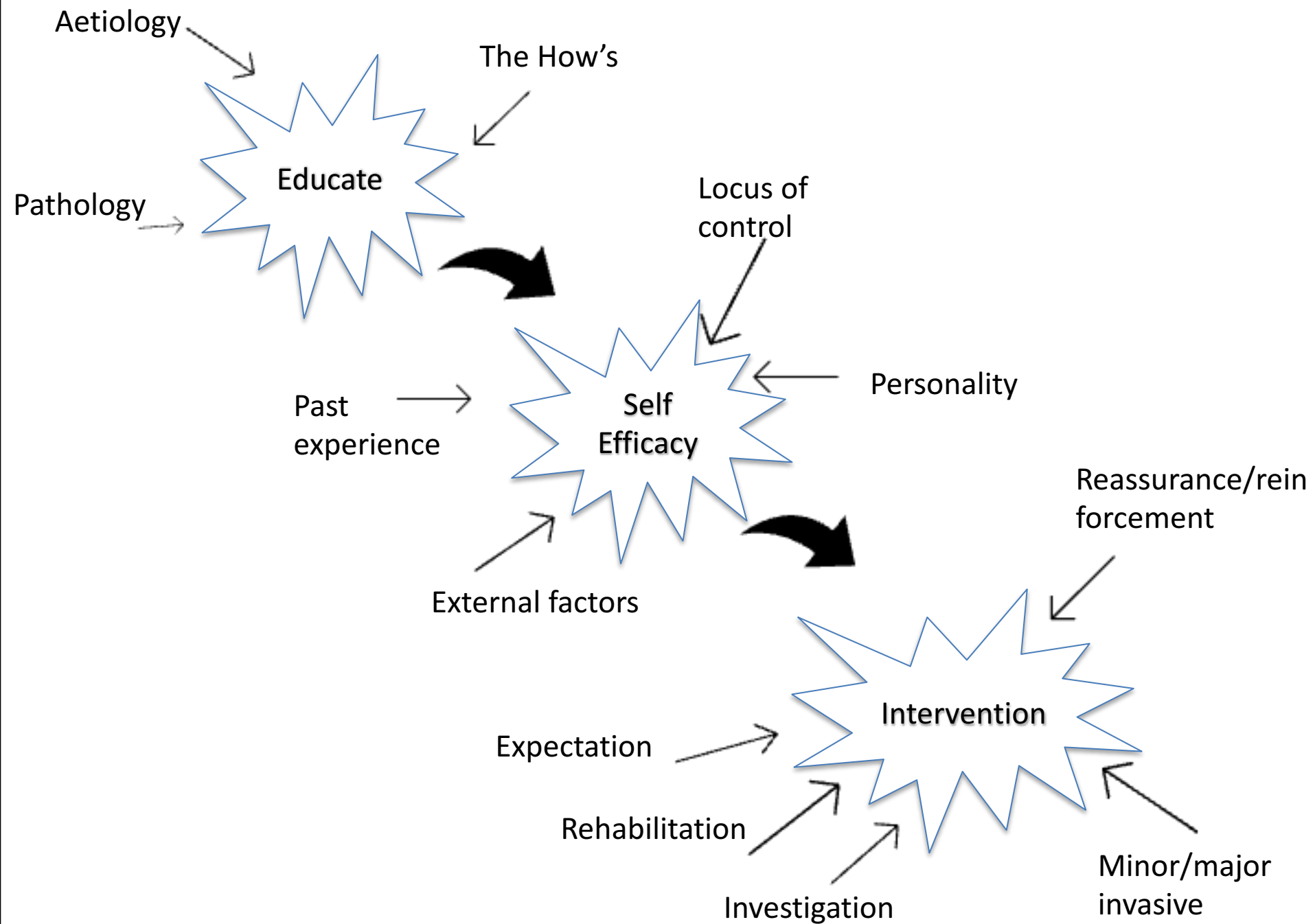


# When and what to manage and when to refer

- Jonathan Bell FRCS ( Orth)
- [www.wimbledonclinics.co.uk](http://www.wimbledonclinics.co.uk)
- 0208 944 5659
- @bellkneesurgeon

# Learning outcomes

- At the end of my talk you should:
  - Know who and when to refer a patient
  - Be able to write a helpful referral letter
  - Understand how to prepare a patient for referral



## Locus of control

Internal: own their problem, their successes & failures

External: Stuff happens to them, no belief they control success or failure

## Personality

5

Conscientiousness  
Open to experience  
Neuroticism  
Agreeableness  
Narcissism

## Self Efficacy

## Past experience

Chronic condition  
Previous experience of ill health/injury  
Interactions with healthcare +ve/-ve

## External factors

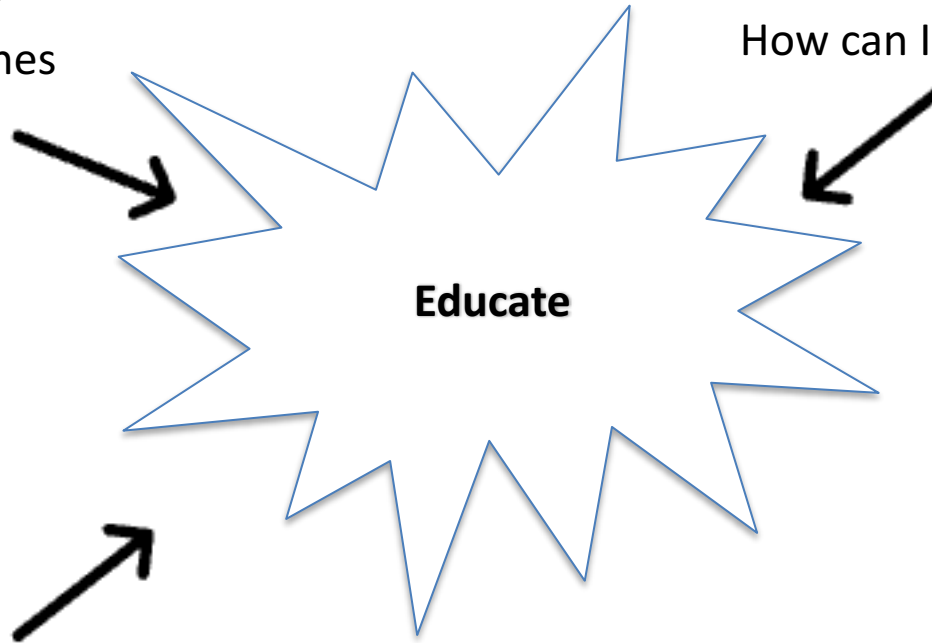
Cup half full/empty  
Socio- economic  
Co-morbidities  
Pressure to perform

## Aetiology

What caused it?  
Did I make it worse  
by neglecting it?  
Don't catastrophise  
Give them  
something that  
helps

## The How's

How long will this last?  
How can I help myself?  
How can I avoid it getting worse?  
How is this causing my symptoms?  
How can I achieve my needs/wants?



## Pathology

How pathology relates to symptoms (  
be a hedgehog not a fox)  
Explain process  
Put it into context eg <50% have pain  
with this

Reassurance/reinforcement  
Some need repeated  
reassurance (don't abuse)  
Hands on is a fine line to tread  
How many is enough?

**Education** may be  
enough

### **Rehabilitation**

In its broadest  
sense  
Exercise/coping  
strategies/self  
management/t  
aping/pacing  
etc

### **Investigation**

Important to explain why  
you are/are not doing MRI  
Explain what investigation is  
intended to add and what it  
wont  
Always stick your neck out  
on a request it'll make you  
honest

## **Intervention**

### **Minor Invasive**

For injections; what  
are you targeting and  
why.  
How will targeting that  
alter next steps

### **Major**

Are referral criteria met?  
Refresh what's been/has  
not tried  
Start to expectations of  
outcome  
Do they want surgery?

CONFIDENT  
DIAGNOSIS ✓

SENSITIVITY ✓

TREAT<sup>o</sup> OPTIONS ✓  
PLAN

\* SHORT HISTORY

\* RELAPSE/FLARE

\* CHRONIC LOW LEVEL

\* TREATMENT PLAN TO  
DATE NEED TIGHTENING

\* MAY BE SOME DOUBT

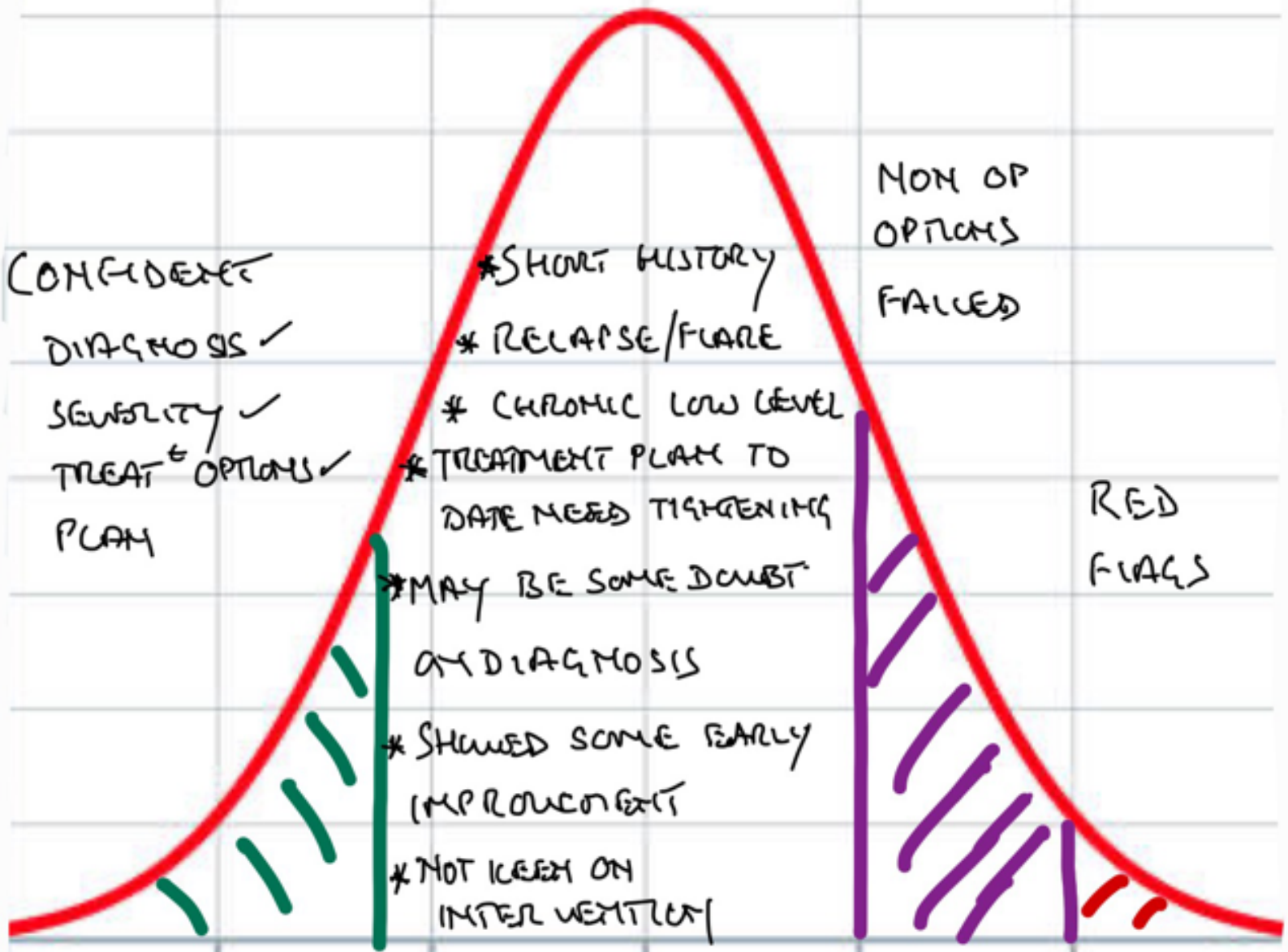
ON DIAGNOSIS

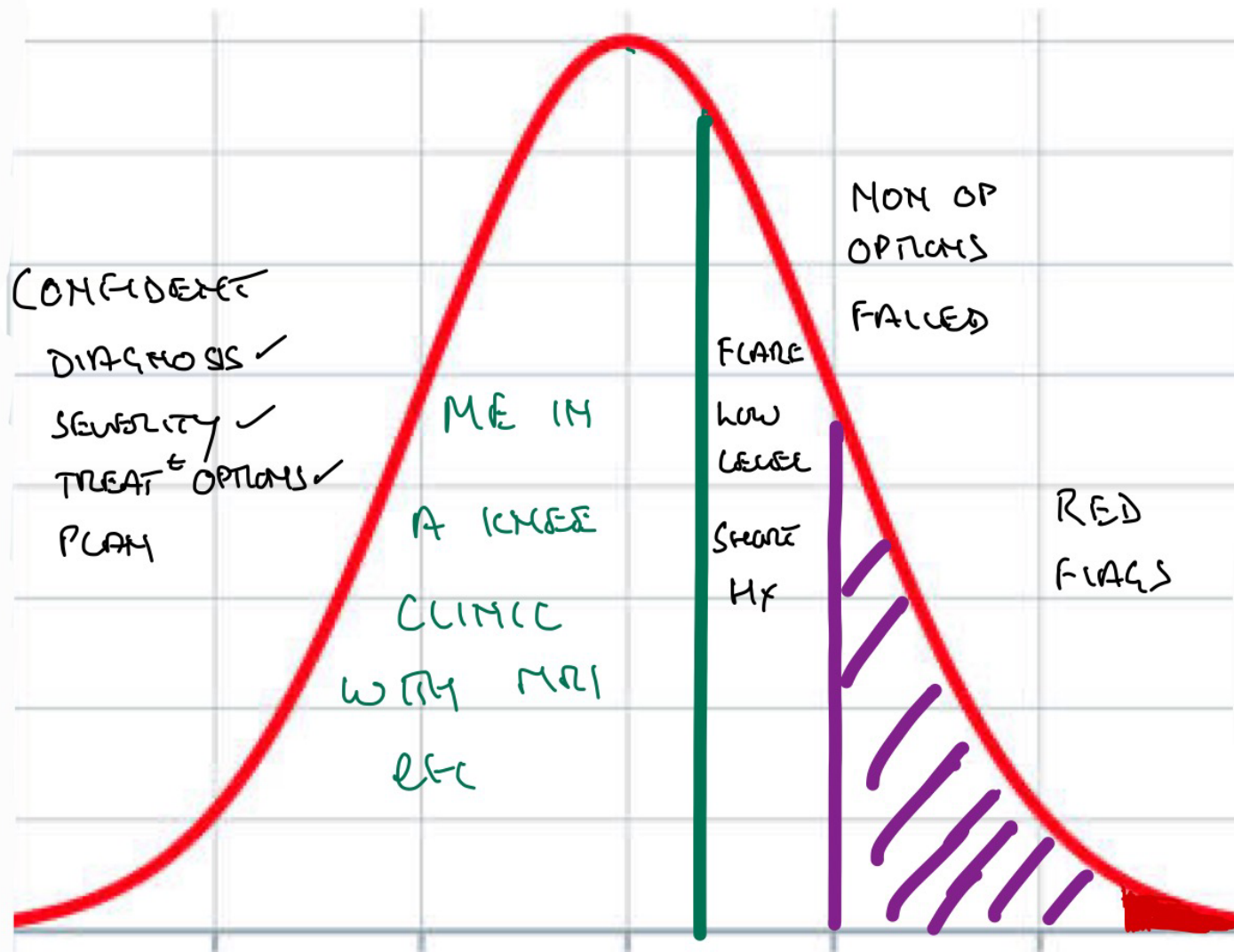
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IMPROVEMENT

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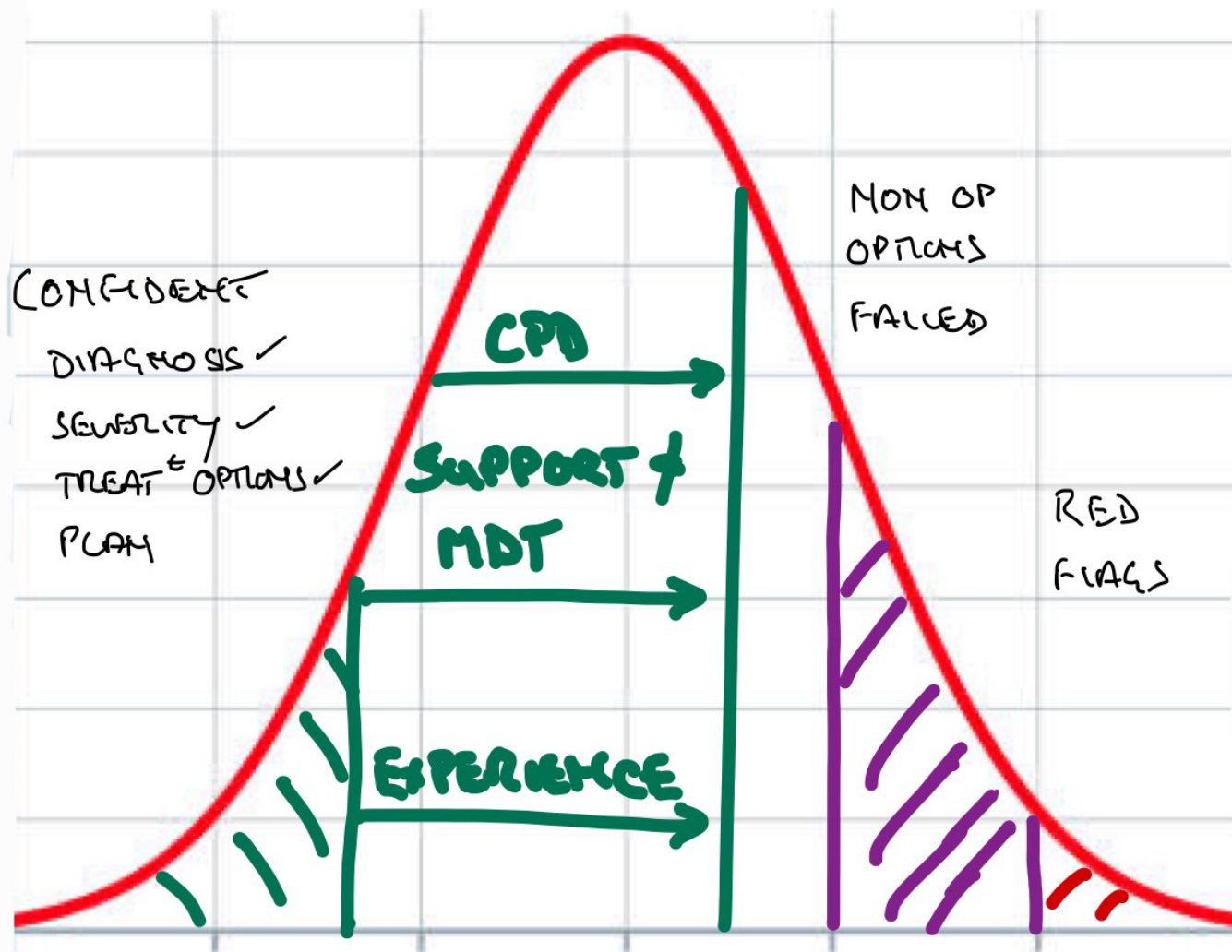
NON OP  
OPTIONS  
FAILED

RED  
FLAGS









## Who/where/how to refer

- **Patient needs help**
  - Red flag
  - Failed non op care
  - Meet referral criteria of an agreed protocol
- **You need help**
  - With diagnosis/special tests
  - Reassurance
  - To share the load
    - Prolonged treatment/change
    - Difficult patient/relative
    - Cycling/multiple opinions
    - You just want a bit of input

## When/where/how to refer

- **Where to refer**
  - Rheum/orth/extended role/SEM/pain/radiology /community care
  - Be aware of local guidelines/protocols
  - Don't refer to wrong specialist/location
- **Letters please include**
  - Reason for referral and your expectation
  - Your diagnosis ( stick your neck or you'll never learn)
  - What you have tried/compliance
  - Tests/medications/PMH
  - Patient expectations and what you have told them

## Improving your referrals

- CPD and training
- Presentation skill ( present cases on ward round/clinic/MDT)
- Build relationships so you can get feedback/light touch support
- Look at tools to support when/where to refer
- Reflection/group discussion/WhatsApp

## Improving your referrals

- History (Subjective)
- Exam (Objective)
- Social/meds/PMH
- Differential diagnosis
- Test results
- Accurate diagnosis
- Severity
- Treatment Options ( do nothing counts as 1)
- What you have tried
- What's your question

# 58 woman

- Grumbling medial pain- very low grade
- Was responding to treatment
- Lifted suitcase sudden very painful 3 weeks
- Can't WB easily
- No effusion
- Medial tenderness

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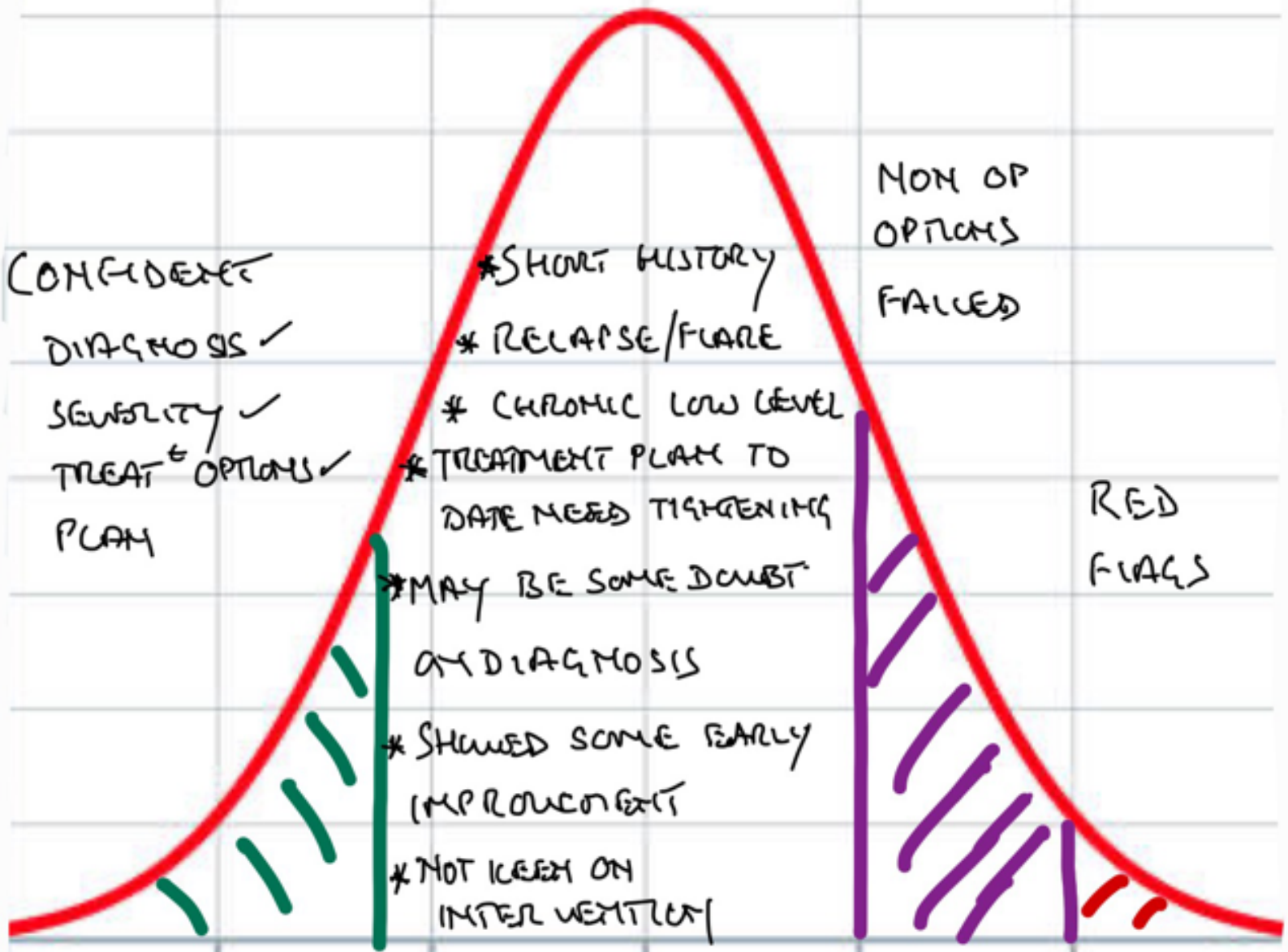
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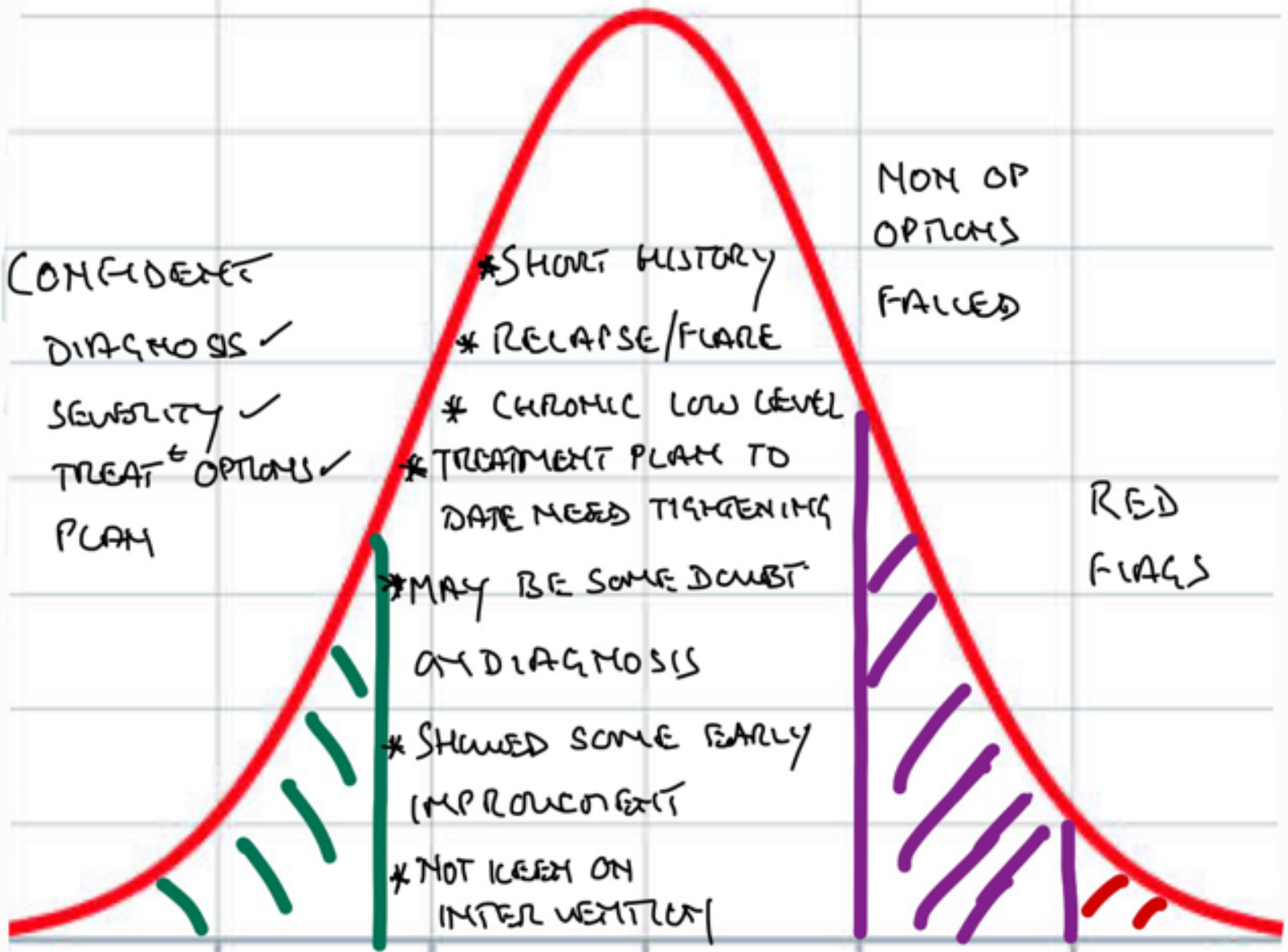
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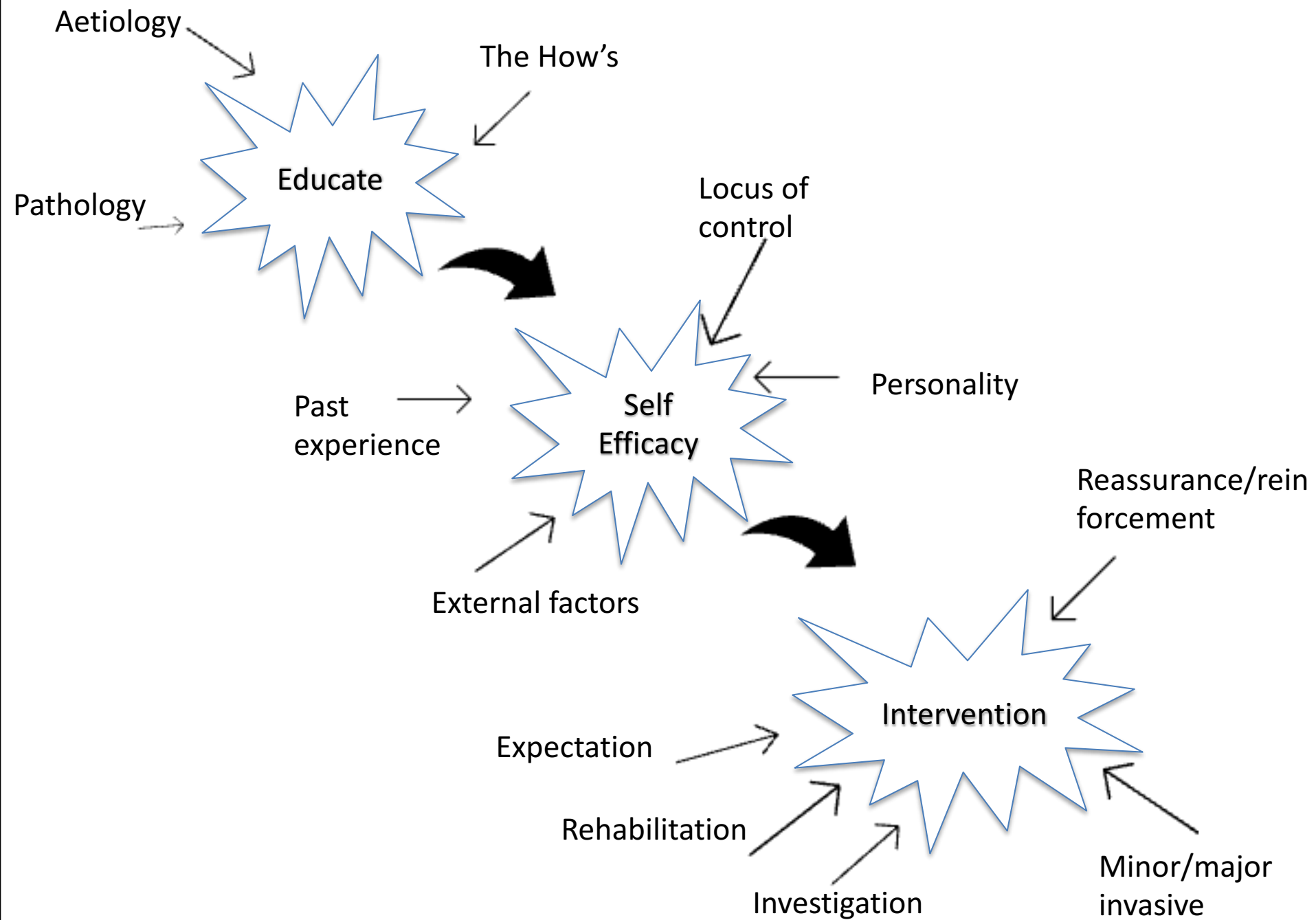
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# 38 male

- Chronic relapsing low back pain
- Frequent attender/DNA
- Drug addition
- Unkempt/ETOH
- Genuine decreased sensation in dorsum left foot( previously noted)
- Subjective change in sensation in buttock region



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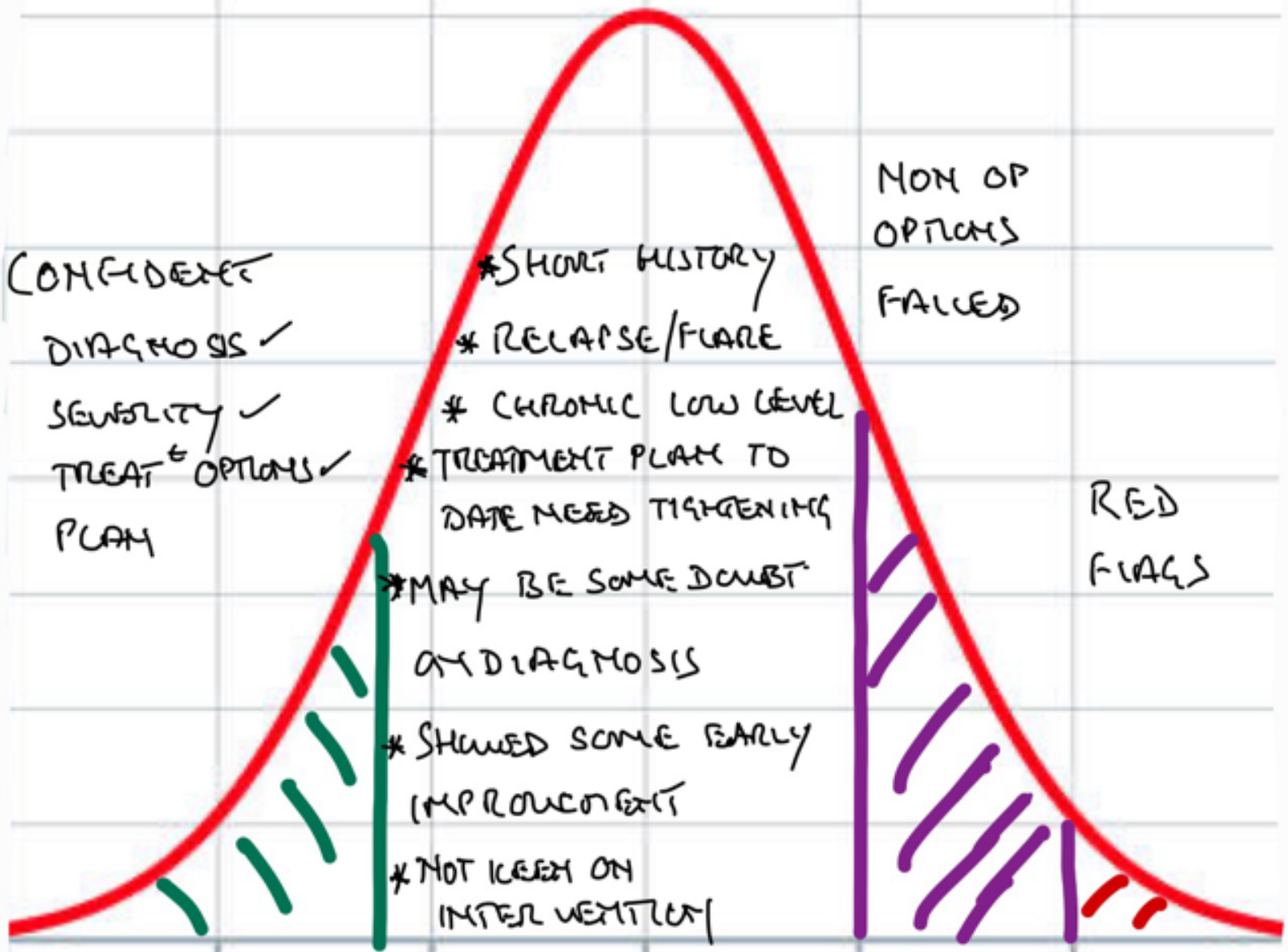
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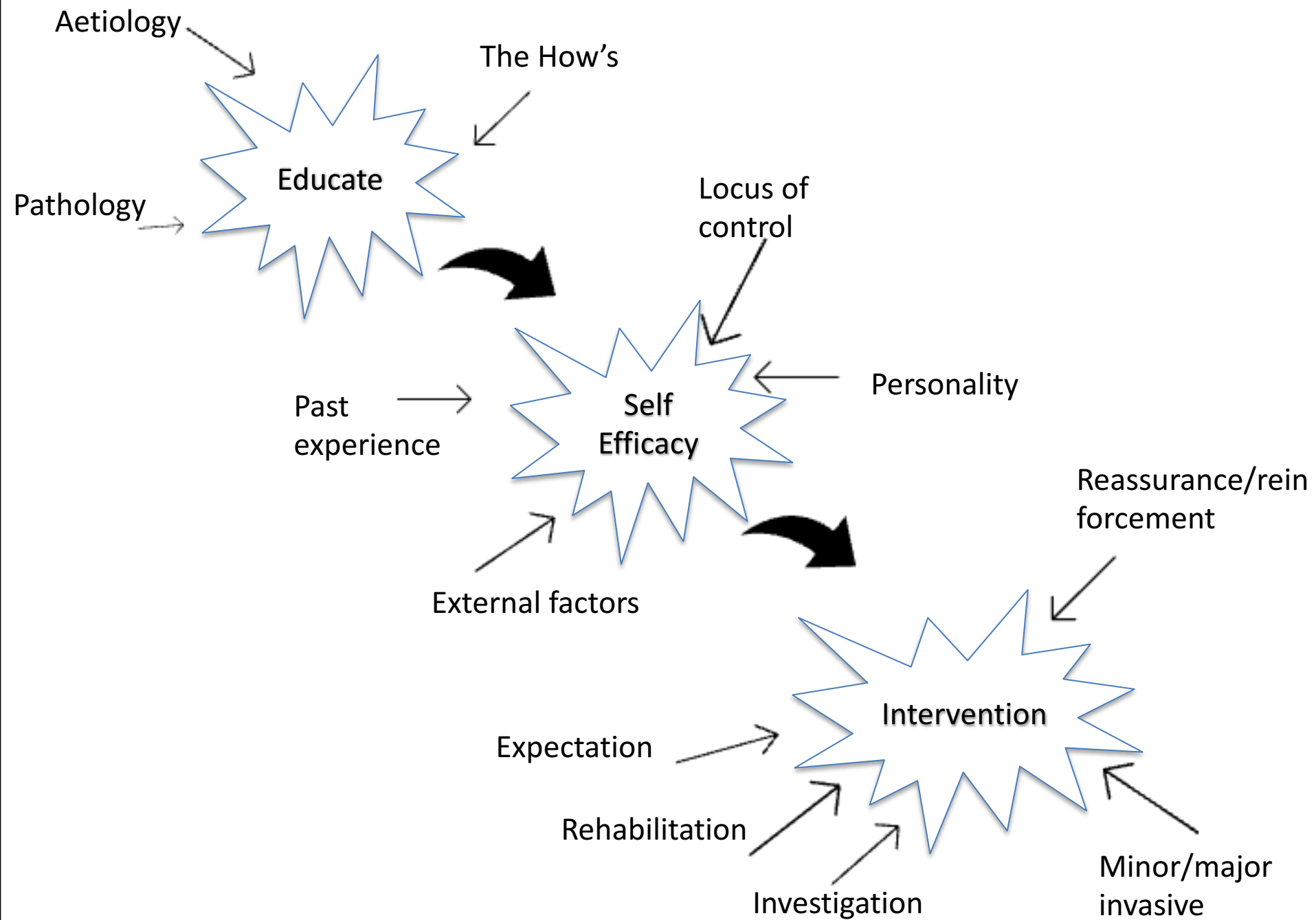
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# 50 male

- Fell down a couloir skiing off piste ( ski guide's fault)
- Economist (to break the ice told him I read a lot of Nassim Taleb)
- MCL grade 3 and ACL rupture
- Non op Mx MCL in brace for 6w
- Repeatedly questioned why I wasn't operating immediately asked physio to request PRP.





## When you aren't getting on

- When you clearly don't share views
- When they have had non urgent surgery else where
- When they are seeking multiple opinions
- When they check every said with the family friend/relative who is a doctor/physio
- When they are challenging personalities/rude to your staff





# Teenagers

- Break the ice
- Engage with the child/endorse with the parent.
- Nightmare parents ( Tiger mums/Dads, a lot is being pinned on their sports, divorced parents).
- Sit the child between you and the parent.
- WRT surgery the parent is more scared than the child. Encourage them to ask lots of questions

# Thanks

## Get in touch if you like.

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