

RCHT TINNITUS PATHWAY

Indications for immediate referral:

- Sudden hearing loss: Refer to ENT SHO on call
- Significant neurological symptoms and signs, e.g. posterior circulation symptoms, impaired consciousness, headache, visual symptoms, optic disc swelling: Refer to acute medicine
- Suicidal ideas: refer/self-refer mental health services

Non-ENT causes - GP to address or refer accordingly:

- Medication: salicylates, recent chemotherapy or methotrexate, diuretics, quinine, aminoglycosides
- Psychiatric
- Systemic symptoms e.g. metabolic, endocrine, CVS
- Neurological/neurosurgical cause
- Head Injury

GP treatable causes:

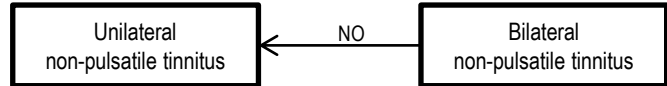
- Impacted ear wax
- Otitis media
- Otitis externa
- Hypertension
- Anaemia
- Thyrotoxicosis

ENT factors:

- Vertigo
- History of ear disease
- History of ear surgery

PATIENT INFO FOR ALL NON-PULSATILE TINNITUS:

- British Tinnitus Association: tinnitus.org.uk, Helpline 0800 018 0527, email helpline@tinnitus.org.uk
- Understanding tinnitus leaflet: <https://beta.mid.org.uk/wp-content/uploads/2020/05/Understanding-tinnitus-leaflet.pdf>
- RNID tinnitus info: mid.org.uk
- **If low mood/anxiety/severe:** patients self-refer to Outlook South West counselling at <https://www.cornwallft.nhs.uk/outlook-south-west/>



Unilateral non-pulsatile tinnitus

Hearing loss (subjective/objective)

NO

≥ 3 months unilateral non-pulsatile tinnitus,
+ No new hearing loss
+ No new vertigo
+ No red flags/symptoms of new intracranial pathology....
GP request MRI IAM to rule out vestibular schwannoma
do not refer to ENT at this point

- Normal scan: GP to reassure patient
- Incidental pathology: Seek advice and guidance from/or refer to appropriate specialty
- Vestibular Schwannoma: GP inform pt, refer to: Mr James Palmer, Cons. Neurosurgeon, Derriford Hospital, Pt info: <https://www.bana-uk.com/resources/about-acoustic-neuroma/>

Bilateral non-pulsatile tinnitus

Hearing loss (subjective/objective)

Age ≥55yrs: Refer to AQP Audiology

Age 50-54yrs: Refer to RCHT Audiology

Age <50

Tuning fork tests: Rinne's and Weber's tests

if further input required for tinnitus after other steps completed

Non-pulsatile tinnitus

Examination of ear with an otoscope

Normal otoscopy

Pulsatile tinnitus

Abnormal otoscopy

CONDUCTIVE LOSS
Bone conduction better

NO CONDUCTIVE LOSS
Air conduction better

Refer to ENT Specialist Ear Service
(ENT face to face appointment with hearing test likely)

- Include:**
- Ear examination (if pulsatile, auscultate for bruit over carotid + above & behind ear)
 - Blood pressure
 - Tuning fork tests
 - Hearing test (if done)
 - MRI result (if done)

Refer to ENT Hearing/Tinnitus Service
Patients should expect non-F2F virtual review of symptom questionnaire (will be issued by ENT) and screening hearing test if not already available. Likely outcomes: advice, diagnostics, audiology, hearing therapy input. Cases may be appropriate for referral direct to hearing therapy