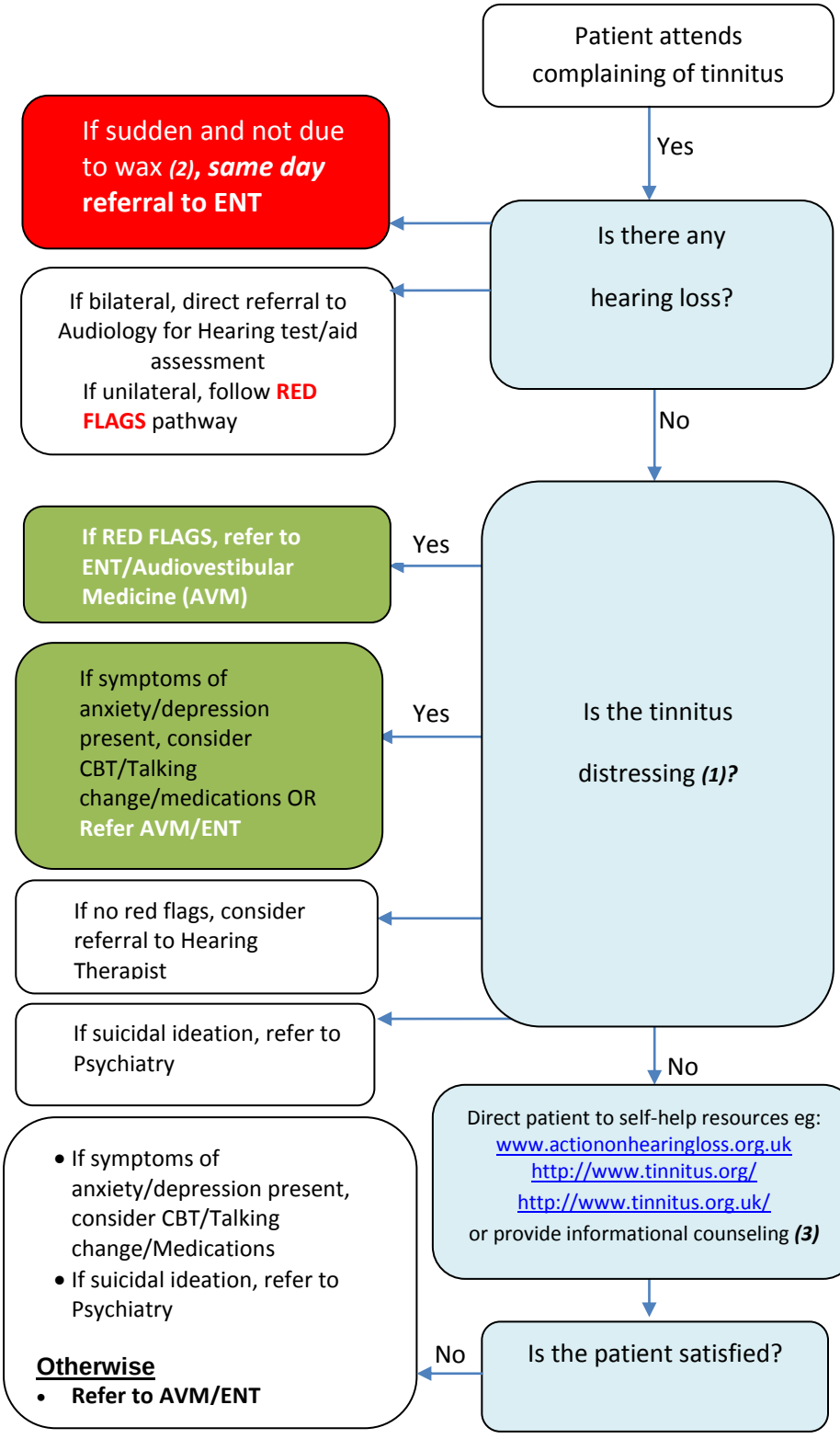
Portsmouth Hospitals NHS
NHS Trust

ENT/AVM REFERRAL GUIDELINES–TINNITUS

Click for more detailed Tinnitus guidelines



- Patients with tinnitus who also complain of hearing loss should have an audiogram in primary care if available. If not available, they should be referred to audiology/ENT/AVM as appropriate, as providing them with a hearing aid may significantly help their tinnitus
- Remove wax; treat otitis externa and review medications if relevant to onset.
- Explore RED FLAGS at every stage and refer to AVM/ENT .

RED FLAGS - REFER

- Unilateral/Pulsatile tinnitus persisting for more than 3 months (may represent vascular pathology or acoustic neuroma. Neuromas are slow-growing tumours; hence it is safe to wait for 3 months before referring.)
- Hyperacusis
- Tinnitus and:
  - Unilateral/asymmetric hearing loss
  - Sudden/fluctuating hearing loss
  - Sudden deterioration in a pre-existing hearing loss
  - Dizziness/vertigo/imbalance
  - Other auditory perceptual abnormalities (hyperacusis, distortion, aural fullness)
  - Non-otological symptoms eg:
    - Neurological eg: posterior circulation symptoms; impaired consciousness
    - Systemic symptoms eg: metabolic, endocrine
    - Headaches and/or visual symptoms – evaluate for raised intra-crainial pressure and refer to Neurology
    - Significant psychiatric symptoms

1. ***Distressing tinnitus implies significant impact on concentration, sleep, relaxation or mood.***
2. ***Sudden sensorineural hearing loss is an otological emergency, it may respond to medical treatment (steroids, carbogen etc) if started within 48-72 hours.***
3. ***Informational counselling/ handouts help most cases***

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Review Due: