

The Head & Neck Rapid Access Clinic

A guide for patients



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About the Head & Neck Rapid Access Clinic

Why am I being seen in this clinic?

Your GP has referred you to the Head & Neck Rapid Access Clinic for further assessment.

We aim to initially assess patients by telephone within 14 days from referral, and will recommend if we should see you in person.

Your GP should have explained at the time of referral that this is a clinic for people who may be suspected to have cancer, however almost 90% of patients we see do not have cancer so please bear this in mind.

The most common reasons for people being referred to this clinic are:

- Neck lump
- Hoarse voice
- Persistent sore throat.

How long will it take for me to be seen?

This is a busy clinic, and whilst we will endeavour to keep to your appointment time this is not always possible. Please understand that some patients may require longer as we may be telling a patient they have cancer, or performing tests to make a diagnosis. Patients are advised to allow up to 2 hours.

What should I expect to happen in clinic?

You will be assessed by an ENT doctor who will take a full history of your symptoms and medical history. This may take place initially by telephone to help decide if you need to be seen physically in clinic.

Examinations that the doctor might need to undertake include feeling your neck for lumps, looking inside your mouth and assessing your ears and nose.

Procedures that we might undertake include examining your throat using a thin camera that is inserted through your nose. This allows a thorough examination of the inside of your nose and throat, including your voice box. This procedure is known as a fiberoptic nasendoscopy. Most patients tolerate it very well, but it can cause some discomfort. Most patients tolerate the procedure best without any local anaesthetic, as many report it to be unpleasant.

Patients who cannot tolerate the nasal discomfort can have local anaesthetic sprayed in the nose. The local anaesthetic gives a sensation of a fullness in your throat (you will not have any physical swelling) and may cause you to cough if you swallow liquid before allowing the sensation to wear off. This may take up to an hour and we recommend that you avoid eating and drinking for an hour after the local anaesthetic is given.

Other procedures that might be performed in clinic include taking small samples of tissue from the throat known as a biopsy. This is usually performed with local anaesthetic applied to the site being sampled to make it more comfortable.

What investigations might I need if I have a neck lump?

Ultrasound scan

Patients assessed as having a neck lump requiring further assessment might have an ultrasound scan on the day. Some neck lumps do not need any further investigation as the information required can be gained from an examination of the neck alone.

There are a limited number of slots available for ultrasound scans on the day, and if there are more patients with neck lumps than ultrasound slots available, we will arrange for an ultrasound scan to be performed on an outpatient basis as soon as possible.

Fine needle aspiration for cytology (FNAC)

If a neck lump is deemed to require further investigation then a sample of tissue from the lump will be taken at the time of ultrasound scanning. Typically this would be done with a needle similar to those used to take blood for testing. This is known as a fine needle aspiration for cytology.

Core biopsy

Occasionally, it is necessary to take a slightly larger sample from a neck lump using a larger needle. For these core biopsies a local anaesthetic is administered before the sample is taken.

What other investigations might be recommended to me?

Most patients do not need any additional investigations beyond the assessment in clinic. Some patients may need scans as indicated here.

What is an MRI scan (Magnetic Resonance Imaging)?

This scan may involve giving an injection then going into a narrow tunnel. The scan takes approximately 20 minutes. It is particularly useful for assessing soft tissues in the head and neck. It might not be appropriate if you have a pacemaker or cardiac defibrillator, or metal in your head or neck.

What is a CT scan (Computed Tomography)?

This may involve giving an injection then going through a doughnut-shaped scanner. The scan takes a few minutes. It is typically used by us to assess your chest and abdomen. It may be used when an MRI cannot be undertaken.

What is a PET CT scan (Positive Emission Tomography)?

This scan involves injection of a small amount of radioactive glucose followed by a scan in a machine similar to a CT scanner. The scan can take up to two hours from start to finish. A PET CT is particularly useful when there are unanswered questions after a CT or MRI scan has already been performed.

What is a barium swallow?

This scan involves giving a special solution to swallow then taking some X-ray films to identify any structural issues to explain significant swallowing problems.

Will I need an operation?

Depending on the outcome of your consultation and tests, an operation may be recommended to make a diagnosis. If you agree, you will be added to the operation waiting list.

The amount of time you might need to wait for an operation is determined by the clinical priority of your case. Procedures to make a diagnosis where cancer might be a possibility, or where an operation is being performed to treat cancer will happen as quickly as possible.

The aim of an operation is to:

- assess the head and neck further
- obtain a tissue sample from areas that cannot be easily biopsied in clinic.

Possible types of operations include:

- **Microlaryngoscopy** – assessing the voice box using metal tubes through the mouth and a microscope - this is done under general anaesthetic
- **Panendoscopy** – assessing the throat in entirety, sometimes including the back of the nose and the oesophagus
- **Excision of neck lumps** – this may involve lymph nodes, cysts, masses, thyroid gland, parotid gland, submandibular gland, etc.

How long will I have to wait for tests and procedures to happen?

Patients seen in the Rapid Access Clinic requiring urgent scans to assess for cancer will have requests processed urgently.

Our radiology department aims to perform these scans within 2 weeks from when they are requested. The scans are performed by technicians known as radiographers. It may take a further week for a doctor (radiologist) specialising in imaging of the head and neck to report on the scan.

If a needle test is taken, typically this will take 2 weeks for the report to be issued. Sometimes, the test may be non-diagnostic and may need to be repeated.

Some patients who are listed for a surgical procedure under general anaesthetic, may need to have a preoperative assessment review. This is to ensure you are fit and well enough for the surgical procedure.

We aim to make a diagnosis within 28 days, but if we are unable to make a diagnosis from the first tests or procedures, we may take longer than this. Please understand that whilst this might be frustrating, it is essential to get the right diagnosis so that we can establish the right treatment options, even if it takes a while.

If you have an investigation and do not hear the results within 2 weeks please call the ENT Secretaries on 01872 255087.

Head & Neck Rapid Access Clinic team

ENT Doctors:

Miss Evette Grobbelaar, Mr Venkat Reddy, Mr Kel Anyanwu and Mr Thaug Naing

Cancer Nurse Specialists:

Jacqui Williams & Laura Kinsey

Sister in charge of ENT Outpatients:

Karen Yelland

Booking office for initial rapid access appointments:

Phone 01872 252323

Secretary to ENT Head & Neck Team:

Helen Williams, phone 01872 255087

Address for correspondence:

ENT Department, Royal Cornwall Hospital, Truro, TR1 3LJ.

Radiology bookings enquiries:

Ultrasound scans – 01736 874230

All other scans – 01872 252290

We welcome your feedback on our service!

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



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Author: Venkat Reddy