

Bilateral optic disc swelling: urgent referral



Assume that today's date is 22 October 2026. It is 10:30 and Ms Mehrotra is about to leave your practice for the hospital eye department. You are an optometrist in a community optometry practice. Using the information in the case notes, write a letter to Dr Imogen Atherton, the on-call ophthalmology registrar, referring Ms Mehrotra for same-day assessment. Address the letter to Dr Imogen Atherton, On-call Ophthalmology Registrar, Eye Emergency Clinic, Hospital Eye Department. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- 1. Name: Ms Orla Mehrotra
- 2. DOB: 14/03/1995 (31 yrs)
- 3. Seen: 22/10/26, 09:30 (same-day appt booked by pt this morning)
- 4. GP: Dr Diarmuid Gunasekara

Social background

- 5. Accountant, full-time; drives to work daily
- 6. Lives with partner, who drove her to appt today
- 7. Enjoys weekend pottery classes
- 8. Non-smoker; alcohol 2–3 standard drinks/wk
- 9. Says sister 'always overreacts about health' and told her headaches are just stress

Medical history

- 10. Myopia R –2.50 / L –2.75 DS; monthly soft CL wearer
- 11. Last routine eye exam 04/2025: optic discs normal; fundus photos + OCT on file
- 12. Acne: oral doxycycline started by GP 2/12 ago
- 13. Weight ↑ approx 8 kg over past 12/12
- 14. Combined oral contraceptive pill; LMP 2/52 ago
- 15. Tonsillectomy age 7
- 16. Allergies: penicillin (rash)

Presenting complaint

- 17. Headaches 3/52, gradually ↑; worse on waking and when lying down or bending
- 18. Episodes of vision 'greying out' both eyes, lasting secs, several/day, esp on standing
- 19. Intermittent whooshing noise in ears in time with heartbeat

Presenting complaint

- 20. Denies diplopia, fever, neck stiffness, limb weakness or numbness
- 21. Paracetamol PRN: minimal relief
- 22. Annoyed GP receptionist could not offer appt until next wk

Examination

- 23. VA (with CL): R 6/6, L 6/6; colour vision (Ishihara) normal both eyes
- 24. Pupils equal and reactive, no RAPD; ocular motility full, no diplopia
- 25. Dilated fundus: bilateral optic disc swelling, blurred margins; spontaneous venous pulsation absent both eyes; small peripapillary haemorrhage L
- 26. OCT: RNFL thickness ↑ both eyes cf. 04/2025 baseline
- 27. Visual fields (24-2): enlarged blind spots both eyes; otherwise full
- 28. BP 126/80 (seated)
- 29. Anterior segment: mild CL-related dry eye both eyes

Plan

- 30. Phoned hospital eye dept 10:15: on-call ophthalmology registrar agreed to see pt today
- 31. Doxycycline discussed with registrar on phone: advised pt to stop immediately pending assessment; pt informed and agrees
- 32. Pt advised not to drive; partner to take her directly to eye dept
- 33. Copies of fundus photos, OCT and fields to go with pt
- 34. Lubricant drops PRN for dry eye
- 35. Copy of letter to GP