

Otolaryngology: Head and Neck Surgery

Three Things Physicians and Patients Should Question

by

Canadian Society of Otolaryngology - Head & Neck Surgery

Canadian Association of Head and Neck Surgical Oncologists

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1 **Don't order imaging - computer tomography (CT) or magnetic resonance imaging (MRI) - as the initial investigation for patients presenting with a chief complaint of hoarseness.**

Many patients presenting with hoarseness do not have an underlying head and neck malignancy. Hence, ordering imaging initially does not help to make a diagnosis. Persistent hoarseness, lasting greater than 6 weeks, can be one of the first signs of malignancy of the larynx or voice box. This is particularly true in current or ex-smokers and individuals with a current or previous history of alcohol abuse. Laryngoscopy as part of a thorough physical examination is the best initial investigation of persistent hoarseness. If the laryngoscopy demonstrates a vocal cord paralysis or a mass/lesion of the larynx, imaging to further evaluate is evidence-based.

2 **Don't perform open biopsy or excision of a neck mass without having first considered a fine needle aspiration (FNA) biopsy.**

A fine needle aspiration biopsy (FNA) is the gold standard for initial work up for a neck mass and has numerous advantages over an open neck biopsy. FNA holds less risk and avoids the chance of seeding cancer cells in the neck and making subsequent treatment of a confirmed malignancy more challenging. It is also inexpensive, quickly obtained without a general anaesthetic, and can be performed with or without the use of imaging to assist with the placement of the needle depending on the location of the neck mass, particularly if it is partially cystic or near vital structures. Open neck biopsies should only be considered for a neck mass if the result of a FNA biopsy is non-diagnostic and no primary carcinoma is identified upon a complete head and neck examination. If there is a strong suspicion of lymphoma (previous history of lymphoma, night sweats, weight loss, wide spread lymphadenopathy) an open or core biopsy can be considered in lieu of a FNA.

3 **Don't order neck ultrasound to investigate odynophagia (discomfort or pain with swallowing) or globus sensation.**

Odynophagia and globus sensation are common symptoms and the differential diagnosis can be extensive, including inflammatory, infectious, neoplastic, autoimmune and traumatic causes. Odynophagia and globus sensation are infrequently due to an underlying neck mass, and if so, the underlying lesion is usually quite apparent on physical examination. Neck or thyroid ultrasonography ordered to investigate patients with odynophagia and globus sensation are more likely to detect other entities such as benign thyroid nodules, rather than confirming a diagnosis that explains the patient's symptoms and can lead to a cascade of other unnecessary tests that can be harmful to patients. Unfortunately, using tests to exclude conditions, can sometimes identify other diseases such as thyroid nodules, leading to further testing such as a FNA or repeat ultrasounds and in some cases treatment in the form of a thyroidectomy that may be unnecessary or harmful to patients.

How the list was created

This list was created by the Canadian Association of Head and Neck Surgical Oncologists of the Canadian Society of Otolaryngology – Head & Neck Surgery. Members of each group, representing the national leaders within their respective subspecialties, were asked to create a list of recommendations for unnecessary tests that were seen to be commonly ordered or unnecessary interventions that were commonly performed. These unnecessary tests and interventions are often invasive and incur risk to patients and unwarranted costs to our public health care system. The evidence was then reviewed to further refine the recommendations. The final version of the list was then circulated and approved by the members of the groups.

Sources

- 1 Hoare TJ, et al. Detection of laryngeal cancer--the case for early specialist assessment. J R Soc Med. 1993 Jul;86(7):390-2. PMID: 8053995.
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- 2 Choosing Wisely Canada. Canadian Hematology Society: Five Things Physicians and Patients Should Question [Internet]. 2014 Oct 29 [cited 2017 Jun 13].
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- 3 Hall SF, et al. Access, excess, and overdiagnosis: the case for thyroid cancer. Cancer Med. 2014 Feb;3(1):154-61. PMID: 24408145.
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About The Canadian Society of Otolaryngology - Head & Neck Surgery and the Canadian Association of Head and Neck Surgical Oncologists

The Canadian Society of Otolaryngology-Head & Neck Surgery (CSOHNS) and the Canadian Association of Head and Neck Surgical Oncologists (CAHNSO) are proud partners of the Choosing Wisely Canada campaign. CSOHNS is an association that helps to serve the Canadian Otolaryngology-Head & Neck Surgery community. It is composed exclusively of otolaryngologists-head & neck surgeons and those training in the specialty. CAHNSO is composed exclusively of head and neck surgical oncologists. CSOHNS and CAHNSO are dedicated to improving patient care through the support of education, the promotion of research, the dissemination of information, the scientific advancement of the Society, and the maintenance of high professional and ethical standards. Members of CAHNSO, representing national leaders within head and neck surgical oncology, were asked to create a list of recommendations for unnecessary tests that were seen to be commonly ordered or unnecessary interventions that were commonly performed. These unnecessary tests and interventions are often invasive and incur risk to patients and unwarranted costs to our public health care system. The evidence was then reviewed to further refine the recommendations. The final version of the list was then circulated and approved by the members of the group.



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About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

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