

Reason for Referral

Exam/Try

Refer if

Recurrent Tonsillitis

Sore throats due to acute tonsillitis

And

The frequency of episodes of acute tonsillitis is confirmed as:
>7 well documented, clinically significant, adequately treated sore throats in the preceding year or
>5 such episodes in each of the preceding two years or
>3 or more episodes in each of the preceding three years

Patients with BMI >35 should be advised there is higher risk of surgical and anaesthetic complications

Thyroid

History of thyroid nodule, lateral neck lumps/ lymphadenopathy, salivary gland

As red flag if sudden hoarseness, swallowing problems, dysphagia, sudden increase in size as per British Thyroid Association guidelines.

Intermediate referral (Thyroid Cancer):

- Patients with symptoms of tracheal compression with stridor should go to ED.

Red flag referral (Thyroid Cancer):

- Patients with a thyroid swelling associated with any of the following:
 - A solitary nodule increasing in size
 - A history of neck irradiation
 - A family history of an endocrine tumour
 - Unexplained hoarseness or voice changes
 - Cervical lymphadenopathy
 - Very young (pre-pubertal) patient
 - Patient aged 65 years and older

Pre-hospital USS is not required

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Please refer any red flag or at risk of malignancy symptoms such as:
Hard and fixed lump associated with otalgia, dysphagia, stridor or hoarse voice
Epistaxis or unilateral nasal congestion
Unexplained weight loss, night sweats or fever or rigors
Cranial nerve palsies.

Neck Lump (Not Red Flag)

History more than 1 year, e.g. sebaceous cyst, thyroglossal

Not resolving

Routine Referral

Recurrent submandibular/ Parotid Swelling

History of intermittent swelling when eating

Not resolving

Routine Referral

Try: Hydration, citrus juices

Throat and Neck Lumps Advice