

Rapid Access “One-Stop” Neck Lump Clinic

- the service your patient deserves!



TARAN TATLA
CONSULTANT ENT -HEAD & NECK SURGEON
NWLH NHS TRUST

The Hillingdon Hospitals 
NHS Foundation Trust

The North West London Hospitals 
NHS Trust

Primary Care Consultation



- 70 year old male with neck lump for 3 months

History-

Smoker / ethanol

Solitary / multiple swellings

Associated symptoms – oral (inc dental), nasal (unilateral blockage / epistaxis), ear (local or referred otalgia), throat (hoarse voice/swallow difficulties or pain/ breathing difficulties or stridor), unilateral pain, cranial nerve weakness

Previous malignancy

Ethnicity / foreign travel / TB contact

Systemic symptoms – weight loss, night sweats, pyrexia

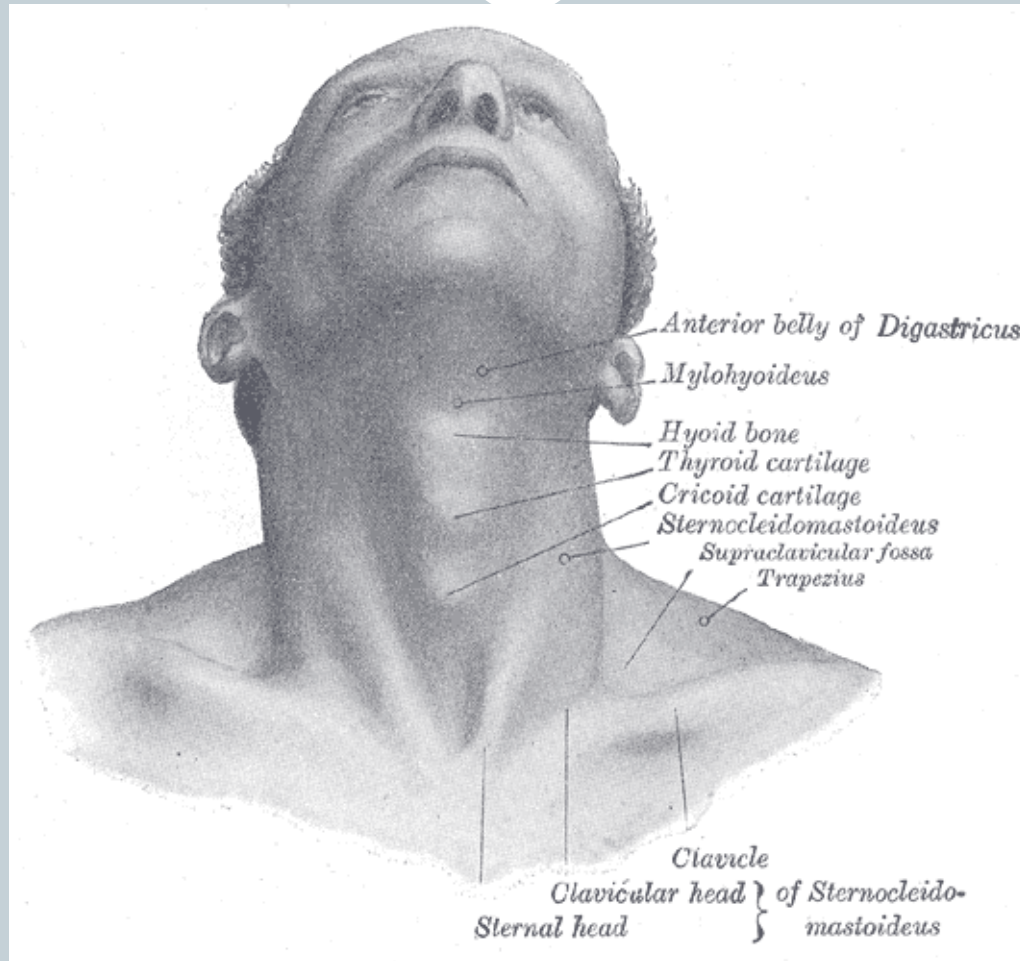
Examination-

Face / neck – location of swelling (midline / lateral), size, nature (enlarging, painful)etc

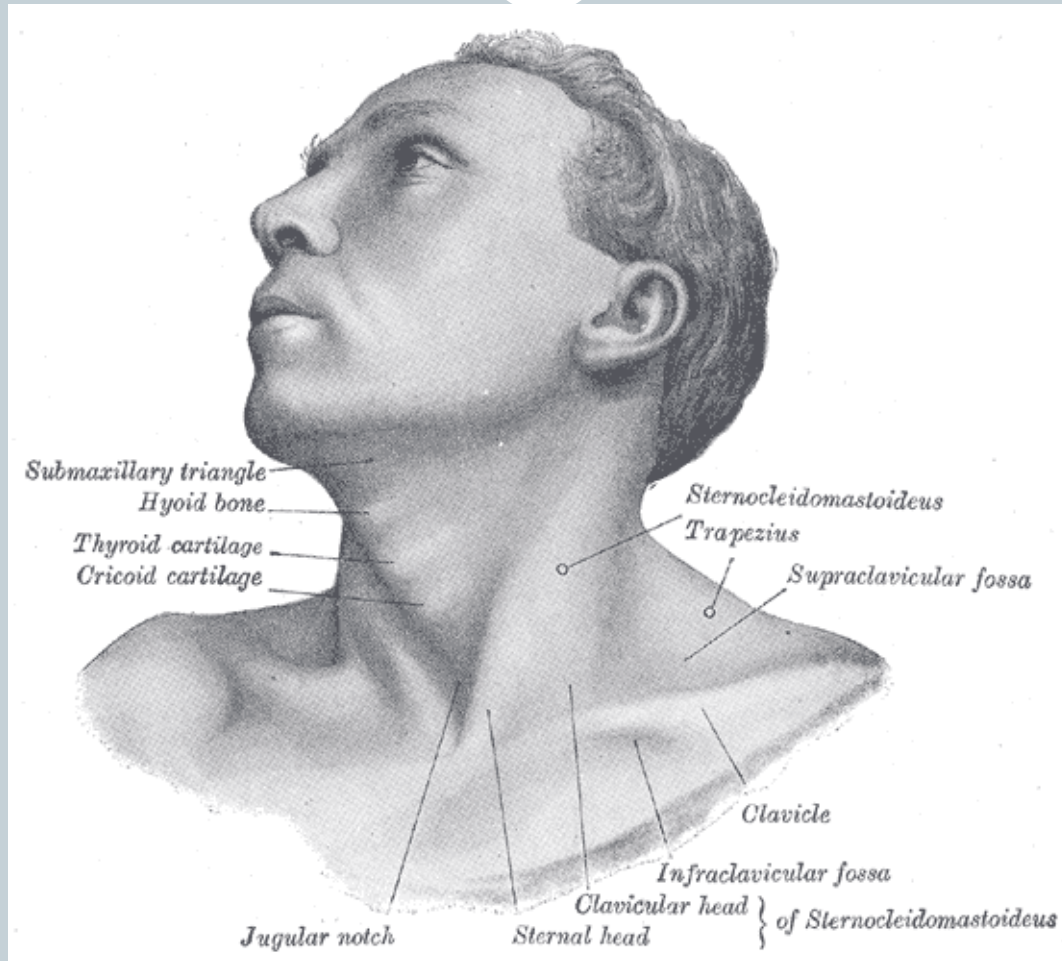
Skin – face and scalp

Oral cavity / oropharynx (assymetry, white / red mucosal patches, masses, ulceration, bleeding, unexplained tooth mobility)

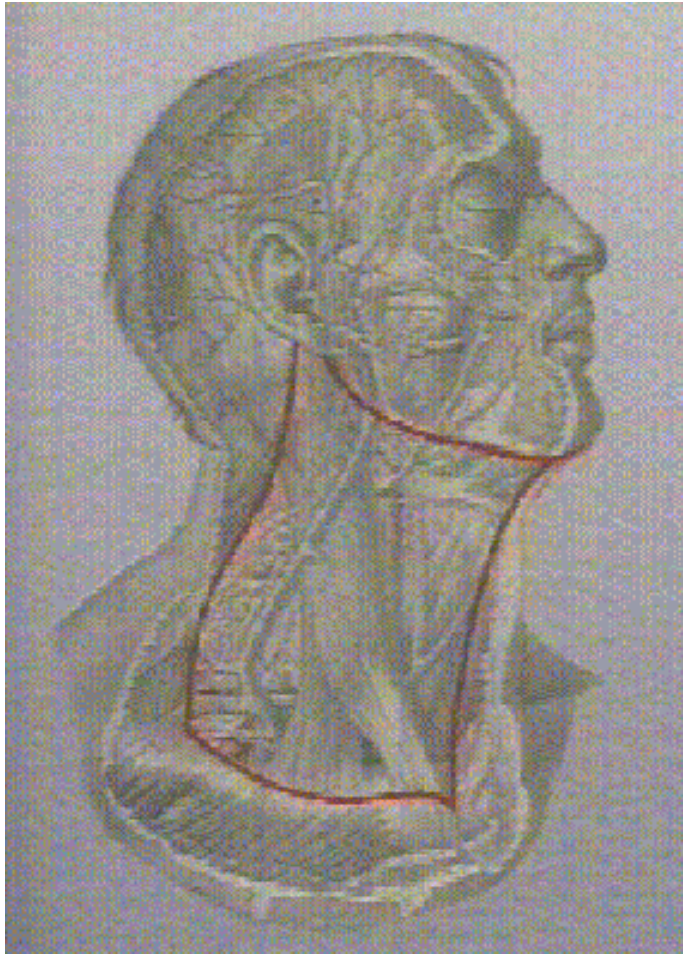
Anterior Neck Surface Anatomy



Lateral Neck Surface Anatomy

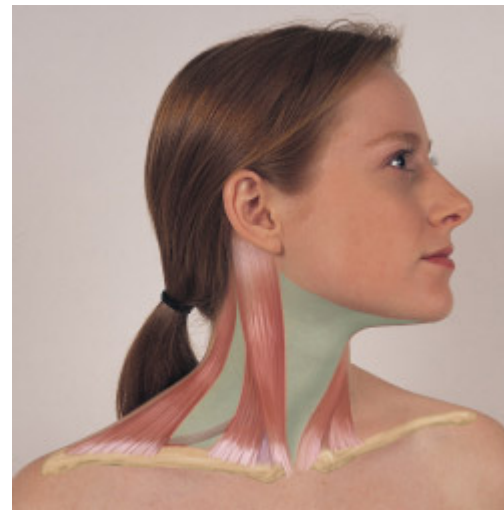


The Neck: Anatomy



Contains

- Anterior triangle
- Posterior triangle



Neck: Anterior Triangle



Submandibular gland

Larynx

Trachea

Hypopharynx

Cervical oesophagus

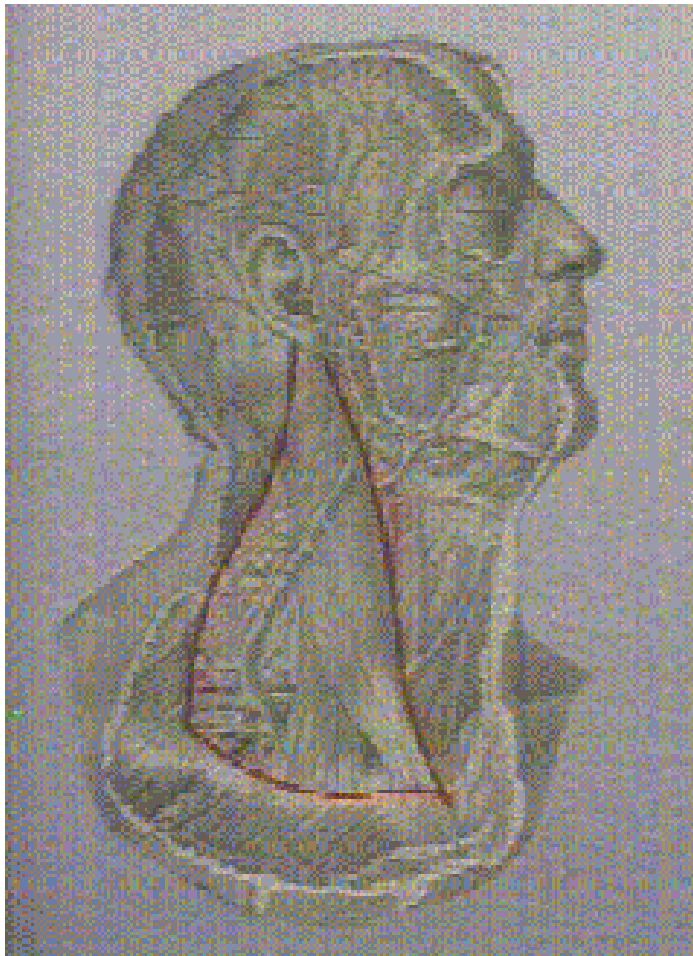
Thyroid & parathyroid

Carotid sheath

Neurovascular structures

Cervical lymph nodes

Neck: Posterior Triangle

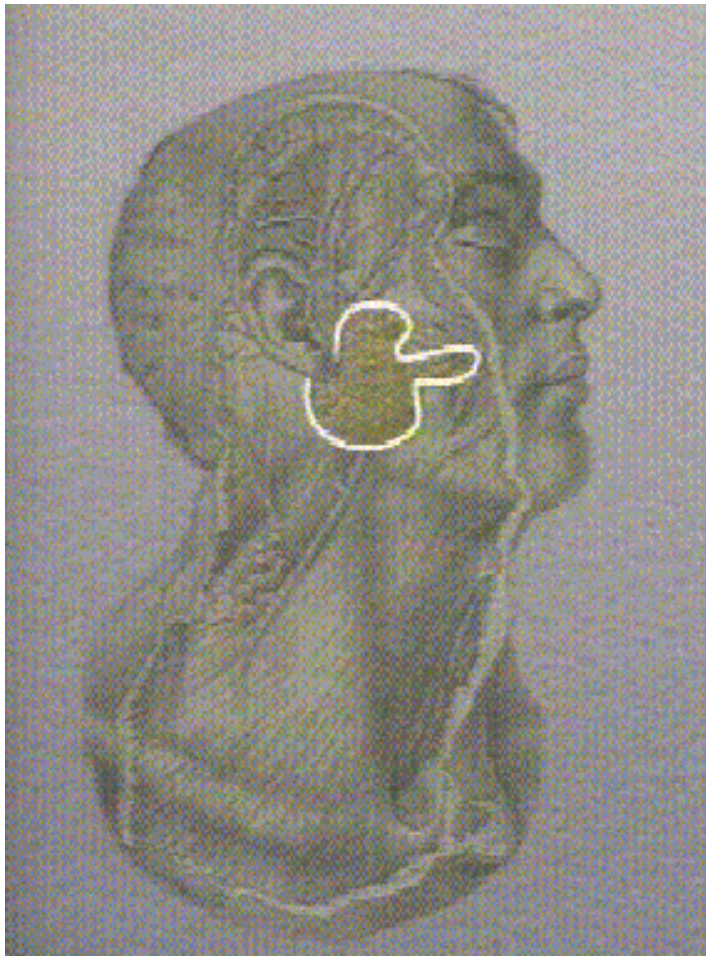


Fibrofatty lymphatic tissue

Accessory nerve

Cervical nerve plexus

Periauricular Area



Parotid gland
Lymph nodes

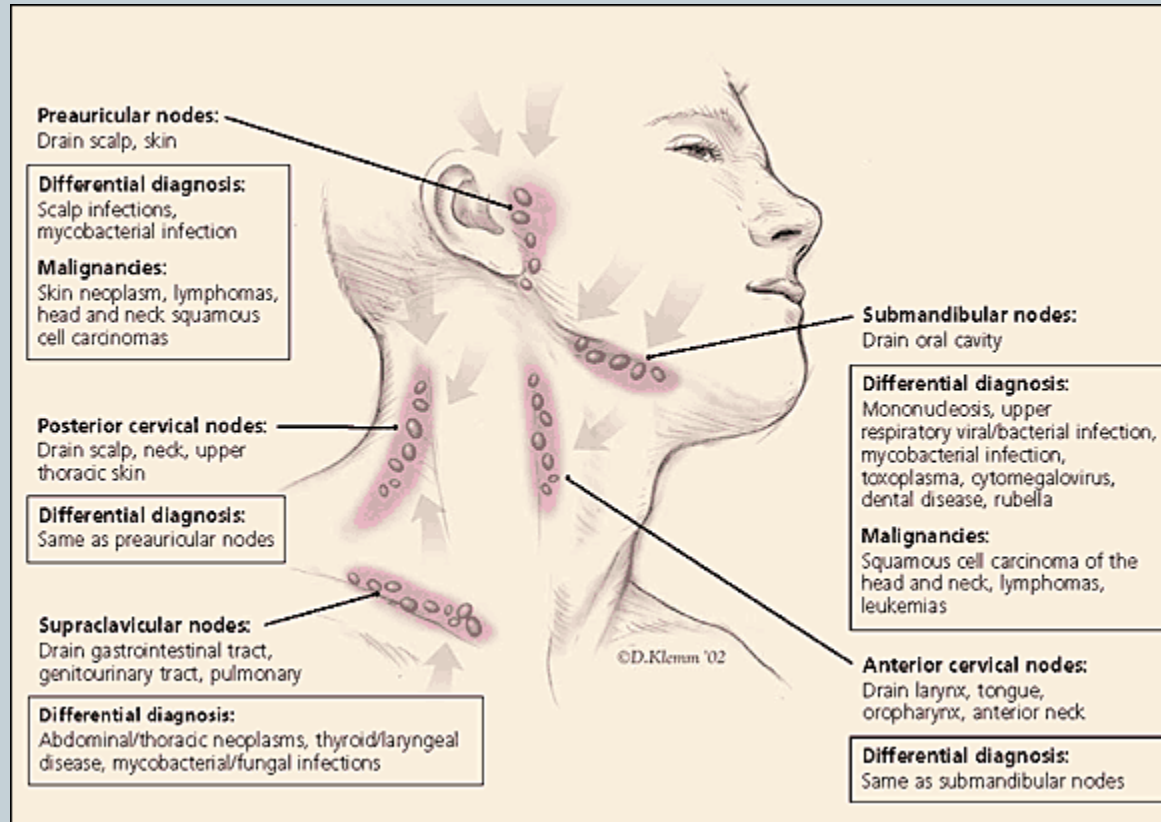
Common Neck Masses



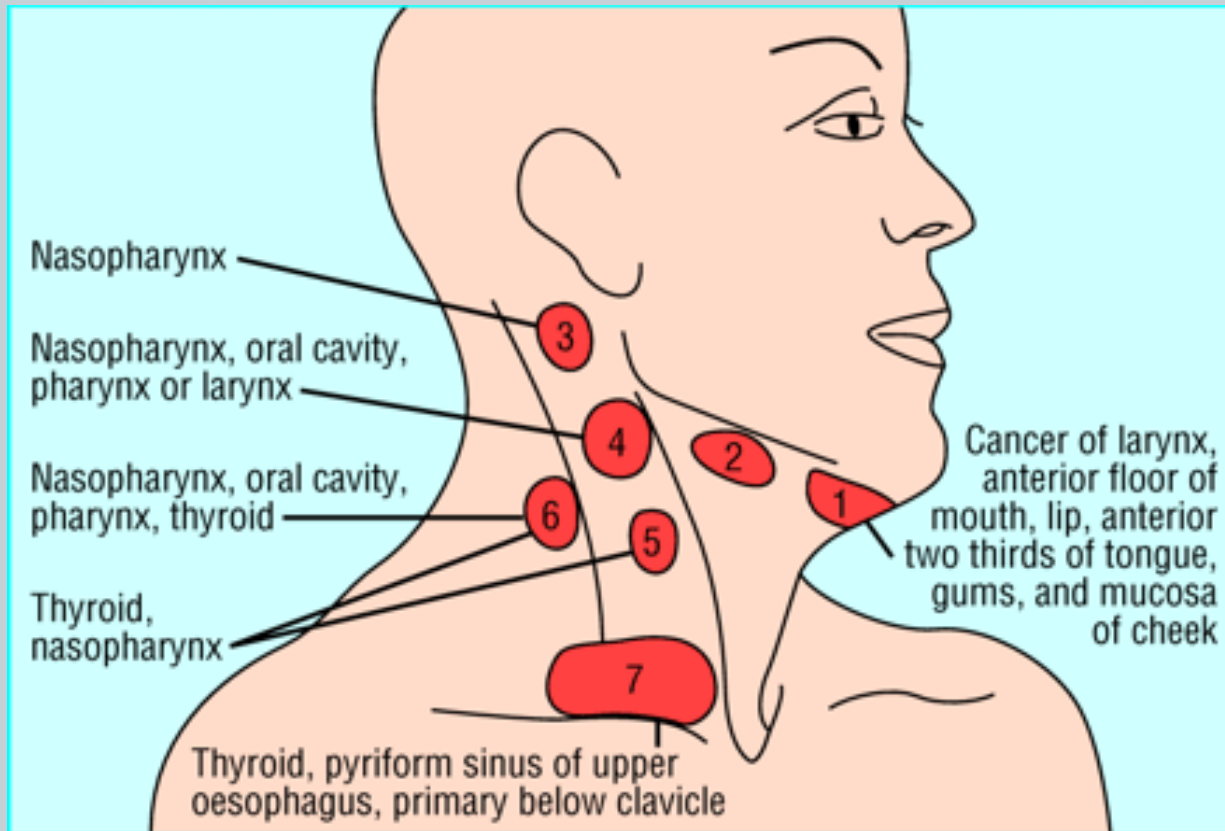
Table 1. Common Neck Masses

Neoplastic	Congenital/Developmental	Inflammatory
Metastatic Unknown primary epidermoid carcinoma	Sebaceous cysts Branchial cleft cysts	Lymphadenopathy Bacterial Viral Granulomatous
Primary head and neck epidermoid carcinoma or melanoma	Thyroglossal duct cysts	
Adenocarcinoma	Lymphangioma/hemangioma	Tuberculous
Thyroid	Dermoid cysts	Catscratch
Lymphoma	Ectopic thyroid tissue	Sarcoidosis
Salivary	Laryngocele	Fungal
Lipoma	Pharyngeal diverticulum	Sialadenitis
Angioma	Thymic cysts	Parotid Submaxillary
Carotid body tumor		Congenital cysts
Rhabdomyosarcoma		Throtrast granulomas

Differential Diagnoses - Enlarged Neck LNs



Regional Metastatic Neck Disease



15 year history of slowly enlarging neck mass



Key Points



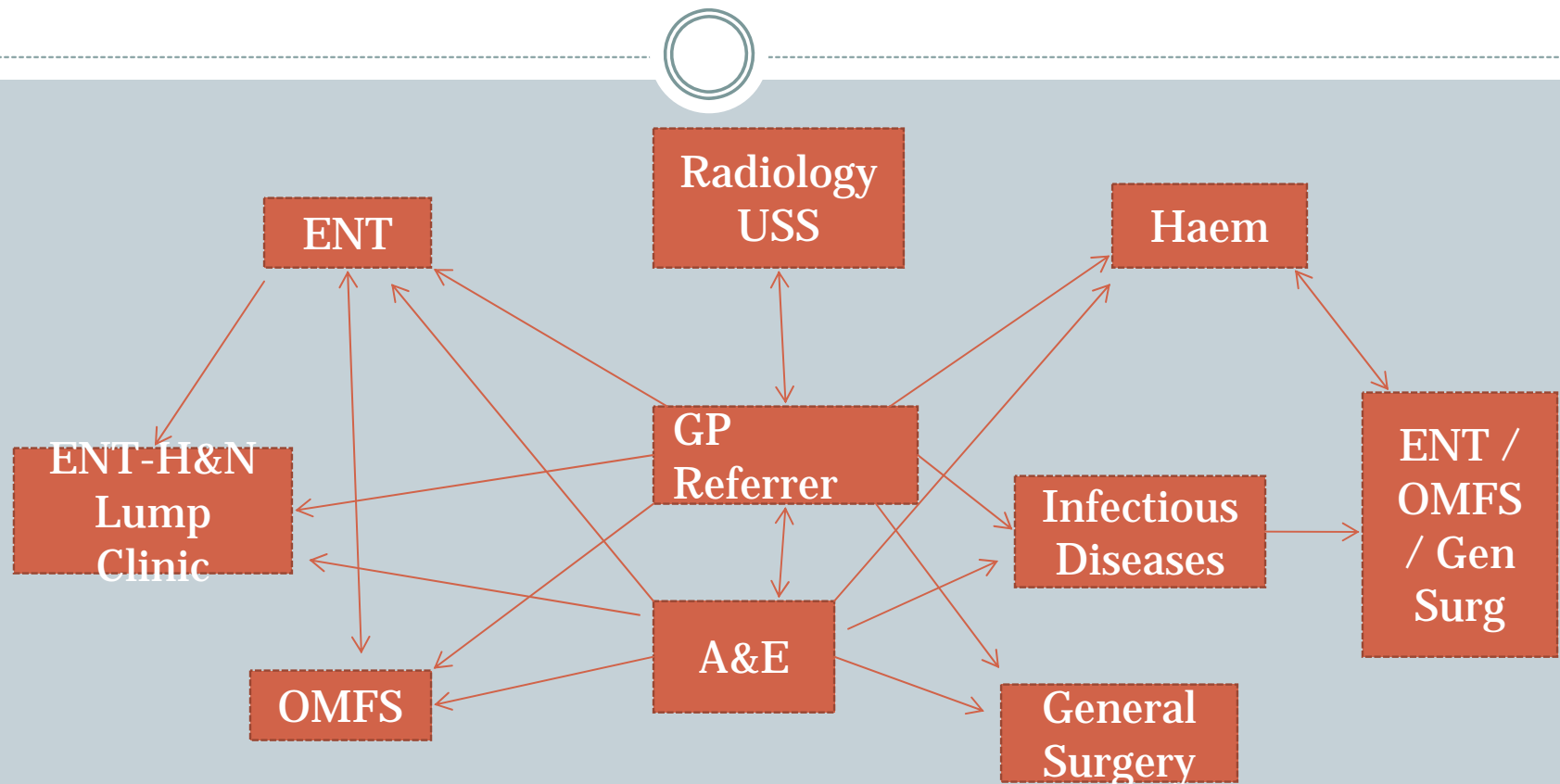
- Neck lumps can be divided into anterior and lateral lesions.
- More than 75% of lateral neck masses in patients over 40 are caused by malignant tumours, either metastatic or lymphoma.
- Most metastatic neck nodes arise from primary lesions in the Head and Neck.

NICE Improving Outcomes Guidance



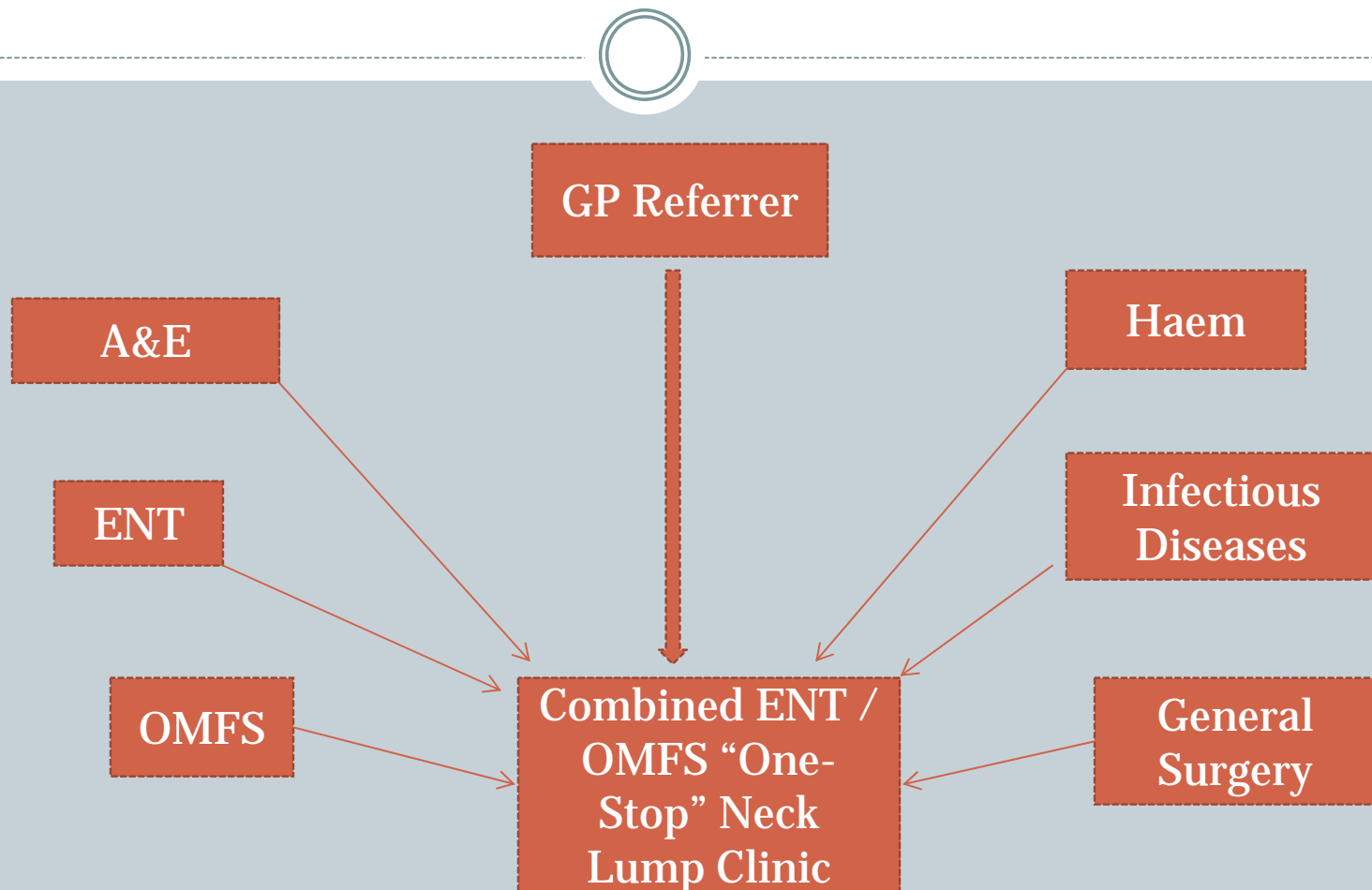
- Patients with neck lumps which persist for more than 3/52 despite Rx, or with suspected salivary gland tumours, should be referred to specialist neck lump clinics for investigation
- These should be organised collaboratively by Haematology, Ear Nose & Throat and services for Head & Neck Cancer
- Any patient with a neck lump should first be examined by flexible endoscopy

Previous NWLH Referral Pathways



- **Complex, multi-step, uncoordinated, haphazard, wasteful, inefficient, non-user friendly, unsafe!**

Idealized “One-Stop” Pathway



- Simple, coordinated, defined, resource efficient, purchaser, provider & user-friendly, safe!

NWLH Head & Neck Lump Clinic



- Interface H&N sub-specialty training in infancy
- Multi-specialty approach to “One-Stop” Rapid access H&N clinic (2 ENT-H&N & 2 OMFS-H&N Surgeons)
- H&N specialist review inc. Flexible nasendoscopy
- Northwick Park – onsite same day “one-stop” radiology / cytology
- Dedicated H&N radiologists and cytopathologists
- NWL H&N Cancer Network / H&N MDT

H&N Lump Clinic Referral Proforma

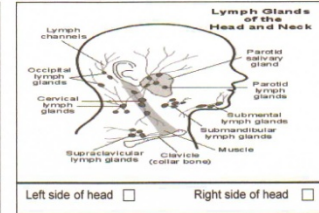
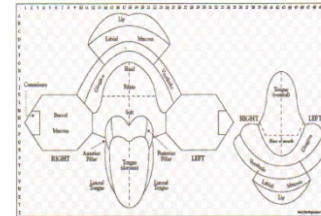
North West London Cancer Network

URGENT SUSPECTED CANCER REFERRAL FORM (HEAD and NECK)	
To make a referral, FAX this form to the Urgent Referral Team at the relevant hospital (see overleaf). If you wish to send an accompanying letter, please do so. All referrals must be FAXED.	
Consultant/Hospital to which patient is being referred:	
Patient details	GP / GDP Details (please circle)
NHS No	Dr:
Surname:	Address:
First Name:	
Age / D.O.B:	Tel: Fax:
Address:	Email:
Postcode:	Date of decision to refer:
Tel day: Tel evening/mobile:	Signature:
Details of Patient's GP (for General Dental Practitioner Referrals):	
Dr:	
Address:	
Tel:	
Have you told the patient that you suspect Head and Neck cancer? Y / N	
Have you told the patient they will be seen within 2 weeks? Y / N	
Has the patient had a previous diagnosis of cancer? Y / N (Specify overleaf)	
Has the patient previously visited this hospital? Y / N	First language:
Hospital number (if known):	Interpreter required? Y / N
Symptoms and Clinical Findings	
For suspected thyroid cancer, please use specific Thyroid 2ww form	
CANCER AREA SUSPECTED (please tick as appropriate)	
Oral Cavity <input type="checkbox"/>	Larynx <input type="checkbox"/> Pharynx <input type="checkbox"/> Salivary Gland <input type="checkbox"/> Nose <input type="checkbox"/>
Sinus <input type="checkbox"/>	Lip <input type="checkbox"/>
RISK FACTORS	
Smoker <input type="checkbox"/>	Ex-smoker <input type="checkbox"/> Chews Tobacco / Paan / Betel <input type="checkbox"/> * Alcohol units consumed per week _____
Lump in neck > 3 weeks	
Hoarseness (refer smokers immediately, otherwise refer if for more than 4 weeks with normal CXR)	<input type="checkbox"/>
Otalgia / sore throat (> 3 weeks, no other cause)	<input type="checkbox"/>
Ulcer/mass in oral cavity (no other cause)	<input type="checkbox"/>
Dysphagia	<input type="checkbox"/>
STRIDOR – Refer immediately	
Red and/or white patches on oral mucosa (especially if plus Pain, Bleeding, Swelling)	<input type="checkbox"/>
Unexplained tooth mobility > 3 weeks	<input type="checkbox"/>
P.T.O.	

Please ensure this form is received in the Trust within 24 hours of GP or Dental decision to refer



Additional Clinical Information: Include any investigations arranged or results obtained, and any other information you think relevant
Continue on a separate sheet if necessary ensuring patient details and referring doctor's name are on additional sheets



Left side of head Right side of head

*** Alcohol units per drink:**

The NHS recommends men should not regularly drink more than 3-4 units a day and women should not regularly drink more than 2-3 units a day. 'Regularly' in this context means drinking at this sort of level every day or most days of the week. Please refer to <http://units.nhs.uk/unitCalculator.html> to calculate number of units in various alcoholic drinks.

North West London Hospitals NHS Trust Fax: 020 8235 4188 Tel: 020 8235 4293	Trust based dedicated 2ww Urgent suspected cancer GP referral forms	Imperial College Healthcare NHS Trust Charing Cross Hospital Fax: 020 3311 7564 Tel: 020 3313 5000 St Mary's Hospital Fax: 020 3312 1580 Tel: 020 3312 1527
Ealing Hospital NHS Trust Fax: 020 8967 5005 Tel: 020 8967 5000, x 3921	Hillingdon Hospital NHS Trust (Maxillofacial) Fax: 01895 279538 Tel: 01895 279256 (ENT) Fax: 01895 279408 Tel: 01895 279715 2WW dedicated fax line : 01895 279807	West Middlesex University Hospital NHS Trust Fax: 020 8321 5157 Tel: 020 8321 6776

For latest referral forms please visit <http://www.nwlc.nhs.uk/cancer-referrals.htm>

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- **Thank You – Any Questions?**