

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 obstructive sleep apnoea with nasal obstruction or macroglossia should be directed to Oral & Maxillofacial Surgery. Referrals for other forms of **obstructive sleep apnoea** should be directed to respiratory service.
- Referrals for **Chronic or episodic vertigo** and vertigo with other neurological symptoms should be directed to a neurology service.

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

- **Hearing Loss** - Symmetrical gradual onset hearing loss; Symmetrical age-related hearing loss. Normal audiogram.
- **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** - with 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- refer to condition specific guidelines below.
- **Thyroid mass** - Non-bacterial thyroiditis or uniform, enlarged gland suggestive of thyroiditis without other symptoms or obstruction.
- **Nasal Fracture** – where the nose is not bent, or there is no new deformity or obstruction
- **Septal deviation** – without nasal obstruction
- **Rhinitis** – allergic or vasomotor rhinitis
- **Post nasal drip** with intermittent nasal obstruction
- **Cosmetic surgery** other than those meeting the specific indications outlined in [Aesthetic procedures and indications for surgery in Victorian public health services](#)

ENT Alarm Symptoms:

Any patient presenting with the following should present directly to an **emergency department**:

- **Acute nasal fracture** with septal haematoma or epistaxis that fails to settle. A new injury where the nose is bent, there is a compound fracture or epistaxis that fails to settle.
- **Sensorineural hearing loss:** That is sudden in nature with and demonstrated on audiogram
- **Hoarse Voice (Dysphonia)** Hoarse voice associated with difficulty in breathing or stridor OR Hoarse voice associated with acute neck or laryngeal trauma.
- **Dysphagia** with sudden onset of inability to swallow, swallowing problems accompanied by difficulty in breathing or stridor, inability to swallow with drooling or pooling of saliva. OR difficulty in swallowing caused by a foreign body or solid food.
- **Neck Mass or Lumps:** sudden or new mass or lump associated with difficulty in breathing or swallowing, sialadenitis with difficulty in breathing AND/OR Ludwig's angina.
- **Tonsillitis** associated with:
 - Abscess or haematoma (e.g. peritonsillar abscess or quinsy)
 - 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 erythema
 - Altered visual acuity, diplopia, or reduced eye movement.
- **Salivary gland disorder or mass:** salivary abscess associated with swelling in the neck and difficulty in breathing.
- **Thyroid mass** with difficulty in breathing or with bleeding from the nodule.
- **Vertigo (ENT)** - sudden onset debilitating vertigo where the patient is unsteady on their feet or unable to walk without assistance OR barotrauma with sudden onset vertigo, or symptoms suggestive of stroke or transient ischaemic attacks.

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.
Ear Discharging Ear <ul style="list-style-type: none"> • 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 	Ear Discharging Ear <ul style="list-style-type: none"> • Non-painful discharging ear for longer than two weeks that fails to settle with treatment • Otorrhea clear discharge • Cholesteatoma. Bilateral or asymmetrical hearing loss <ul style="list-style-type: none"> • 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) • With the presence of an abnormal audiogram Tinnitus <ul style="list-style-type: none"> • Recent onset of unilateral tinnitus • Pulsatile tinnitus present for more than six months Vertigo (ENT) <ul style="list-style-type: none"> • Episodic severe vertigo that has not responded to vestibular physiotherapy treatment. public or private • Vertigo associated with hearing loss
Mouth Salivary gland disorder or mass <ul style="list-style-type: none"> • Confirmed or suspected tumour or solid mass in the salivary gland confirmed with fine needle aspirate biopsy • Acute salivary gland inflammation unresponsive to treatment • Sialadenitis in immunocompromised patients, or facial nerve palsy. 	
Neck <ul style="list-style-type: none"> • Neck Mass or Lumps • Acute inflammatory neck mass with redness, pain or increased swelling. • Malignancy confirmed via fine needle aspirate biopsy 	Neck <ul style="list-style-type: none"> • Neck Mass or Lumps • 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.

URGENT <ul style="list-style-type: none"> Appointment timeframe within 30 days 	ROUTINE <ul style="list-style-type: none"> Appointment timeframe greater than 30 days, depending on clinical need.
Thyroid <ul style="list-style-type: none"> Thyroid mass Malignancy confirmed via fine needle aspirate biopsy 	Thyroid <ul style="list-style-type: none"> Thyroid mass Compressive symptoms Changing voice Dysphagia Suspicious dominant nodules or compressive neck nodes. Generalised thyroid enlargement without compressive symptoms Recurrent thyroid cysts An increase in the size of previously identified benign thyroid lumps > 1cm in diameter.
Throat <ul style="list-style-type: none"> Tonsil Mass: Suspicious unilateral tonsillar solid mass with or without ear pain. Confirmed with fine needle aspiration biopsy Obstructive sleep apnoea Rapid progression of obstructive sleep apnoea 	Throat <ul style="list-style-type: none"> Tonsillitis Chronic or recurrent infection with fever or malaise and decreased oral intake and any of the following: <ul style="list-style-type: none"> 4 or more episodes in the last 12 months 6 or more episodes in the last 24 months tonsillar concretions with halitosis absent from work/studies for 4 or more weeks in a year. Obstructive sleep apnoea <ul style="list-style-type: none"> With nasal obstruction or macroglossia Hoarse Voice (Dysphonia) <ul style="list-style-type: none"> 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. Dysphagia <ul style="list-style-type: none"> Oropharyngeal or throat dysphagia with either: <ul style="list-style-type: none"> Hoarseness progressive weight loss history of smoking excessive alcohol intake. Progressively worsening oropharyngeal or throat dysphagia

Western Health Specialist Clinics Access & Referral Guidelines

URGENT

Appointment timeframe within 30 days

ROUTINE

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

Nose

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.

Non- Acute Nasal Deformity/Obstruction

- Wishing to be advised on surgical options

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	<ul style="list-style-type: none"> Clinical history including Description of hearing loss or change in hearing and examination findings Impact on activities of daily living. 	<ul style="list-style-type: none"> results of diagnostic audiology assessment.
Discharging ear	<ul style="list-style-type: none"> Clinical history and examination findings Details of treatment trialed to date and response Smoking and alcohol history 	<ul style="list-style-type: none"> Microscopy, culture and sensitivity (MCS) ear swab.
Dysphagia	<ul style="list-style-type: none"> Clinical history including details of hoarseness Weight history Smoking and alcohol history 	<ul style="list-style-type: none"> Report of contrast swallow or barium swallow
Hoarse voice (dysphonia)	<ul style="list-style-type: none"> Clinical history outlining duration and possible triggers e.g. intubation, cardiac or thyroid surgery. If patient is a professional voice user. Include information on the following: <ul style="list-style-type: none"> History of smoking. Excessive alcohol intake. Recent intubation. Recent cardiac or thyroid surgery. 	<ul style="list-style-type: none"> CT scan of larynx
Neck mass / lumps in adults	<ul style="list-style-type: none"> Include information on the following: Smoking and alcohol history 	<ul style="list-style-type: none"> CT scan of neck, with contrast where appropriate (preferred) or ultrasound if available Full blood count. Fine needle aspiration biopsy
Recurrent tonsillitis (adult)	<ul style="list-style-type: none"> History of tonsillitis episodes and response to treatment. Details of impact on attendance at work or school/studies Medication list esp anticoagulants, or any other medicine that may impact coagulation including supplements or naturopathic preparations Details of any family history of coagulation/bleeding disorder. 	

Western Health Specialist Clinics Access & Referral Guidelines

	<ul style="list-style-type: none"> • Confirmation of patients interest in surgical treatment 	
Rhinosinusitis (chronic)	<ul style="list-style-type: none"> • Clinical history including if presence of epistaxis. – Details of medical management and response • Confirmation of patients interest in surgical treatment <p>Need to trial 3 months of medical management prior to referral. Consider short course of oral steroids unless contraindicated</p> <ul style="list-style-type: none"> • Refer to health pathways: https://melbourne.communityhealthpathways.org/54674.htm 	<ul style="list-style-type: none"> • CT paranasal sinuses provide report and details of radiology imaging provider. • Nasal Swab M/C/S • Evidence of 3 month trial of medical management
Salivary gland disorder / mass	<ul style="list-style-type: none"> • Clinical history and examination findings • Details of any past skin cancer removals or treatment. • smoking history. 	<ul style="list-style-type: none"> • Ultrasound results. • CT scan results.
Thyroid mass	<ul style="list-style-type: none"> • Clinical history and examination findings including details of: <ul style="list-style-type: none"> – changing voice – difficulty in breathing – dysphagia – suspicious dominant nodules or compressive neck nodes 	<ul style="list-style-type: none"> • Ultrasound with, or without, fine needle aspiration results. • Thyroid stimulating hormone (TSH) and free thyroxine (T4) if TSH abnormal.
Tinnitus	<ul style="list-style-type: none"> • Onset, duration and frequency of tinnitus 	<ul style="list-style-type: none"> • Results of audiology assessment • MRI report if completed
Vertigo	<ul style="list-style-type: none"> • Clinical history and examination findings including Onset duration and frequency of vertigo. • Impact on function including work capacity • Any associated otological or neurological symptoms. • Any previous diagnosis of vertigo (attach correspondence). • Treatments trialled including duration & effect (medication or other) <p>Past medical history including- Details of middle ear disease or surgery</p> <ul style="list-style-type: none"> – Cardiovascular problems. 	<ul style="list-style-type: none"> • Results of diagnostic vestibular physiotherapy assessment or Epley manoeuvre. • Results of diagnostic audiology assessment • Results of any previous investigations or imaging results if available.

Western Health Specialist Clinics Access & Referral Guidelines

	<ul style="list-style-type: none">- Neck problems.- Neurological.- Auto immune conditions.- Eye problems.- Previous head injury.	
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