Royal United Hospital Bath NHS
NHS Trust

ENT & Audiology referral Pathway: **Ear pain (Otalgia) & 'ETD'**

Normal Appearing Ear?
(Ensure wax cleared)

No → **Refer to ENT** as per Atypical ear or discharge pathway

Yes

Do they have features of "Eustachian Tube Dysfunction"? *(see notes)*

Vast majority manage with **supportive treatment** in Primary care only:
Valsalva manoeuvres
Nasal decongestants/steroids
Advice & reassurance

Consider referral:

Severe **&**
Failed medical treatment **&**
Patient considering surgical treatment

Occupational impact (e.g. pilot/diver)

Refer ENT
(routine)
Severe/ restrictive ETD "O-9"

Is it referred Otalgia? *(see notes)*

Consider **TMJ dysfunction**:
Pain on joint palpation/chewing
Consider information leaflet
Consider Dental or oral surgery referral

Also Consider:

H&N cancer - examine H&N/oral cavity, assess patient & refer as appropriate

MSK neck pain
Dental disease
Acute facial pain syndromes/Herpes

Eustachian Tube Dysfunction (ETD):

Persistent (>3m) pressure sensation
'Muffled', 'dull', 'underwater' hearing sensation
Difficult pressure equalisation (flying/diving)
Autophony

Ear Pain (otalgia):

Up to 50% of patients presenting with otalgia will have a referred cause.
Of those with normal ear examination, almost all are due to a non-ear cause.
IF THE EAR LOOKS NORMAL, IT IS NORMAL!