



Ear, Nose & Throat Services

Description of Services	<p>Specialist medical consultation for adults and children</p> <p>Conditions/Symptoms seen include: Head and Neck Carcinoma Tonsillar Disease Snoring/Sleep apnoea Ear Infections Hearing Loss Nasal Disease Laryngeal/Pharyngeal Disease</p> <p>Conditions/Symptoms not seen include: Cosmetic Rhinoplasty Sudden Sensorineural Hearing Loss – refer immediately to RVEEH Emergency Department Adult Chronic sensorineural hearing loss (excluding sudden hearing loss) – confirm with formal audiogram and refer to RVEEH Simple snoring – refer privately Tinnitus – refer to Tinnitus Association of Victoria</p>		
How to Refer	<p>GP Referral Form (GPRF or VSRF) faxed to a named Consultant</p> <p>Fax: 9495 3510</p> <p>Tel: 9495 3443 (referral enquiries only)</p> <p>VSRF is an embedded template in later versions of these applications: Medical Director Best Practice Zed Med Genie</p> <p>The GP Referral Form can be downloaded as a paper copy www.gpv.org.au/resources/40</p>		
Consultants	<p>Medicare Bulk Billed Ms Deborah Amott Mr Damien Phillips Mr Caroline Ryan (Paediatric only) Mr Michael Wilson Ms Anita Yuen</p>		
Required Clinical Information and Investigations	<p>Referral must include:</p> <ul style="list-style-type: none"> Reason for referral Working diagnosis Medical History – current and relevant past Current medications Relevant Investigations and pathology – please include reports and histology Current management of condition and response to this <p>The following conditions require specific referral information to facilitate accurate triage</p> <table border="0"> <tr> <td data-bbox="579 1686 986 1966"> <p>Referral Reason/working diagnosis</p> <p>Head and Neck Carcinoma (suspected/confirmed)</p> <p>Recurrent tonsillitis</p> </td><td data-bbox="1018 1686 1469 1966"> <p>Minimum Mandatory Investigations/Work up to facilitate accurate triage</p> <p>CT Neck and Chest – needs to have been arranged at time of referral</p> <p>Referral needs to demonstrate that patient meets the criteria for specialist intervention as indicated below</p> </td></tr> </table>	<p>Referral Reason/working diagnosis</p> <p>Head and Neck Carcinoma (suspected/confirmed)</p> <p>Recurrent tonsillitis</p>	<p>Minimum Mandatory Investigations/Work up to facilitate accurate triage</p> <p>CT Neck and Chest – needs to have been arranged at time of referral</p> <p>Referral needs to demonstrate that patient meets the criteria for specialist intervention as indicated below</p>
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	<p>≥6 episodes of acute tonsillitis in 12mths 5/year for two years running.</p> <p>3-4 episodes each year for 3-4yrs. (Above all modified by severity/impact on ADLs.)</p> <p>Referral should include comments re: severity/frequency of snoring, presence of apnoeas, mood change/tiredness during the day, school performance. Size of tonsils should also be mentioned.</p> <p>Sleep study not needed for children</p>
<p>Childhood sleep disordered breathing</p>	
<p>Recurring Quinsy <i>Please note - acute quinsy needing medical attention should be directed to an ED with ENT service available</i></p>	<p>Referral needs to demonstrate that patient meets the criteria for specialist intervention as indicated below</p>
<p>Acute unilateral swelling/mass</p>	<p>two or more quinsies or single quinsy with associated recurrent tonsillitis Referral should include comments re: smoking, alcohol intake and skin cancer history. Also, if young (<40), night sweats, tiredness, weight loss.</p>
<p>Chronic sore throat (greater than 6 months)</p>	<p>Referral should include comments re: size of tonsils, presence/absence of acute infections, reflux symptoms, smoking, fluid intake.</p>
<p>Snoring/Sleep Apnoea</p>	<p>Referral must include: BMI retrognathia tonsil size</p> <p>Referral should include comments:</p> <ul style="list-style-type: none"> • nasal obstruction/septal deviation • snoring • witnessed apnoeas • daytime somnolence • co-morbidities like diabetes, hypertension, cardiac or respiratory disease. • Sleep study desirable not mandatory however confirmed severe OSA will result in a more urgent triage category
<p>Hearing loss (Adults)</p>	<p>Audiogram with tympanometry</p> <p>Adult referrals for hearing loss without an attached audiogram will be automatically declined.</p>
<p>Hearing Loss (Children)</p>	<p>Audiogram with tympanometry preferred but not essential</p>
<p>Ear infections (recurrent or not responding to treatment)</p>	<p>Audiogram with tympanometry – Referral must include results of examination:</p> <ul style="list-style-type: none"> • Ear canal: inflammation, infected debris. • TM – intact vs. perforation, bulging, inflamed. • Middle ear: effusion, acute infection. • CT Temporal Bones if adult middle ear

	<p>infection or infected perforation. (Imaging usually not indicated in paediatric ear cases).</p> <p>If concerned re Cholesteatoma or mastoiditis a CT scan will assist in triaging urgency of appt</p> <p>If concerned re Cholesteatoma or mastoiditis a CT scan will assist in triaging urgency of appt</p> <p>Acute mastoiditis should be referred to E.D.</p> <p>Nasal disease (Rhinitis/Sinusitis)</p> <p>FBE IgE IgG and subclasses</p> <p><i>Patients should only be referred after minimum of 6 weeks of G.P. management</i> <i>See ENT guidelines for suggested G.P. Management</i></p> <p>RAST: Animal dander Dust mite Pollen mix Fungus/mould</p> <p>CT Sinuses after 6-8 weeks of G.P. management</p> <p>Laryngeal/pharyngeal disease</p> <p>Barium Swallow if any obstructive features or concern for malignancy.</p> <p>Referral should include comments re smoking status and pack year history. Patients without these details will be triaged as non urgent unless other concerning features are specifically mentioned.</p> <p>Referral should also include comments re: reflux symptoms, fluid intake, vocal load.</p>
Clinical Contacts	<p>*Please note that The Northern Health Emergency Department does not have an Ear Nose and Throat Service and alternative arrangements should be sought in emergency situations *</p> <p>Non urgent enquiries – Nurse Liaison 8405 8837</p>
Wait Times	Extended waitlist for non-urgent patients