Commonly Used
OPHTHALMOLOGY
ABBREVIATIONS
by Category

A POCKET GUIDE FOR RESIDENTS
Compiled by: Bryan Kim, MD
**ANATOMY**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>OU</td>
<td>both eyes</td>
</tr>
<tr>
<td>OD</td>
<td>right eye</td>
</tr>
<tr>
<td>OS</td>
<td>left eye</td>
</tr>
<tr>
<td>IO</td>
<td>inferior oblique</td>
</tr>
<tr>
<td>SO</td>
<td>superior oblique</td>
</tr>
<tr>
<td>MR</td>
<td>medial rectus</td>
</tr>
<tr>
<td>SR</td>
<td>superior rectus</td>
</tr>
<tr>
<td>LR</td>
<td>lateral rectus</td>
</tr>
<tr>
<td>IR</td>
<td>inferior</td>
</tr>
<tr>
<td>CB</td>
<td>ciliary body</td>
</tr>
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**EXAM**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>Va</td>
<td>visual acuity</td>
</tr>
<tr>
<td>cc</td>
<td>with refractive correction</td>
</tr>
<tr>
<td>sc</td>
<td>without refractive correction</td>
</tr>
<tr>
<td>PH</td>
<td>pinhole visual acuity</td>
</tr>
<tr>
<td>PHNI</td>
<td>pinhole no improvement</td>
</tr>
<tr>
<td>NI</td>
<td>no improvement</td>
</tr>
<tr>
<td>CF @ XX ft</td>
<td>counts fingers (specify distance)</td>
</tr>
<tr>
<td>HM @ XX ft</td>
<td>hand motion (specify distance)</td>
</tr>
<tr>
<td>LP</td>
<td>light perception</td>
</tr>
<tr>
<td>LP c projection</td>
<td>light perception with projection</td>
</tr>
<tr>
<td>LP s projection</td>
<td>light perception without projection</td>
</tr>
<tr>
<td>NLP</td>
<td>no light perception</td>
</tr>
<tr>
<td>CSM</td>
<td>central, steady, maintained</td>
</tr>
<tr>
<td>F+F</td>
<td>fixes and follows</td>
</tr>
<tr>
<td>BCVA</td>
<td>best corrected visual acuity</td>
</tr>
</tbody>
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**REFRACTION**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>WRx</td>
<td>wearing Rx (currently worn eyeglass/contact lens prescription)</td>
</tr>
<tr>
<td>ARx</td>
<td>autorefraction</td>
</tr>
<tr>
<td>MRx</td>
<td>manifest refraction</td>
</tr>
<tr>
<td>CRx</td>
<td>cycloplegic refraction</td>
</tr>
<tr>
<td>NRx</td>
<td>near refraction</td>
</tr>
<tr>
<td>Add</td>
<td>amount of plus reading power (for bifocal/progressives)</td>
</tr>
<tr>
<td>R</td>
<td>retinoscopy</td>
</tr>
<tr>
<td>Rc</td>
<td>cycloplegic retinoscopy</td>
</tr>
<tr>
<td>Sph</td>
<td>sphere</td>
</tr>
<tr>
<td>Cyl</td>
<td>cylinder</td>
</tr>
<tr>
<td>Ax</td>
<td>axis</td>
</tr>
<tr>
<td>±/-</td>
<td>[number sphere] + [number cylinder] x [0-180 axis]</td>
</tr>
<tr>
<td>PD</td>
<td>Pupillary distance or prism diopter</td>
</tr>
<tr>
<td>Δ</td>
<td>prism diopter</td>
</tr>
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**EDUCATION**

The Department of Ophthalmology accepts six residents to its program each year, making it one of nation’s largest programs. We are also one of the most competitive with well over 600 applicants annually, of whom 84 are granted interviews. Our selection standards are among the highest. Our incoming residents graduated from prestigious medical schools including Brown, Northwestern, MIT, Cornell, University of Michigan, and University of Southern California. GPA’s are typically 4.0 and board scores are rarely lower than the 95th percentile. Most applicants have research experience. In recent years our residents have gone on to prestigious fellowships at UC Davis, University of Chicago, Northwestern, University of Iowa, Oregon Health Sciences University, Bascom Palmer, Duke, UCSF, Emory, Wilmer Eye Institute, and UCLA. Our tradition of excellence in ophthalmologic education is reflected in the leadership positions held by our alumni, who serve as chairs of ophthalmology departments, the dean of a leading medical school, and the director of the National Eye Institute. We continue to train the best and the brightest to become leaders in ophthalmology.

Our fellowship programs in six subspecialties are also highly sought after. Our fellows recently have accepted positions at Duke, Northwestern, University of Texas at San Antonio, and Boston Medical Center, along with other prestigious academic and private practice groups.

Our annual schedule of continuing medical education courses for practicing ophthalmologists focuses on the treatment of difficult and complex cases. Our annual Illinois Eye Review is a week-long, learner-centered program providing participants with factual, conceptual and applied courses taught by faculty selected for their outstanding contributions to the teaching and practice of ophthalmology. The Illinois Eye Review stands apart from other comprehensive ophthalmology reviews by offering a menu of courses that allows participants to build a program around their individual needs and learning styles.

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COMMON OPHTHALMOLOGY ABBREVIATIONS

**GONIOSCOPY**
- CBB ciliary body band
- SS scleral spur
- TM trabecular meshwork
- SL Schwalbe’s line
- PAS peripheral anterior synechiae
- NVA neovascularization of the angle
- EOM extraocular muscles/movement

**ALIGNMENT**
- E esophoria
- ET esotropia
- E(T) intermittent esotropia
- X exophoria
- XT exotropia
- X(T) intermittent exotropia
- HT hypertropia
- HoT hypotropia

(add an apostrophe to indicate at near – eg. ET’ means esotropia at near)

**EXTERNAL**
- MRD1 margin to reflex distance 1
- MRD2 margin to reflex distance 2
- LF levator function
- PF palpebral fissure
- Lag lid lag
- APD, RAPD afferent papillary defect, relative afferent papillary defect
- APD by reverse testing/consensual response
- CVF confrontation visual fields
- IOP intraocular pressure
- T tonometry
- Ta applanation (Goldmann) tonometry
- Tp pneumotonometer
- CCT/Pachy central corneal thickness/pachymetry
- SLE slit lamp exam
- L/L lids/lashes
- C/S conjunctiva/sclera
- K cornea
- A/C or AC anterior chamber
- D&Q deep and quiet
- C/F cell/flare (graded 1+ to 4+)

**DIAGNOSES/FINDINGS**

**LIDS**
- MGD meibomian gland dysfunction
- MGP meibomian gland plugging

**CORNEA**
- PEE punctate epithelial erosion
- PEK punctate epithelial keratopathy/keratitis
- SPK superficial punctate keratopathy/keratitis
- SLK superior limbic keratoconjunctivitis
- BK band keratopathy
- ED epithelial defect
- DF Descemet’s fold
- KP keratic precipitate
- PK penetrating keratoplasty
- EKC epidemic keratoconjunctivitis
- KCS keratoconjunctivitis sicca
- PBK pseudophakic bullous keratopathy
- IK interstitial keratitis
- KC or KCN keratoconus

**GLAUCOMA**
- POAG/OAG primary open angle glaucoma/open angle glaucoma
- COAG chronic open angle glaucoma
- JOAG juvenile open angle glaucoma
- SOAG secondary open angle glaucoma
- NVG neovascular glaucoma
- ACG angle closure glaucoma
- NTG/LTG normal/low tension glaucoma
- OHT ocular hypertension
- UGH uveitis glaucoma hyphema syndrome
- PXF pseudoexfoliation
# Common Ophthalmology Abbreviations

**LENS**
- ACC: anterior cortical changes/cataract
- NS: nuclear sclerosis
- PCC: posterior cortical changes
- PSC: posterior subcapsular cataract
- PCO: posterior capsular opacity (post-cataract patients)

**RETINA**
- CWS: cotton wool spot
- DBH: dot blot heme (hemorrhage)
- BRVO: branch retinal vein occlusion
- CRVO: central retinal vein occlusion
- BRAO: branch retinal artery occlusion
- CRAO: central retinal artery occlusion
- BDR: background diabetic retinopathy
- NPDR: non-proliferative diabetic retinopathy
- PDR: proliferative diabetic retinopathy
- PVD: posterior vitreous detachment
- NVD: neovascularization of the disc
- NVE: neovascularization elsewhere
- CSME: clinically significant macular edema (for diabetes)
- CME: cystoid macular edema
- IRMA: intraretinal microvascular anomalies
- ERM: epiretinal membrane
- RD: retinal detachment
- TRD: tractional detachment
- VMT: vitreomacular traction
- VH: vitreous hemorrhage

**AMD/ARMD** age-related macular degeneration

**CNV** choroidal neovascularization

**SRNV** subretinal neovascularization

**CNVM** choroidal neovascular membrane

**SRNVM** subretinal neovascular membrane

**POHS** presumed ocular histoplasmosis

**CSCR** central serous chorioretinopathy

**RP** retinitis pigmentosa

**NERVE/NEURO**
- PPA: peripapillary atrophy
- ION: ischemic optic neuropathy
- AION: anterior ischemic optic neuropathy
- PION: posterior ischemic optic neuropathy
- NAION: nonarteritic ischemic optic neuropathy
- TON: traumatic optic neuropathy
- MG: myasthenia gravis
- MS: multiple sclerosis
- LHON: Leber’s hereditary optic neuropathy

**TESTS**
- **VF**: Visual field
- **HVF**: Humphrey visual field (usually 30-2; need to specify if 10-2 or red target, etc)
- **GVF**: Goldmann visual field
- **FANG**: fluorescein angiography
- **OCT**: optical coherence tomography
- **OCT NFL**: OCT of nerve fiber layer (optic nerve evaluation)
- **ERG**: electroretinogram
- **EOG**: electrooculogram

**PROCEDURES/LASERS ETC.**
- **CE**: cataract extraction
- **ECCE**: extracapsular cataract extraction
- **ICCE**: intracapsular cataract extraction
- **Phaco**: phacoemulsification
- **Phaco/AOIOL** or **Phaco/PCIOL**: phaco with anterior chamber intraocular lens or posterior chamber intraocular lens

**CORNEA**
- **PKP**: penetrating keratoplasty
- **LASIK**: laser in situ keratomileusis, also laser-assisted in situ keratomileusis (Hofstetter)
- **LASEK**: laser epithelial keratomileusis
- **PRK**: photorefractive keratectomy
- **DALK**: deep anterior lamellar keratoplasty
- **DLK**: diffuse lamellar keratitis

**GLAUCOMA**
- **ALT**: argon laser trabeculoplasty
- **SLT**: selective laser trabeculoplasty
- **LI/LPI**: laser iridotomy/laser peripheral iridotomy
- **CPC**: cyclophotocoagulation
- **Trab**: trabeculectomy
- **Cryo**: cryotherapy
- **AVx**: anterior vitrectomy
### RETINA
- **PRP**: pan-retinal photocoagulation
- **Focal**: focal laser photocoagulation
- **PDT**: photodynamic therapy
- **PPV/Vx**: pars plana vitrectomy/vitrectomy
- **MP/Mx**: membrane peel/membranectomy
- **SB**: scleral buckle

### DROPS/MEDS
- **Dilators (red top)**
  - **M1**: Mydriacyl (tropicamide) 1%
  - **N2.5/N10**: Neo-Synephrine (phenylephrine) 2.5% or 10%
  - **CM**: Cyclomydril (for peds patients)
  - **C1**: Cyclogyl (cyclopentolate) 1%
  - **HA**: homatropine
  - **A1%**: atropine 1%
- **AT, PFAT**: artificial tears, preservative-free artificial tears
- **WC/LS**: warm compresses/lid scrubs

### OTHER
- **CL/SCL/HCL**: contact lens/soft contact lens/hard contact lens