

EPIC SMART TEXT FOR HEARING LOSS

This patient was seen on our Pilot Telotology Pathway. The pathway has been generated to allow rapid assessment of adults with hearing loss in their own community, with remote specialist review from the Royal National ENT hospital, UCLH.

A standardised hearing loss history was obtained from our community audiologist and the final and full report is attached to media/this letter for your review.

The audiology report, otoscopy video, and standardised hearing history, are consistent with Right/left/bilateral/asymmetrical sensorineural/conductive/mixed hearing loss. The most likely diagnosis is

Noise induced hearing loss

Presbycusis

Ototoxicity

Inner ear hydrops

Meniere's syndrome

Otosclerosis

Ossicular discontinuity

Otitis media with effusion

Chronic Otitis media, inactive/active /squamous mucosal

Conductive/Mixed/ Sensorineural hearing loss of unknown aetiology

Management will include

HAC/ALC referral

MRI scan

CT scan

In-person visit to see me

Teleconsultation

Follow up tele/in-person follow up for surveillance

Discharge with advice

Free Text:

EPIC SMART TEXT FOR TINNITUS

This patient was seen on our Pilot Teleotology Pathway. The pathway has been generated to allow rapid assessment of adults with hearing loss or tinnitus in their own community, with remote specialist review from the Royal National ENT hospital, UCLH.

A standardised otology history was obtained from our community audiologist and the final and full report is attached to media/this letter for your review.

The audiology report, otoscopy video, and standardised otology history, are consistent with Right/left/bilateral/asymmetrical pulsatile/non-pulsatile tinnitus.

There is/is not associated hearing loss.

There is no asymmetry/10dB asymmetry across 3 contiguous frequencies/ There is 20dB asymmetry across 2 contiguous frequencies/There is 30dB asymmetry in one frequency

The most likely diagnosis is Idiopathic tinnitus/Asymmetric Tinnitus/Pulsatile tinnitus that is intrusive/non-intrusive

Management will include

HAC referral

Hearing therapy referral

MRI scan

CT scan

In-person visit to see me

Teleconsultation

Follow up tele/in-person follow up for surveillance

Discharge with advice

Free Text:

EXAMPLE SMARTPHRASE LETTER TO HEARING LOSS PATIENT

Dear <PATIENT NAME>

I have now had the chance to review all the information you provided whilst visiting your community audiologist.

The Community Audiologist's report suggests that you have a new/pre-existing hearing loss in left/right/both ear(s), that is stable/getting worse and is/is not associated with tinnitus.

Right sided ear examination video demonstrates a normal tympanic membrane/tympanic membrane perforation/tympanic membrane retraction/tympanic effusion/tympanosclerosis.

Left sided ear examination video demonstrates a normal tympanic membrane/tympanic membrane perforation/tympanic membrane retraction/tympanic effusion/tympanosclerosis

Hearing tests of the right ear shows mild/moderate/severe sensorineural/conductive/mixed hearing loss

Hearing tests of the left ear shows mild/moderate/severe sensorineural/conductive/mixed hearing loss

The speech and spatial qualities questionnaire that you completed suggests that your hearing loss is having a mild/moderate/severe impact on their life.

The pattern on the hearing test suggests that your hearing loss is caused by sound not effectively passing from the outside world to the inner ear (where sound is sensed)/the inner ear not effectively sensing sound.

The cause of this type of hearing loss in this case is not fully understood/is most likely inherited/related to heavy sound exposure in the past/caused in part by inherited factors and increased sound exposure.

Hearing loss can have a large impact on general wellbeing and has been shown to reduce cognitive abilities if left untreated.

For this reason, I am recommending the following treatment plan:

1. The mainstay of treatment for this type of hearing loss is the use of modern and discreet hearing aids that we can provide to you for free on the NHS. I have taken the liberty of making an audiology appointment so that you can explore this option in more detail/ or have current hearing aid provision checked. If you choose not to attend please call and cancel this appointment so that someone else may benefit from the slot.

2. Avoid loud noise exposure where possible. The **following website** provides valuable information on how loud noise exposure can be avoided.....
3. If your hearing loss affects you in specific situations and or environments there may be specific strategies that could improve your understanding. The **following website** provides useful strategies for common listening environments that pose problems for those with hearing difficulties.....
4. Most cases like this are caused by wear-and-tear of the inner ear, but to rule out very rare conditions that affect the nerve, that connects your ear to your brain, I have taken the liberty of booking an MRI scan of your ears and brain. This scan takes half an hour and requires you to lay still on a bed that moves into a circular tunnel. The scan may not be allowed if you have any metal work inside your body. The scan is normally reported in two weeks and I will write to you with the results in the following week. The radiology team will be in touch to arrange a time for the scan and will ask you questions to ensure it is safe. If you choose not to attend please call and cancel this appointment so that someone else may benefit from the slot.
5. I have arranged for you to have a CT scan to further examine the area behind your ear drum, followed by a further in-person/tele consultation as required. The radiology team will be in touch to arrange a time for the scan.
6. An in-person appointment to come and see me
7. A telephone consultation to discuss the case further
8. A follow up tele/in-person appointment in **X** months to check on your progress

Further information about hearing loss can be found here:

<https://www.actiononhearingloss.org.uk>

Since I am not seeing you in person, I can appreciate that you may still have some questions that remain unanswered. I would be grateful if you could send me any questions/queries **to the following email address with the subject title 'Teleotology'** and we will endeavor to get back to you as soon as possible.

EXAMPLE SMARTPHRASE LETTER TO TINNITUS PATIENT

Dear <PATIENT NAME>

I have now had the chance to review all the information you provided whilst visiting your community audiologist.

The Community Audiologist's report suggests that you have a new/pre-existing tinnitus in left/right/both ear(s), that is stable/getting worse and is/is not associated with hearing loss.

Right sided ear examination video demonstrates a normal tympanic membrane/tympanic membrane perforation/tympanic membrane retraction/tympanic effusion/tympanosclerosis.

Left sided ear examination video demonstrates a normal tympanic membrane/tympanic membrane perforation/tympanic membrane retraction/tympanic effusion/tympanosclerosis

Hearing tests of the right ear shows normal hearing mild/moderate/severe sensorineural/conductive/mixed hearing loss

Hearing tests of the left ear shows normal hearing/mild/moderate/severe sensorineural/conductive/mixed hearing loss

The Tinnitus handicap Inventory questionnaire that you completed suggests that your tinnitus is having a mild/moderate/severe impact on their life.

A cause for tinnitus is rarely found, but tinnitus is not associated with anything more dangerous. It is very common, with most cases improving spontaneously. A few patients may need some help to reduce the impact of tinnitus on their lives.

Treatment strategies include hearing aids when there is proven hearing loss associated with tinnitus and therapy. Tinnitus retraining therapy, mindfulness and cognitive behavioural therapy have all been shown to help patients cope with their tinnitus.

For this reason, I am recommending the following treatment plan:

1. The mainstay of treatment for your type of hearing loss is the use of modern and discreet hearing aids that we can provide to you for free on the NHS. I have taken the liberty of making an audiology appointment so that you can explore this option in more detail/ or have current hearing aid provision checked. If you choose not to attend please call and cancel this appointment so that someone else may benefit from the slot.
2. Avoid loud noise exposure where possible. The following website provides valuable information on how loud noise exposure can be avoided.....

3. If you would like to try therapy please contact me through the email contact below and I'd be happy to organise it for you.
4. In your case, to be thorough and to rule out some very rare conditions that affect the nerve, that connects your ear to your brain, I have taken the liberty of booking an MRI scan of your ears and brain. This scan takes half an hour and requires you to lay still on a bed that moves into a circular tunnel. The scan may not be allowed if you have any metal work inside your body. The scan is normally reported in two weeks and I will write to you with the results in the following week. The radiology team will be in touch to arrange a time for the scan ask you questions to ensure it is safe. If you choose not to attend please call and cancel this appointment so that someone else may benefit from the slot.
5. I have arranged for you to have a CT scan to further examine the area behind your ear drum, followed by a further in-person/tele consultation as required. The radiology team will be in touch to arrange a time for the scan.
6. An in-person appointment to come and see me
7. A telephone consultation to discuss the case further
8. A follow up tele/in-person appointment in X months to check on your progress

Further information about hearing loss can be found here:

<https://www.actiononhearingloss.org.uk>

Further information about tinnitus can be found at:

<https://www.tinnitus.org.uk>

Since I am not seeing you in person, I can appreciate that you may still have some questions that remain unanswered. I would be grateful if you could send me any questions/queries to **the following email address with the subject title 'Teleotology'** and I will endeavor to get back to you as soon as possible.