



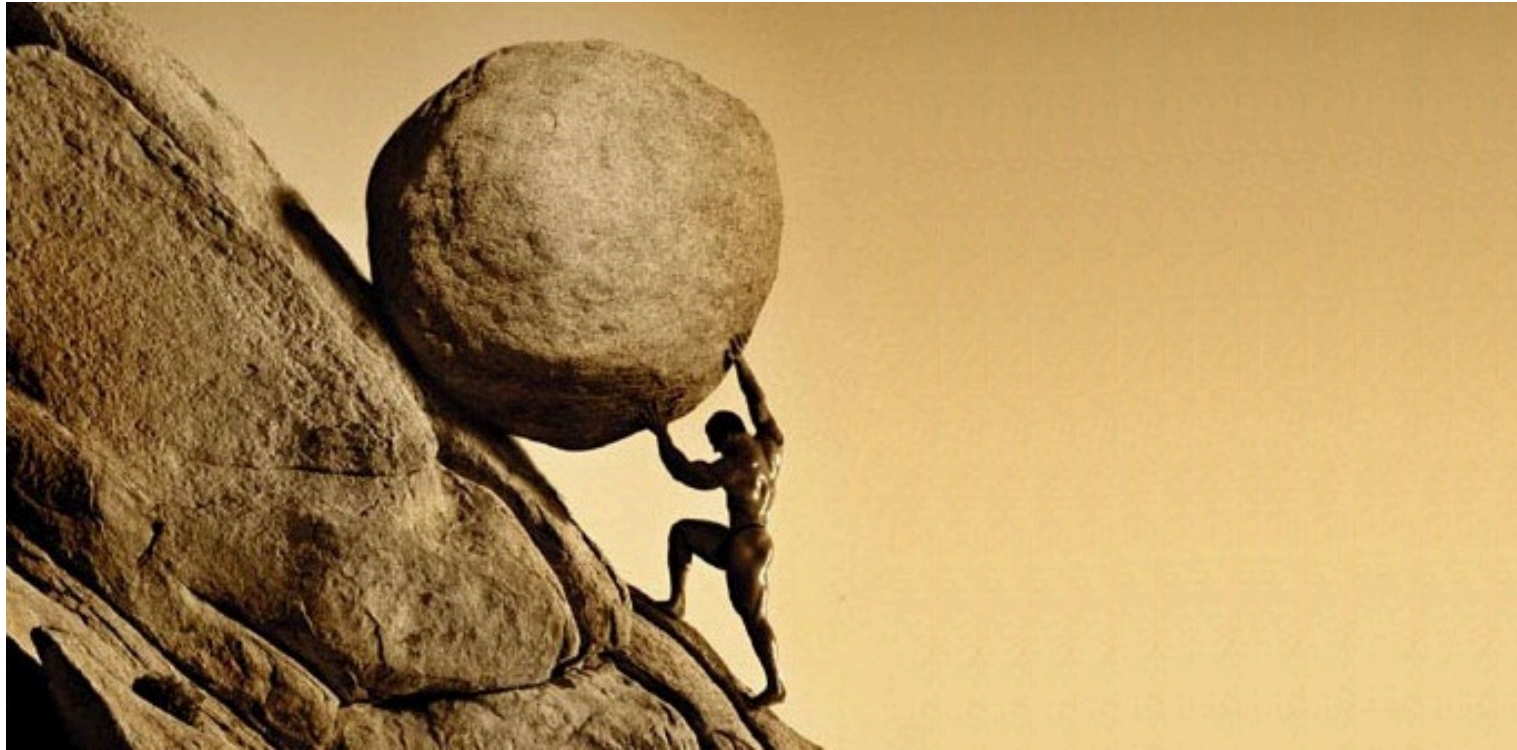
Ear, Nose and Throat

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Head of Department

GP education event

2 September 2017





Solutions

Pathways

Referral criteria

Fast Track Clinics



ENT

Topics

- Tonsillitis
- Rhinitis
- Sinusitis
- Hearing Loss & Tinnitus
- Vertigo



Tonsillitis

Indications for Surgery

Recurrent Infection

Quinsy

Obstruction

Suspected malignancy



Indications for consideration for tonsillectomy

Paradise criteria

: \geq 7 episodes in the preceding year, or \geq 5 episodes in each of the preceding 2 years, or \geq 3 episodes in each of the preceding 3 years.

Extraordinary circumstances e.g., excessive time off work (> 3 weeks per year), or school (> 4 weeks per year) documented.

Episodes must be well documented, clinically significant and adequately treated.



Rhinitis

Treatment mainly medical

Allergic

Non Allergic

Rinar

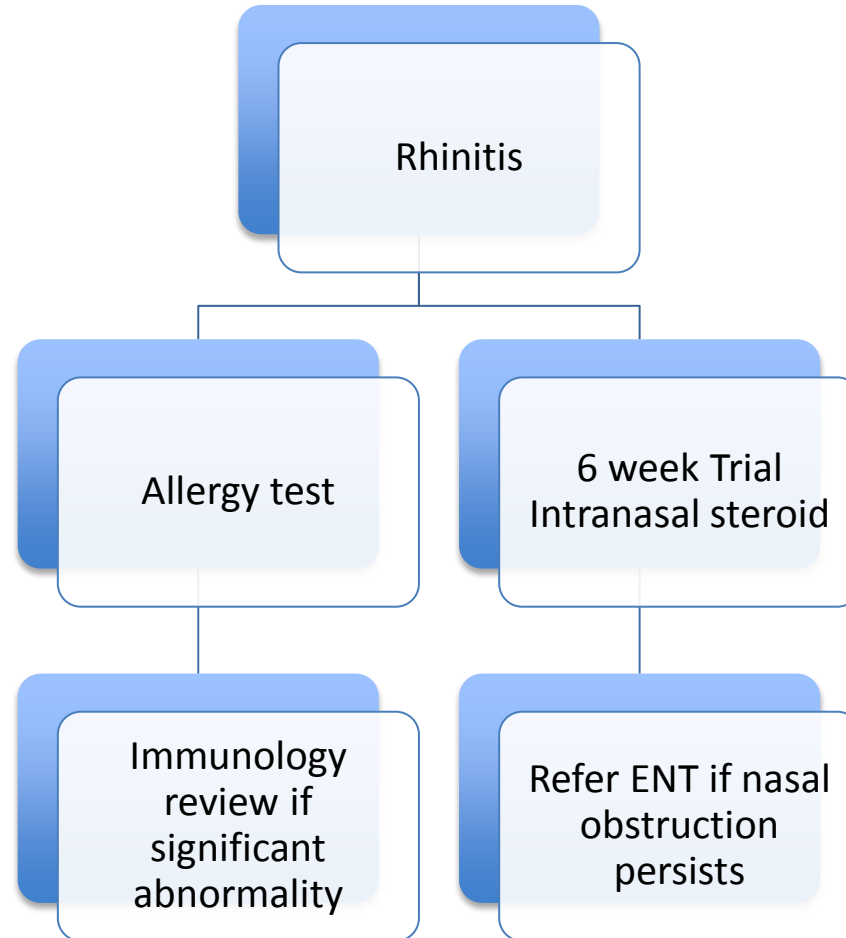


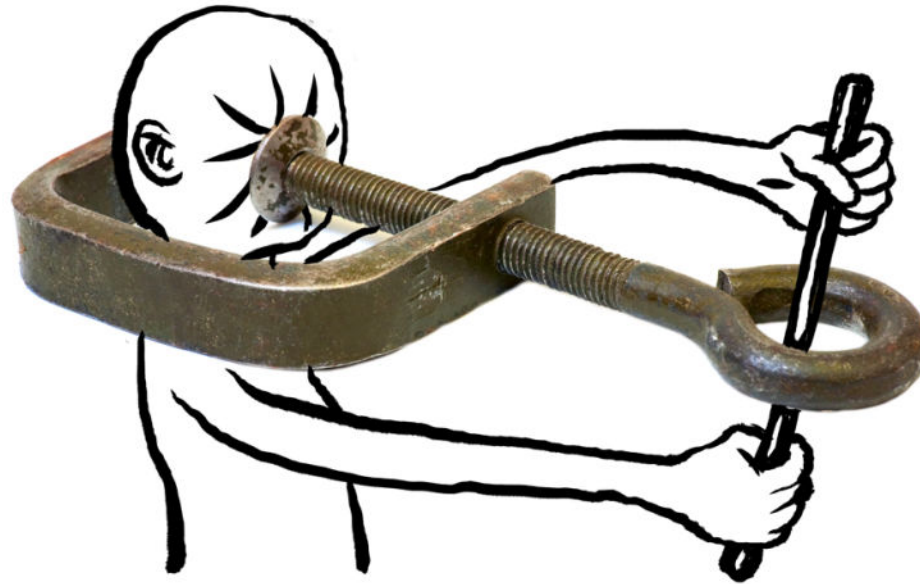
Rhinitis

History – Atopy, Asthma, Triggers

Examination – Rhinoscopy

Investigations – Skin test / RAST







Sinusitis

Acute vs Chronic

Spectrum of disease - Rhinosinusitis

Same underlying pathophysiology

Hallmark is NASAL OBSTRUCTION, FACIAL PAIN, HEADACHE



Differential Diagnosis

Migraine

Tension Headache

Midfacial Pain Syndrome

TMJ Arthropathy



Midfacial Pain Syndrome

Common

Analagous to tension headache

Presentation similar to CRS

No nasal obstruction or rhinorrhoea

No improvement with antibiotics



Midfacial Pain Syndrome

Exclude CRS (Normal CT)

Low dose TCA for min 6/52



Chronic Sinusitis

Intranasal Steroids

Saline Irrigation

Second line treatments – antihistamines, Atrovent

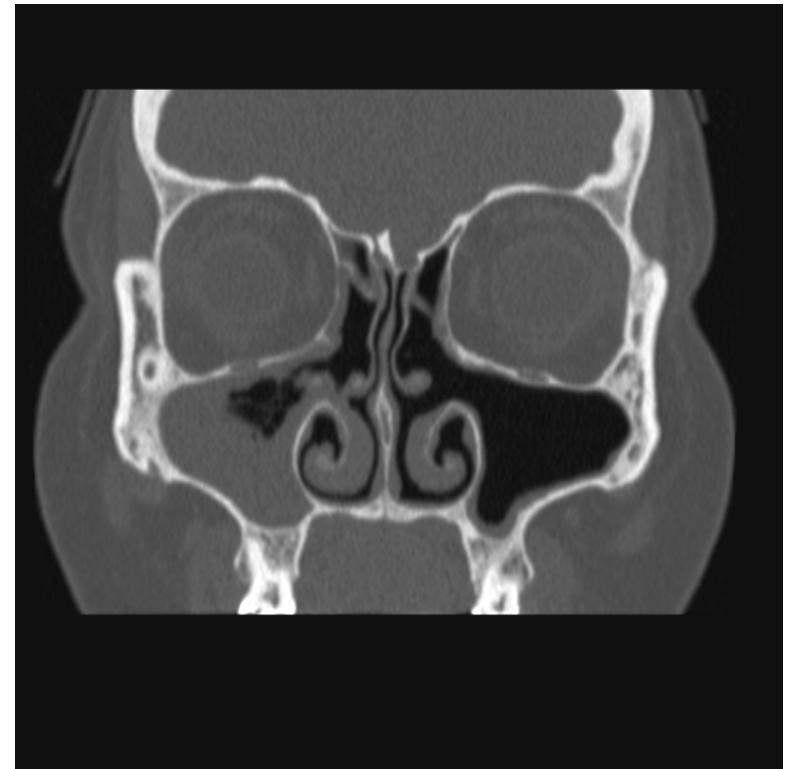
Antibiotics – 6 week course of Roxithromycin

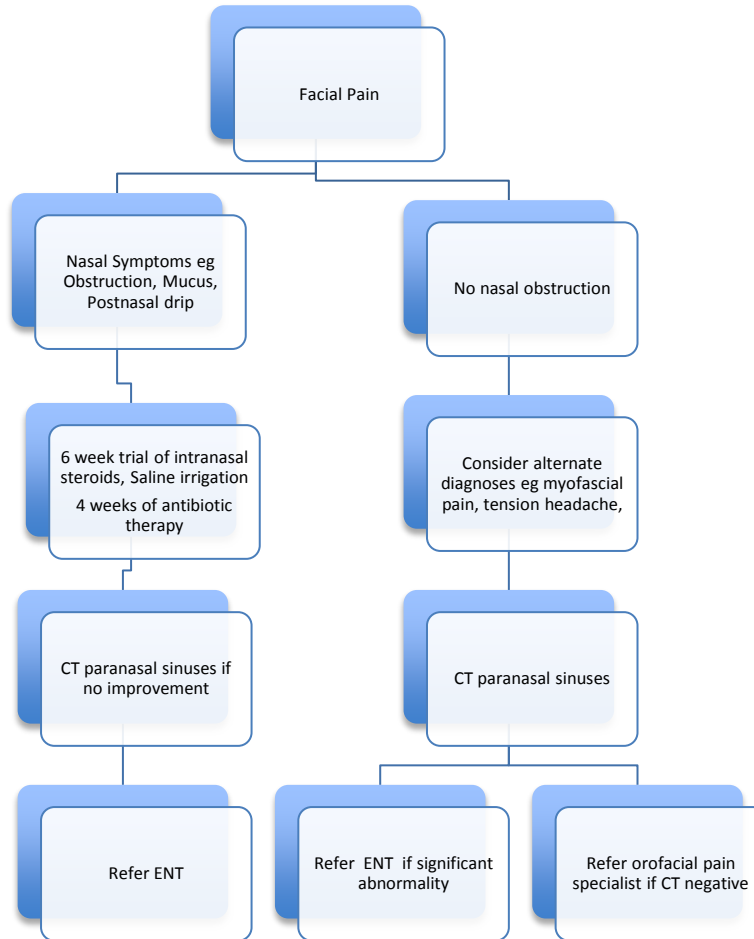
POLYPS



Chronic Sinusitis

CT Paranasal Sinuses









Systemic symptoms

Severe, persistent frontal headache

Periorbital oedema or erythema

Facial cellulitis

Altered visual acuity or diplopia





Hearing Loss and Tinnitus

Common

Audiology

When to refer and where?



Hearing Loss and Tinnitus

DIAGNOSIS – Air and Bone Conduction Audiometry

TREATMENT – SNHL – Hearing Aid

-- CHL – Hearing aid / surgery

? NOTHING



Hearing Loss and Tinnitus

ENT Review

- Conductive HL
- SNHL not responsive to aids
- Unable to wear aid eg infection
- Asymmetric SNHL with imaging abnormalities

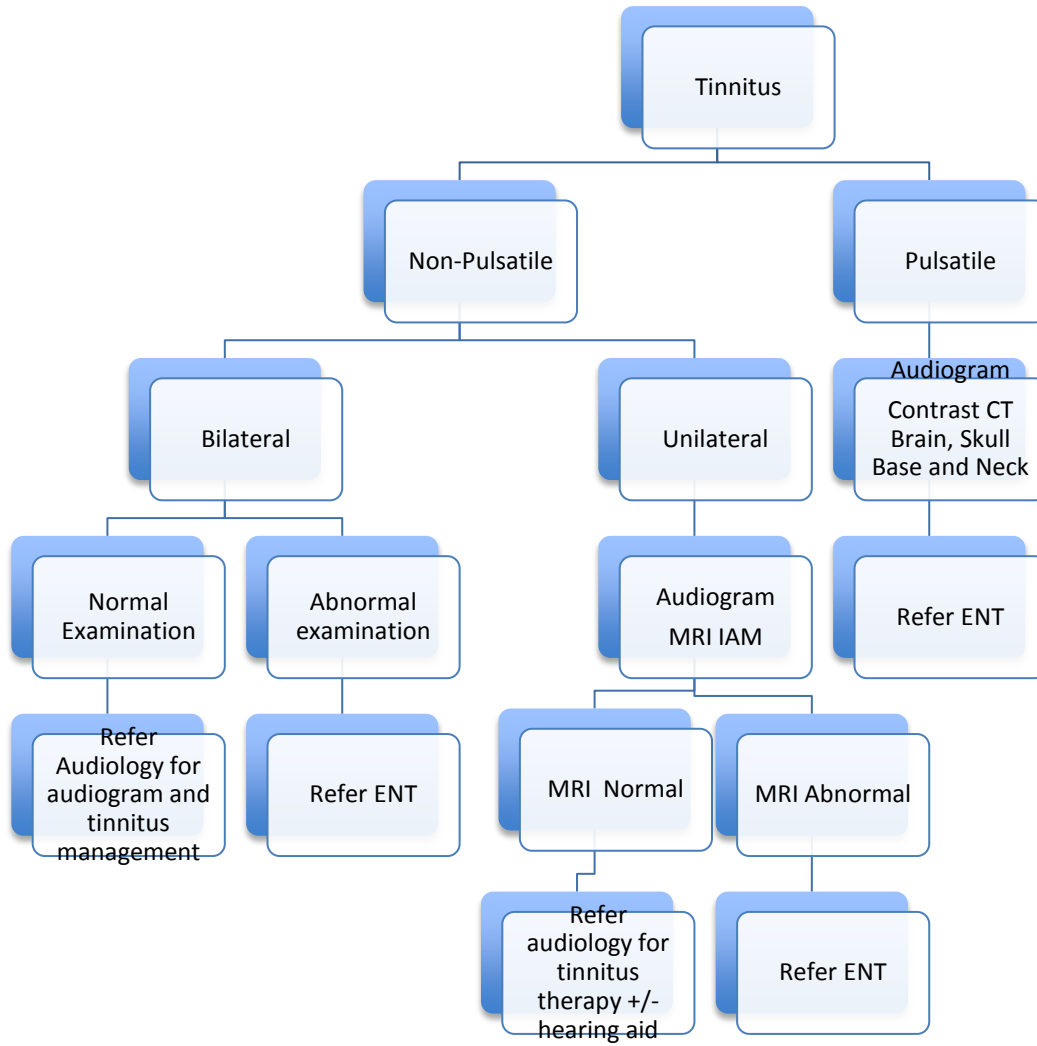


Tinnitus

Pulsatile vs non-pulsatile

Unilateral vs bilateral

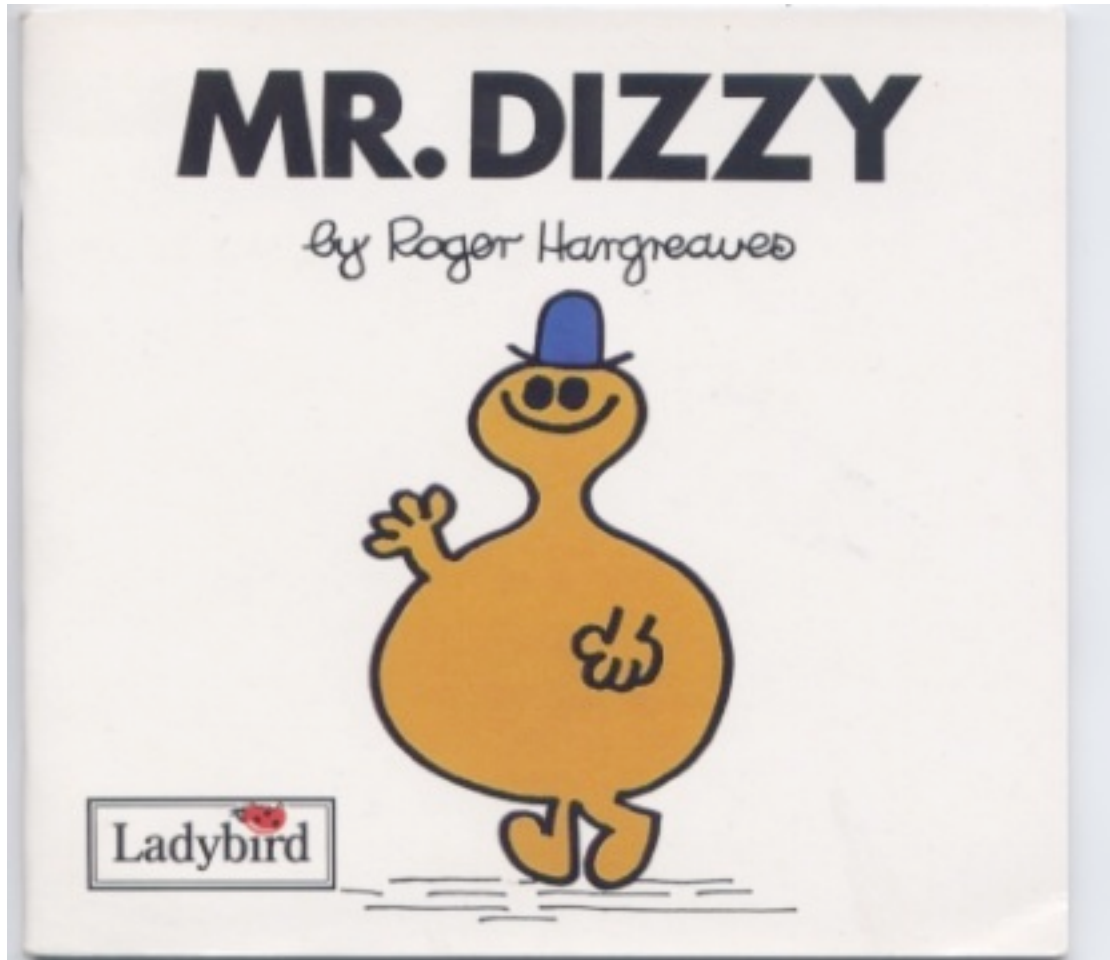
Hearing status





MRI ACCESS??







Balance Clinic

Long wait

Undifferentiated referrals

Many treatable



Problems

Wrong diagnosis ie NOT vertigo

- Postural hypo tension
- Arrhythmia – VT!!!
- Migraine

Symptoms gone



Balance Clinic

Vestibular Physio review

Disc w ENT Consultant – d/c or review

Review in combined Balance Clinic if required



Balance Clinic

Does it work??



Key points – Health Pathways

Shift in approach

Improve access

Reduce unnecessary follow up



Poorly Dressed.com