

## Radiography — Discharge to GP after CT-Guided Biopsy with Pneumothorax Compl

### THE CASE NOTES

**Patient:** Mr Aaron Whitfield, 63 years old; CT-guided percutaneous right lower lobe biopsy performed today for a 2.4 cm spiculated lesion (suspicious for bronchogenic carcinoma)

**Complication:** Post-biopsy CT: small right apical pneumothorax — estimated 15% right hemithorax; patient was monitored for 3 hours; repeat CT at 2 hours showed no enlargement; oxygen saturation maintained 96–98% on room air throughout; patient was asymptomatic

**Management:** Conservative management — no chest drain required; patient informed of the pneumothorax and discharged with written instruction sheet; oxygen was not required; discharged with a satisfactory post-procedure chest X-ray pending at 48 hours

**Pathology:** Biopsy specimens sent to histopathology; results expected 5–7 working days; referral to thoracic MDT meeting already arranged once results are available

**GP actions requested:** (1) 48-hour post-procedure chest X-ray — to confirm resolution of the pneumothorax; (2) patient to report immediately to A&E if: increasing breathlessness, pleuritic chest pain, worsening oxygen desaturation, or sense of increasing chest tightness — these suggest pneumothorax enlargement; (3) do not restart anticoagulants for a further 48 hours (patient was on aspirin 75 mg — held for 5 days pre-procedure; GP to advise on restarting)

**Task:** Write a discharge letter to the GP, Dr Fatima Al-Hassan, documenting the procedure, the complication, and the GP monitoring instructions.

**Task: Write a discharge letter to the GP, Dr Fatima Al-Hassan, documenting the procedure, the complication, the GP monitoring instructions.**

### WHAT TO INCLUDE

- + **Small right apical pneumothorax: 15%, no enlargement on 2-hour repeat CT, asymptomatic, SpO2 96–98% throughout, conservatively managed — no drain required**  
The complication must be documented with the outcome. A letter that says 'a pneumothorax occurred' without stating it was monitored, did not enlarge, and did not require drainage leaves the GP without the information needed to calibrate the follow-up urgency.
- + **The 48-hour chest X-ray request and the A&E warning signs: increasing breathlessness, pleuritic chest pain, desaturation, increasing chest tightness**  
These are the two GP actions. The chest X-ray is the monitoring plan; the warning signs are the safety net for enlargement after discharge. Both must be explicit, specific, and actionable.
- + **Aspirin held for 5 days pre-procedure — GP to advise on restarting, currently held 48 hours post-procedure**  
The anticoagulation management is the GP's specific drug action. They need to know what was held, when it was held, and that their action is to advise on restarting once the pneumothorax is confirmed resolved.

### WHAT TO LEAVE OUT

- **The biopsy technique detail: needle gauge, number of passes, imaging guidance protocol**  
The radiology procedural report covers the technique. The GP discharge letter covers the outcome, the complication, and the monitoring.

# OET Case Notes

Radiography · Proficient · Discharge letter · to General Practitioner

[oetwritingcorrection.com](http://oetwritingcorrection.com)

– **The histopathology result (not yet available)**

Results are expected in 5–7 working days. Stating this and that a thoracic MDT referral is arranged closes the loop. The letter cannot include results that are pending.

## CRITERION IN FOCUS · CONTENT

---

A post-procedure discharge letter following a complication must answer four questions: (1) what happened (pneumothorax), (2) how it was managed (conservative, monitored 3 hours, no enlargement), (3) what the current status is (asymptomatic, SpO2 satisfactory at discharge), (4) what the GP must do (48-hour CXR, warning signs, anticoagulant restart). A letter that answers three of four fails Content. In this case, the anticoagulant restart is the most commonly omitted item — and it is the most clinically dangerous omission.

**Write this letter, then get it marked at [oetwritingcorrection.com/oet-writing-services](http://oetwritingcorrection.com/oet-writing-services)**