PRIMARY AND COMMUNITY CARE DIAGNOSTIC REQUEST STANDARD OPERATING PROCEDURE:

Primary Care Audiology – MRI Referral for Internal Auditory Meatus (IAM)

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CONTENTS

1. STATEMENT

This Standard Operating Procedure (SOP) describes the process for requesting and managing Magnetic Resonance Imaging (MRI) Scans of the Internal Auditory Meatus (IAM) within Primary Care Audiology. The process described in this document has been in place since 2016, however a clear SOP is required to describe the pathway in order to support the opt-in framework for the pathway and provide clarity to all involved.

Clinical Scientists and Audiology Advanced Practitioners act as non-medical requestors and so the pathway has been designed in collaboration with General Practice, Ear Nose and Throat, Radiology and Audiology to ensure a safe and seamless pathway for identification, referral and reporting and managing of results.

2. SCOPE

MRI IAMs requests from Swansea Bay University Health Board Primary Care Audiology (PCA) services for patients who are requested at general practices that have opted- in to the PCA MRI referral pathway. This SOP is restricted to the description of the pathway for the request and management of MRI IAMs only. Broader management of the ear conditions, such as unilateral tinnitus, that may have instigated this pathway, will be managed by Audiology or via alternative onward referral or communication as appropriate for the presenting patient.

3. AIMS AND OBJECTIVES

The aim of this SOP is to allow for quickest access to identification and management of vestibular schwannoma or cerebellopontine angle (CPA) lesions whilst ensuring that, in reference to current guidance on general practice and health board interface standards, this is achieved with safe, consistent referral practice and communication and clear accountability across each of the services involved.

4. ROLES AND RESPONSIBILITIES WITHIN THE PATHWAY

4.1 Primary Care Audiology

4.1.1 Service responsibility

- Maintain a log of general practices that are opted in to the pathway
- Provide at least annual updates to general practices on activity and any changes or notable outcomes of the pathway
- Undertake audit of the pathway and maintain training records

3.1.2 Audiology Clinician responsibility

- Determine eligibility for MRI of the IAMs in line with current BSA and National Institute of Clinical Excellence (NICE) guidance [2] (See Appendix 1 for more detail) following comprehensive audiological assessment of patients in line with current British Society of Audiology (BSA) Guidance [1]
- Complete and submit MRI referral forms in line with current Radiology procedures, entering their name as the referrer.
- Include the patient's general practitioner name and surgery on the referral form for correspondence
- Maintain accurate records in the Audiology electronic patient record, currently Auditbase
- Inform patients of any changes to the agreed management, eg MRI contraindicated
- Refer patients who meet the audiological criteria but are contraindicated for MRI Referral to ENT
- Write to the patient's general practitioner (GP) with notification of the referral and reason for referral

3.2 Radiology Department

- Review MRI request from PCA in line with current Radiology procedures
- Produce a report for the MRI IAMs images
- Communicate report of MRI scan from Primary Care Audiology as per the agreed flow chart below, ensuring that reports are sent to the GP surgery.

3.3 General Practitioners

- Receive the results of MRI referrals requested under the pathway
- Consider any recommendations or findings included in the results.
- Communicate the outcomes of referrals to patients
- Arrange urgent referral to ENT following results consistent with vestibular schwannoma or CPA lesions.
- Arrange appropriate referral onward, investigation or management of any other findings.

3.5 Ear Nose and Throat

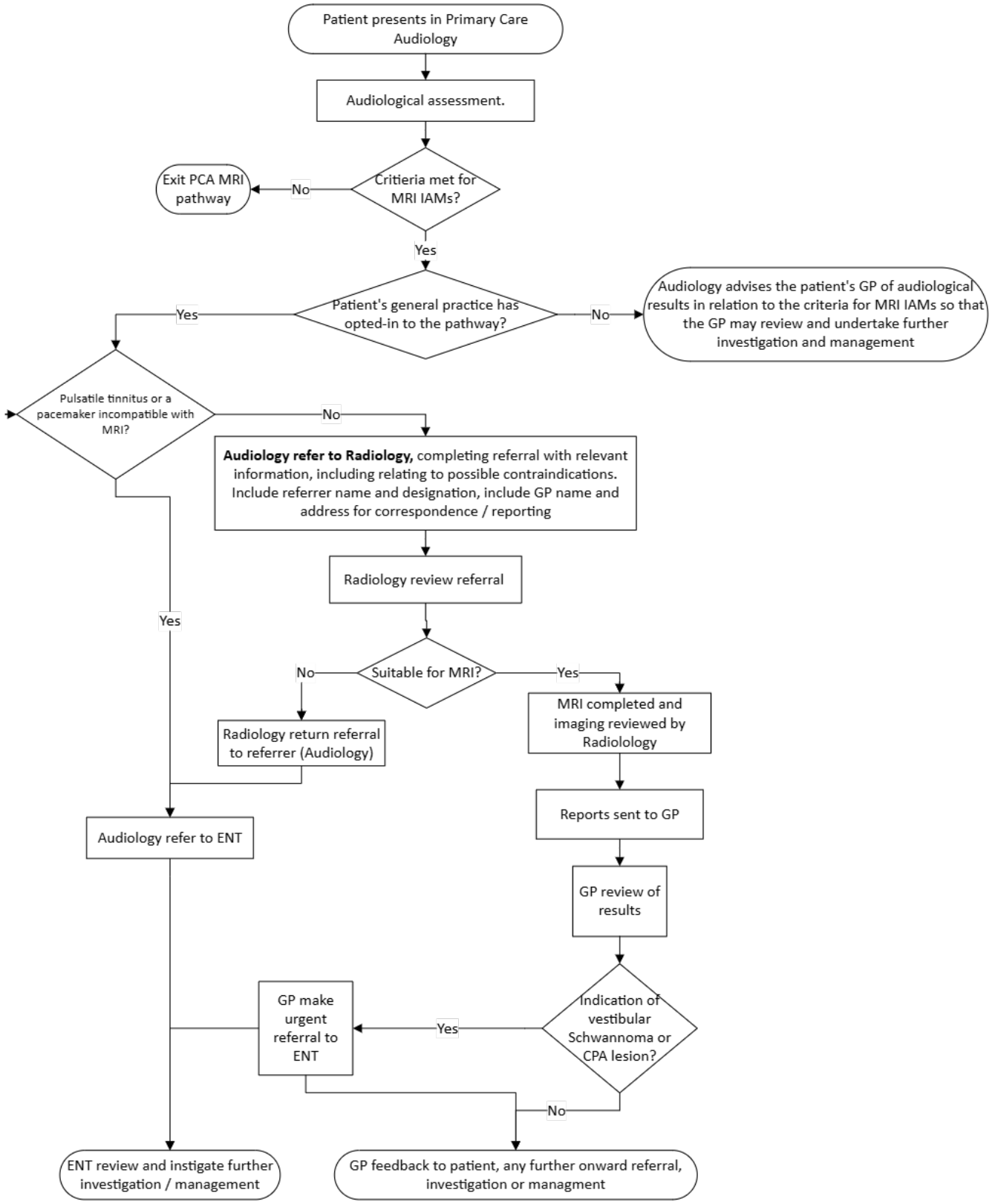
- Review referrals from Audiology for patients meeting the audiological criteria for MRI IAMs and arrange investigations and management as per ENT standing operating procedures.
- Accept referrals from GPs for patients whose MRI IAMs have indicated vestibular schwannoma or CPA lesions and review and manage as per ENT standing operating procedures.

4. OPTING OUT

Practices may opt out at any time by writing to the Head of Primary Care Audiology via email: SBU.Audiology.PrimaryCare@wales.nhs.uk.

When identifying patients who fall within criteria for MRI IAM and who are registered at a practice that has opted out of the pathway, PCA clinicians will inform the GP but will not make an MRI referral. It will be the responsibility of the patient's GP to arrange and manage the outcome of any appropriate investigations, including referral for MRI IAMs. Referral to Audiology or ENT for the purpose of requesting an MRI **will not be** accepted unless there are additional ear or hearing symptoms that require review or action by that service.

5. SOP FLOWCHART



REFERENCES

1. British Society of Audiology (2018). Recommended Procedure: Pure-tone air-conduction and bone-conduction threshold audiometry with and without masking [LINK]
2. National Institute for Health and Care Excellence (NICE) (Updated 2023). *Hearing Loss in Adults: Assessment and Management (NG98). [LINK]*
3. Welsh Government 2026: Welsh Health Circular/2026/015: All Wales General Practice and Health Board Clinical Interface Standards. [LINK]

APPENDICES

Appendix 1: Inclusion Criteria in line with NICE NG98

A1.1 Persistent Unilateral or Asymmetric Tinnitus

Persistent: at least five minutes in duration

Asymmetric: significant difference in tinnitus perception between ears, including duration and intensity. As no specific national referral threshold exists for asymmetric tinnitus, clinical judgement should be exercised by the assessing audiologist.

A1.11 Exclusions

Patients with unilateral pulsatile tinnitus should not be referred directly for MRI and should instead be referred to ENT.

A1.2 Unilateral or Asymmetrical Sensorineural Hearing Loss

Unilateral of Asymmetrical Sensorineural Hearing Loss: A difference of **15 dB HL or greater** between left and right bone conduction thresholds at **two or more adjacent frequencies** of: 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz, 8000 Hz
Where bone conduction thresholds are unavailable or unrecordable, air conduction thresholds should be used (generally 4 and 8 kHz).

A1.3 Evidence of Unilateral Deterioration in Hearing

A deterioration of **15 dB HL or greater** in bone conduction thresholds at **two or more** of the following frequencies: 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz, 8000 Hz in comparison to the other ear
Where bone conduction thresholds are unavailable or unrecordable, air conduction thresholds should be used (4 and 8K).

Appendix 2: Referral Considerations and Contraindications

A2.1 Pacemakers

Referrers should determine whether the pacemaker is compatible with MRI by contacting Cardiology.

If compatible, the referral should be made with details of the confirmation from cardiology. If not compatible, the referral should be considered as contraindicated and actions completed as per A2.3 below.

A2.2 Claustrophobia and elevated body mass index (BMI), pregnancy and other contraindications listed on the MRI form

Referrers should include the relevant information on the referral form. If Radiology consider that the referral is contraindicated, the referral will be returned to the referrer. For any referrals returned to the referrer,

A2.3 Action following a contraindicated referral

- A referral should be made to ENT, copied to the patient's GP.
- The patient should be informed by Audiology
- The patient record should be updated.

Swansea Bay University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

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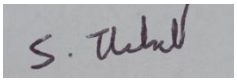
Sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	
If NICE guidance been considered/referenced when producing this document, please provide the title or reference number.	NG 98
Please provide a brief description/abstract of the document.	The SOP describes the roles and responsibilities of each service involved in the non-medical referrer pathway for MRI of the Internal Auditory Meatus as part of the primary care audiology service.
Equality Statement. *(All policies and procedures need to comply with CID76 Policy for the Management of Heath Board Wide Policies, Procedures and other Written Control Documents (WCD).*	N/A
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