Wax blockage usually causes temporary conductive hearing loss, and hearing often improves when the obstruction is safely removed. Hearing that does not improve needs assessment for another cause.

Can I use olive oil?

Some wax-softening products contain olive oil, but products and instructions differ. Ask a pharmacist whether a product is suitable, particularly if you have had an eardrum hole, ear tubes, surgery, pain, or discharge.

Why did my ear feel more blocked after drops?

Liquid may temporarily soften and expand a plug before it breaks up or is removed. Persistent blockage, pain, or reduced hearing should be assessed rather than treated repeatedly without an examination.

Can a clinician see wax without a scan?

Usually, yes. An otoscope is a lighted instrument used to look into the ear canal. Imaging scans are not normally needed to identify ordinary ear wax.

Sources

- National Institute for Health and Care Excellence. Hearing loss in adults: assessment and management (NG98) , recommendations on earwax investigation and removal
- NHS. Earwax build-up , patient guidance on self-care and when to seek help
- Schwartz SR, Magit AE, Rosenfeld RM, et al. Clinical Practice Guideline (Update): Earwax (Cerumen Impaction) . Otolaryngology-Head and Neck Surgery . 2017;156(1 Suppl):S1-S29
- Horton GA, Simpson MTW, Beyea MM, Beyea JA. Cerumen Management: An Updated Clinical Review and Evidence-Based Approach for Primary Care Physicians . Journal of Primary Care & Community Health . 2020;11
- US Food and Drug Administration. Don't Get Burned: Stay Away From Ear Candles , safety information about ear-candling injuries