OET Case Notes

Radiography · Intermediate · Discharge letter · to General Practitioner

Radiography — Discharge to GP after Fluoroscopic Swallowing Study Findings

THE CASE NOTES

Patient: Mr Raymond Walsh, 68 years old; referred for video fluoroscopic swallowing study (VFSS) by ENT following 3 months of progressive dysphagia and two episodes of aspiration pneumonia

VFSS findings: Silent aspiration of thin liquids (observed on VFSS): patient did not cough or show any clinical signs of aspiration despite observed penetration and aspiration below the vocal cords; aspiration occurred on approximately 40% of thin fluid trials; aspiration absent with Level 2 (mildly thick) fluids; no obstruction identified; no pharyngeal tumour visible fluoroscopically

Swallowing physiology: Reduced laryngeal elevation on swallowing; delayed swallowing reflex; posterior pharyngeal residue — partially cleared with dry swallows

Radiologist: Formal radiologist report pending — expected within 48 hours; preliminary findings communicated to the GP by phone at 14:30 today; this letter confirms those findings

Recommendation: Urgent referral to speech pathology for swallowing rehabilitation and texture/fluid modification; in the interim, advise patient to use Level 2 mildly thick fluids and avoid unmodified thin fluids; GP should advise patient not to eat or drink thin fluids unsupervised until reviewed by SLP

Task: Write a discharge letter to the GP, Dr Sheila Nwosu, summarising the VFSS findings and requesting urgent SLP referral.

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SLP referral.

WHAT TO INCLUDE

+ **Silent aspiration of thin fluids on approximately 40% of trials — patient showed no cough or clinical signs despite aspiration below vocal cords**
  Silent aspiration is clinically dangerous precisely because it is silent — the GP and patient cannot rely on clinical signs to detect it. This finding changes the patient's management immediately.

+ **That aspiration was absent with Level 2 mildly thick fluids — and the interim recommendation to use thickened fluids**
  The GP needs an actionable interim instruction before the SLP appointment. Level 2 fluids were protective — this is the specific modification that reduces risk while waiting for the formal SLP assessment.

+ **That the formal radiologist report is pending (48 hours) and that preliminary findings were communicated by phone at 14:30**
  The GP must know the formal report has not yet been issued. Documenting the verbal communication time is clinical accountability — the GP has been informed; the letter confirms it.

WHAT TO LEAVE OUT

– **The swallowing physiology detail: laryngeal elevation, pharyngeal residue mechanism**
  The SLP handles the rehabilitation of the swallowing physiology. The GP needs the outcome finding (silent aspiration on thin fluids) and the management recommendation (urgent SLP, interim thickened fluids). State the findings; not the mechanism.

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– **The two previous aspiration pneumonia episodes in detail**
  Relevant context in one clause: 'referred following two previous aspiration pneumonia episodes.' The GP already knows this history; the VFSS letter documents the imaging findings, not the referral history.

CRITERION IN FOCUS · PURPOSE

A post-VFSS letter to the GP has a dual purpose: to report significant radiological findings and to request a specific clinical action. Both must be explicit. 'The VFSS confirmed silent aspiration of thin fluids' is the finding. 'I am requesting urgent referral to speech pathology and advise Level 2 mildly thick fluids in the interim' is the action. A letter that reports the findings without making the request explicit leaves the GP to decide the next step independently — which is the opposite of the letter's purpose.