

Patient Name: [REDACTED] Patient 105  
 D.O.B.: [REDACTED] Personal Information redacted by the USI  
 H&C No: [REDACTED]

Date of Clinic / Decision to list: 14.06.20  
 Consultant: WIT-55715  
 Specialty: Urology

\*\*\* FOR URGENT BOOKABLE LIST \*\*\*  
 Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis: RIGHT UPPER TRACT COLIC  
 Procedure: REMOVAL OF STONE & RIGHT FLEX. URETER. LITHOTRIPSY  
 Estimated Duration of Surgery: 2 HOURS  
 Additional Comments / Instructions: FOR ADMISSION TO D.H. HOSPITAL

**Urgency**  
 Please tick appropriate box

Red Flag	
Urgent	<input checked="" type="checkbox"/>
Routine	
Planned	

**Anaesthetic Type**  
 Please tick appropriate box

General / Spinal	<input checked="" type="checkbox"/>
Sedation	
Local	

**IF NOT suitable for day of surgery admission – please state & give reason**

**Intended Management**  
 Please tick appropriate box

Day Case	
Inpatient	<input checked="" type="checkbox"/>

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:

Specific Site Requirement	DHH
Specific Unit Requirement	Level 4
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☐ Yes ☒

If yes, please indicate if patient is on any of the medications below and the action required:

- Warfarin? ☐
- Aspirin 300mg? ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

- a. Reduce to 75mg daily 7days prior to surgery ☐
- b. Continue to take as normal ☐
- c. Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

Please advise:

- a. Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
- b. Patient should discontinue 7days prior to surgery ☐

- Dabigatran, Rivaroxaban or Apixaban? ☒ Please refer to Trust Guidance and SPC.

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

Diabetic? No ☒ Yes ☐ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge. If the Consultant is not available, the decision could be made to discuss decisions at a suitable point thereafter.

Doctor's Signature: [REDACTED] Print Name: [REDACTED] Date: 07.06.20  
 Countersigned (Consultant): [REDACTED] Date: [REDACTED]  
 Received from Mr Mark H. gy Services Inquiry.



Patient Name:	Patient 104	Personal details
D.O.B.:	Personal Information redacted by the USI	
H&C No:		

Date of Clinic / Decision to list	11.02.20
Consultant	WIT-55716 Aidan O'Brien
Specialty	Urology

\*\*\* FOR URGENT BOOKABLE LIST \*\*\*  
Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis:	RIGHT UPPER GROSS COLIC
Procedure:	REMOVAL OF STONE & FLEX. URETEROSCOPIC LITHOTRIPSY
Estimated Duration of Surgery:	2 HOURS
Additional Comments / Instructions:	UIC OR KINGSBRIDGE OR DHH

Urgency	
Please tick appropriate box	
Red Flag	
Urgent	<input checked="" type="checkbox"/>
Routine	
Planned	

Anaesthetic Type	
Please tick appropriate box	
General / Spinal	<input checked="" type="checkbox"/>
Sedation	
Local	

IF NOT suitable for day of surgery admission – please state & give reason

Intended Management	
Please tick appropriate box	
Day Case	
Inpatient	<input checked="" type="checkbox"/>

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:	
Specific Site Requirement	AS ABOVE
Specific Unit Requirement	
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☒ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- Warfarin? ☐
- Aspirin 300mg? ☐
- Clopidogrel or Prasugrel? ☐
- Dabigatran, Rivaroxaban or Apixaban? ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

- a. Reduce to 75mg daily 7days prior to surgery ☐
- b. Continue to take as normal ☐
- c. Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

Please advise:

- a. Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
- b. Patient should discontinue 7days prior to surgery ☐

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

Diabetic? No ☒ Yes ☐ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge.

If the Consultant is not available, then arrangements should be made to discuss decisions at a suitable point thereafter.

Doctor's Signature	Personal information redacted by USI	Print Name	A O'Brien	Date	07.06.20
Countersigned (Consultant)				Date	



Patient	Personal Information redacted by the USI
Name	
D.O.B	
H&C	

Date of Clinic / Decision to list	13.05.20
Consultant	WIT-55717 AO'BRIEN
Specialty	UROLOGY

\*\*\* FOR URGENT BOOKABLE LIST \*\*\*  
Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis:	RIGHT URETERIC CALCULI
Procedure:	RIGHT URETEROSCOPIC LASER LITHOTRIPSY ? STENTING
Estimated Duration of Surgery:	1 HOUR
Additional Comments / Instructions:	FOR LUC OR KINGSBRIDGE OR DHH

Urgency	
Please tick appropriate box	
Red Flag	
Urgent	<input checked="" type="checkbox"/>
Routine	
Planned	

Anaesthetic Type	
Please tick appropriate box	
General / Spinal	<input checked="" type="checkbox"/>
Sedation	
Local	

IF NOT suitable for day of surgery admission – please state & give reason

Intended Management	
Please tick appropriate box	
Day Case	
Inpatient	<input checked="" type="checkbox"/>

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:	
Specific Site Requirement	AS ABOVE
Specific Unit Requirement	
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☒ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- Warfarin? ☐
- Aspirin 300mg? ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

Please advise whether the Patient should either:

- a. Reduce to 75mg daily 7days prior to surgery ☐
- b. Continue to take as normal ☐
- c. Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

Please advise:

- a. Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
- b. Patient should discontinue 7days prior to surgery ☐

- Dabigatran, Rivaroxaban or Apixaban? ☐ Please refer to Trust Guidance and SPC.

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

Diabetic? No ☒ Yes ☐ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge.  
If the Consultant is not available, then arrangements should be made to discuss decisions at a suitable point thereafter.

Doctor's Signature	Personal information redacted by USI	Print Name	AO'BRIEN	Date	07.06.20
Countersigned (Consultant)		gy Services Inquiry.		Date	