Ear, Nose and Throat Specialist Clinics at Western Health:

Western Health provides the following specialist clinics for patients who require assessment and management of conditions by an Ear, Nose and Throat Surgeon. Patients will be triaged into one of these clinics for management according to their clinical needs:

1. **Ear, Nose and Throat clinic**: for patients requiring consultation and management related to standard, complex and advanced ENT conditions and procedures.
2. **Head and Neck clinic**: for patient requiring consultation and management related to suspected or diagnosed malignant neoplasm of the head and neck.

Conditions not seen by the Western Health ENT service:

- Referrals for patients with **mumps or patients with HIV** with bilateral symptoms should be directed to an infectious disease service.
- Referrals for patients with **Sjogren's syndrome** should be directed to a rheumatology service.
- Referrals for patients with hyperthyroidism should be directed to an endocrinology service.
- Referrals for **oesophageal dysphagia** should be directed to a gastroenterology service provided by the health service.
- Referrals for other forms of **obstructive sleep apnoea** (without nasal obstruction and/or macroglossia) should be directed to a multidisciplinary sleep clinic or respiratory service.
- Referrals for **Chronic or episodic vertigo** and vertigo with other neurological symptoms should be directed to a neurology service.

When a referral to ENT service is not appropriate

The following common Ear, Nose and Throat conditions, in the absence of alarm symptoms, are <u>not</u> seen by Ear, Nose and Throat specialists at Western Health:

- **Hearing Loss** - Symmetrical gradual onset hearing loss ; Symmetrical age-related hearing loss.
- **Tinnitus** - patients with a normal audiogram.
- **Discharging ear**- Waxy ear discharge
- **Recurring Tonsillitis** - If the patient is not willing to have surgical treatment or Halitosis without other symptoms.
- **Rhinosinusitis** - Patients with headaches who have a normal CT scan which has been performed when the patient has symptoms or patients who have not had three months of intranasal steroid and nasal lavage treatment.
- **Thyroid mass** - Non-bacterial thyroiditis or uniform, enlarged gland suggestive of thyroiditis without other symptoms.

Conditions that require direct referral to an Emergency Department:

These conditions are captured under the URGENT category and specifically advise direction to an Emergency Department.

Access & Referral Priority Ear Nose and Throat Specialist Clinics:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT **Appointment timeframe within 30 days**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**

Acute Nasal Fracture - Immediately contact the ENT registrar to arrange an urgent ENT assessment for
• Acute nasal fracture with septal haematoma
• A new injury where the nose is bent, there is a compound fracture or epistaxis that fails to settle.
 	
Bilateral or asymmetrical hearing loss - Direct to Emergency Department for an ENT assessment and commencement of treatment
• Sudden onset hearing loss in the absence of clear aetiology
• Sudden hearing loss due to trauma or vascular event
• Sudden, profound hearing loss.
 	
Discharging Ear - Immediately contact the ENT registrar to arrange an urgent ENT assessment for
• Ear discharge with moderate to severe persistent ear pain, persistent headache, cranial nerve neuropathy or facial palsy
• Malignant otitis externa
• Suspected skull base osteomyelitis
• Cellulitis of the pinna
• Suspected mastoiditis
• Osteitis ear.
 	
Dysphagia – Direct to Emergency Department
• Sudden onset of inability to swallow
• Inability to swallow
• Swallowing problems accompanied by difficulty in breathing or stridor
• Difficulty in swallowing caused by a foreign body or solid food.
	Bilateral or asymmetrical hearing loss
	• Asymmetrical hearing loss with significant impact on the patient
	• Sensorineural hearing loss confirmed by diagnostic audiology assessment
	• Symmetrical hearing loss caused by ototoxic medicine(s).
	
	Discharging Ear
	• Non-painful discharging ear for longer than two weeks that fails to settle with treatment.
	• Otorrhea clear discharge
	• Cholesteatoma.
	
	Dysphagia
	Oropharyngeal or throat dysphagia with either:
	• hoarseness
	  ○ progressive weight loss
	  ○ history of smoking
	  ○ excessive alcohol intake.
	• Progressively worsening oropharyngeal or throat dysphagia
	• Inability to swallow with drooling or pooling of saliva.
	
	Hoarse Voice (Dysphonia)
	• Persistent hoarseness, or change in voice quality, which fails to resolve in four weeks
	• Recurrent episodes of hoarseness, or altered voice, in patients with no other risk factors for malignancy.

URGENT

Appointment timeframe within 30 days

Hoarse Voice (Dysphonia)
- Hoarse voice associated with difficulty in breathing or stridor
- Hoarse voice associated with acute neck or laryngeal trauma.

Neck Mass or Lumps - Direct to Emergency Department for an ENT assessment
- Sudden or new mass or lump associated with difficulty in breathing or swallowing
- Sialadenitis with difficulty in breathing
- Ludwig's angina.

Neck Mass or Lumps - contact the ENT registrar to arrange an urgent ENT assessment for
- Acute inflammatory neck mass with redness, pain or increased swelling.

Obstructive sleep apnoea - Immediately contact the ENT registrar to arrange an urgent ENT assessment for
- Rapid progression of obstructive sleep apnoea.

Recurrent tonsillitis - Direct to Emergency Department
- Abscess or haematoma (e.g. peritonsillar abscess or quinsy)
- Acute tonsillitis with:
  - difficulty in breathing
  - unable to tolerate oral intake
  - uncontrolled fever.
- Post-operative tonsillar haemorrhage.

Rhinosinusitis
- Complicated sinus disease with:
  - orbital and / or neurological signs
  - severe systemic symptoms
  - periorbital oedema or erthyema
  - altered visual acuity, diplopia, or reduced eye movement.

Salivary gland disorder or mass - Direct to Emergency Department
- Salivary abscess associated with:
  - swelling in the neck
  - difficulty in breathing.

ROUTINE

Appointment timeframe greater than 30 days, depending on clinical need.

Neck Mass or Lumps
- Confirmed head and neck malignancy
- New suspicious solid mass, or cystic neck lumps, present for more than four weeks
- New suspicious solid mass, or cystic neck lumps, in patents with a previous head / neck malignancy
- Sialadenitis.

Obstructive sleep apnoea
- Nasal obstruction
- Macroglossia.

Recurrent tonsillitis
- Chronic or recurrent infection with fever or malaise and decreased oral intake and any of the following:
- four or more episodes in the last 12 months
- six or more episodes in the last 24 months
- tonsillar concretions with halitosis
- absent from work or studies for four or more weeks in a year.
- Suspicious unilateral tonsillar solid mass with or without ear pain.

Rhinosinusitis
- New and persistent unilateral nasal obstruction present for more than four weeks
- Rhinosinusitis that has not responded to three months of intranasal steroid and nasal lavage treatment.

Salivary gland disorder or mass
- Confirmed or suspected tumour or solid mass in the salivary gland
- Symptomatic salivary stones with recurrent symptoms unresponsive to treatment.

Thyroid mass
- Suspected or confirmed malignancy
- Compressive symptoms:
  - changing voice
  - difficulty in breathing
  - dysphagia
  - suspicious dominant nodules or compressive neck nodes.
- Generalised thyroid enlargement without compressive symptoms

URGENT **Appointment timeframe within 30 days**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
Salivary gland disorder or mass - contact the ENT registrar to arrange an urgent ENT assessment for • Acute salivary gland inflammation unresponsive to treatment • Sialadenitis in immunocompromised patients, or facial nerve palsy. **Thyroid mass - Direct to Emergency Department** • Thyroid mass with difficulty in breathing or with bleeding from the nodule. **Vertigo (ENT) - Direct to Emergency Department** • Sudden onset debilitating vertigo where the patient is unsteady on their feet or unable to walk without assistance • Barotrauma with sudden onset vertigo, or symptoms suggestive of stroke or transient ischaemic attacks.	• Recurrent thyroid cysts • An increase in the size of previously identified benign thyroid lumps > 1cm in diameter. **Tinnitus** • Recent onset of unilateral tinnitus • Pulsatile tinnitus present for more than six months. **Vertigo (ENT)** • Vertigo that has not responded to vestibular physiotherapy treatment.

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
Bilateral or asymmetrical hearing loss	• Description of hearing loss or change in hearing. • Impact on activities of daily living.	• Results of diagnostic audiology assessment.
Discharging ear	• History of treatment and timeline of interventions • History of smoking. • Excessive alcohol intake.	• Microscopy, culture and sensitivity (MCS) ear swab.

Dysphagia	• History of symptoms over time.
	• Oropharyngeal or throat dysphagia with history of any/either:
	  ○ hoarseness
	  ○ progressive weight loss
	  ○ history of smoking
	  ○ excessive alcohol intake.	

Hoarse voice (dysphonia)	• Duration of symptoms
	• If patient is a professional voice user.
	• Include information on the following:
	  ○ History of smoking.
	  ○ Excessive alcohol intake.
	  ○ Recent intubation.
	  ○ Recent cardiac or thyroid surgery.	

Neck mass / lumps in adults	• Include information on the following: • History of smoking. • Excessive alcohol intake.	• CT scan of neck, with contrast where appropriate (preferred) or ultrasound. • Full blood count. • Fine needle aspiration biopsy

Condition:	Key Information Points:	Clinical Investigations:
Obstructive sleep apnoea (adult)	• History of symptoms over time and burden of symptoms, sleep quality (especially the story from partner), waking during the night and level of tiredness (including Epworth Sleepiness Scale). • Patient's weight. • If the patient is taking an antidepressant medicine.	• Recent polysomnography results.
Recurrent tonsillitis (adult)	• History of tonsillitis episodes and response to treatment. • If the patient is taking anticoagulant, or any other medicine that may reduce coagulation, or if there is a family history of coagulation disorder.	
Rhinosinusitis (chronic)	• Presence of epistaxis. • Details of previous medical management including the course of treatment (e.g. intranasal steroid, nasal lavage or antibiotics) and outcome of treatment.	• CT paranasal sinuses – please provide images, films or CD disc and report • Nasal Swab M/C/S
Salivary gland disorder / mass	• History of symptoms. • Location of site(s) of mass. • History of skin cancers removed. • History of smoking.	• Ultrasound results. • CT scan results.

Thyroid mass	• Details about associated symptoms:
	  ○ changing voice
	  ○ difficulty in breathing
	  ○ dysphagia
	  ○ suspicious dominant nodules or compressive neck nodes
		• Ultrasound with, or without, fine needle aspiration results.
		• Thyroid stimulating hormone (TSH) and free thyroxine (T4) results.

Condition:	Key Information Points:	Clinical Investigations:
Tinnitus		• Results of diagnostic audiology assessment.
Vertigo	• Onset duration and frequency of vertigo. **Description of the following:** • Functional impact of vertigo. • Any associated otological or neurological symptoms. • Any previous diagnosis of vertigo (attach correspondence). • Any treatments (medication or other) previously tried, duration of trial and effect. • Any previous investigations or imaging results. • Hearing or balance symptoms. • Past history of middle ear disease or surgery. **History of any of the following:** • Cardiovascular problems. • Neck problems. • Neurological. • Auto immune conditions. • Eye problems. • Previous head injury.	• Results of diagnostic vestibular physiotherapy assessment or Epley manoeuvre. • Results of diagnostic audiology assessment.