

# A glossary

**A**fter a week on call grading what feels like 13 billion referrals I decided it might be useful to come up with a glossary that might help other people in some way to decipher the true meaning behind every repetitive sentence uttered in every referral.

**This patient is new to the practice:** I am awfully sorry about this and though you might think it a rubbish referral please don't judge me.

**We have no OCT in the practice:** This is likely to be fine and we both know it will be fine but I did warn you so remember my name and know I know it is probably fine and if it is perhaps you will forgive me.

**The patient asked us to refer them to you:** This is a nightmare patient that has some form of personality disorder. We know this referral is not needed but you will see why we referred when you see them in clinic.

**I would appreciate a review:** I think it's fine but you have more technology and experience than us here and I value your reassurance.

**Please send copies of all HES notes to the practice:** I have literally no clue how the Hospital Eye Service is organised.

**Please see this patient within two weeks:** Ditto

**This patient refused a cataract referral for many years and now wants the operation so please see urgently in clinic due to the poor visual acuity (VA):** I hate you and everything you stand for.

**This patient attending for routine appointment has some distortion on Amsler grid testing so please see urgently for possible wet age-related macular degeneration (AMD):** I am a newly qualified optometrist.

**This patient has attended multiple appointments here with vague visual symptoms but a normal examination:** This person is possibly insane please help me here she's been back four times now and I'm at the end of my tether.

**Please see this asymptomatic patient who has blurred disc margins:** This is probably normal but I am nervous in the wake of that recent optom being prosecuted for missing frank papilloedema.

**Please see this asymptomatic patient who possibly has blurred disc margins:** This is definitely normal. I suspect you will lose respect for my referrals after this.

**This patient is unhappy at the postoperative result and it might be useful if you see them**

**again in clinic:** If you don't you're getting sued so this is a friendly heads up.

**This patient is very unhappy at the post-operative result:** You are definitely getting sued so please see them as soon as possible as I don't want them coming back here again and us getting sucked into this mess.

**Sending a potential wet AMD patient in via routine referral rather than the dedicated wet AMD pathway:** I am locum here and don't know how things work locally – or – this isn't wet AMD but I am too embarrassed to send the person in via the normal mechanism.

**Please see this lawyer / barrister / solicitor etc:** Caution there is middle class danger here; devote more than the usual time to this patient or you're going to have a bad time.

**This patient has recently relocated to the region from London:** A big heads up that this person is likely to be disappointed at any waiting list longer than a few days or a delay in clinic longer than a few seconds.

**Please see this asymptomatic patient with narrow angles on Van Herrick testing:** I haven't referred anything for a while so have this person that you're likely to see once and discharge.

**This patient may already be under the HES:** They were discharged in 1979.

**This patient has missed one or two appointments and wishes to be reinstated:** They've missed six and likely won't attend this time either.

**This patient is already under HES but her appointment is a bit overdue:** They had a three month follow-up in December 2016.

**Please see this patient with suspected glaucoma, cataracts, wet macular degeneration and a left-sided pterygium:** I am unaware of the fact that you can only tick one box on your grading form so try and decide which of these is the most pressing.

**Please see this patient with suspected glaucoma, cataracts, wet macular degeneration and a left-side pterygium, all of which I will describe in a gigantic paragraph of unnecessary detail that will snake out of the box and down the side of the page, though the writing I hope you agree is extremely tidy and readable:** I am new and don't really know what I am doing but don't want to offend you either.

**Please see this patient with a full thickness macular hole that was found during routine testing today:** This is a lamellar hole and we both know this but obviously if I say this you will be uninterested.

**Please see this patient with 6/9 vision that I suspect of having an epiretinal membrane:**

I read about these a short while ago and will send you each and every one until you send me at least three letters explaining that you will likely not do anything about it. Then I will wait six months and start sending them again.

**This patient is known to you:** And hates you, which is why they've come to see me about the exact same thing they're seeing you for.

**This patient was seen by diabetic eye screening three months ago and has some haemorrhages in both eyes please see:**

Diabetic retinopathy screening has such a notoriously low threshold for sending in patients the fact that they didn't here means all is almost certainly going to be well.

**This patient is well known to both of us:** Whatever comes next is trustworthy and true.

**We haven't had much correspondence since we referred this patient to you a few years ago:** We've had none. Zero. And it's annoying when the patient comes in having to pretend that we know all about developments. Help us out please!

**Any referral from a GP:** Please have this gigantic amount of irrelevant information from our pre-printed practice record followed by half a sentence mentioning red eyes or visual loss followed by no useful descriptor whatsoever.

I hope you find this information useful. Obviously it is massively incomplete and perhaps one day it can be expanded into a full book of terms and phrases, with regional variations and cultural nuances all included. Hopefully the next time you pick up the on call referral folder bulging with thousands of horrible referrals you will do so with a little less horrifying disgust than before. Good luck!

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