## Protocol for Direct Audiology Referral to MR

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Publication date	11.12.2019
Amended	19.10.2021
Review date	October 2023
Version	1.6
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## 1.1. Summary

It is standard practice in the UK for patients with suspected hearing loss to be directly referred to Audiology departments by their GP. NICE guidance exists to identify clear criteria for onward referral from Audiology to ENT (NICE, 2018).

Patients who present with unilateral or asymmetrical symptoms should be investigated to rule out an acoustic neuroma/ vestibular schwannoma and Magnetic Resonance Imaging (MR) is the method of choice (British Association of Otorhinolaryngologists Head and Neck Surgeons, 2002). To minimise patient waiting times and to lessen the pressure on busy ENT departments Audiologists are increasingly referring directly for MRI (British Academy of Audiology Service Quality Commission, 2019).

This protocol outlines how and under what conditions Salisbury Audiology Department will refer directly for MRI.

# 1.2. Documents and departments consulted

In the writing of this protocol discussions were undertaken with Salisbury ENT department and Salisbury Radiology department. Documents consulted were:

- Guidance on Referral for MRI by Audiologists (British Academy of Audiology Service Quality Commission, 2019).
- Guidance for Audiologists: Onward referral of Adults with Hearing Difficulty Directly Referred to Audiology Services (British Academy of Audiology Service Quality Commission, 2016).

- Hearing Loss in Adults: Assessment and Management (NICE, 2018)
- Tinnitus: assessment and Management (Nice, 2020)

# 3.1. Identification

Identification of patients with an asymmetrical result will predominantly arise in a diagnostic Audiology appointment when audiometry has been performed in accordance with the recommended British Society of Audiology (BSA) procedure (BSA, 2018). This audiometry will highlight an asymmetrical or unilateral sensorineural hearing loss where there is a difference between the ears of 15dB or more at two adjacent test frequencies an octave apart. Bone conduction should be performed where appropriate. This appointment will usually include some form of history taking, in accordance with British Academy of Audiology (BAA) onward referral guidelines (BAA, 2016) where the clinician will determine if and for how long the patient has been suffering with tinnitus. This will also include the nature of the tinnitus, whether it is pulsatile, persistent or intermittent.

# 3.2. Staff roles

It is noted that some members of staff performing audiometry are not qualified Audiologists. These Assistant Audiologists will not make a decision to refer for MRI unilaterally but will discuss with a senior member of staff (Band 6 or above) before taking any action.

# 3.3. Patient checklist

When a potential candidate for direct MRI referral is identified, the Audiologist will discuss this with them and complete a checklist to ensure that there are not any contraindications to the procedure. See Appendix B for a copy of the patient checklist. *3.4. Sense check* 

Following completion of the patient checklist this will be given to the Head of Audiology who will then double check that this referral is appropriate (i.e. meets audiological criteria, checklist filled out correctly, patient has not already had MRI). Advice from ENT will be sought as required. In the absence of the Head of Audiology, the Deputy Head will carry out this role.

# 3.5. MRI referral

An MRI will then be requested electronically using the information in the patient checklist.

be put in place to assess the quality of referrals and appropriateness of decision making and recording.

- Abbas, Y., Smith, G. and Trinidale, A. (2018) Audiologist-led screening of acoustic neuromas in patients with asymmetrical sensorineural hearing loss and/or unilateral tinnitus: our experience in 1126 patients. *Journal of Laryngology and Otolaryngology.* (9) pp.786-789.
- British Academy of Audiology Service Quality Commission (2016) Guidance for Audiologists: Onward referral of Adults with Hearing Difficulty Directly Referred to Audiology Services.
- British Academy of Audiology Service Quality Commission (2019) Guidance on Referral for MRI by Audiologists.
- British Association of Otorhinolaryngologists Head and Neck Surgeons (2002) *Clinical Effectiveness Guidelines, Acoustic Neuroma*: Document 5 (Spring edition).
- **British Society of Audiology (2018)** Recommended Procedure: Pure-tone air-conduction and bone conduction threshold audiometry with and without masking.
- National Institute for Health and Care Excellence (2018) Hearing Loss in Adults: Assessment and Management (NG98)
- Vanderveldea, C. and Connora SEJ (2009). Diagnostic yield of MRI for audiovestibular dysfunction using contemporary referral criteria: correlation with presenting symptoms and impact on dinical management. *Clinical Radiology.* pp.156-163.
- Wong, B.Y.W. and Capper R. (2012) Incidence of vestibular schwannoma and incidental findings on the magnetic resonance imaging and computed tomography scans of patients from a direct referral audiology clinic. *The Journal of Laryngology & Otology*. 658 662.