

3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	N	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N	Hydrodistension of neobladder cancelled

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Consultant Urologist
Date of Appointment	14/04/22



UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Sarah Ward, Head of Service for Clinical Assurance.

CHART

GBV

Patient Details

Personal Information redacted by the UST

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Bladder Stomach Symptoms
Patient Summary	<p>Bladder Stomach Symptoms</p> <p>As to cystitis</p> <p>no improvement</p> <p>started on medication + referred</p> <p>to pelvic physio</p>

Question	Y/N/Unable to Determine	Details
<p>1 Is the present diagnosis / diagnoses reasonable?</p> <p>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</p>	Y	
<p>2 Was the correct Pathway adhered to?</p> <p>('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</p>	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	n/a	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	urology
Date of Appointment	12/02/21



UROLOGY PATIENT REVIEW FORM

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Personal Information redacted by the UST

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	the of Detrusor Overactivity
Patient Summary	the of DO Rx is Botox previously considered to be successful Rx

Question	Y/N/ Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? (('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?))	<input checked="" type="radio"/>	
2 Was the correct Pathway adhered to? (('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance))	<input checked="" type="radio"/>	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	✓	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Urologist
Date of Appointment	12/01/22

UROLOGY PATIENT REVIEW FORM

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GP letter

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	chronic pen right Testicle
Patient Summary	on wle for epididymectomy - now cancelled

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	N	
2	Was the correct Pathway adhered to? ('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	N	

3	Were the correct Medications given? ("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	N/A	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		epididymectomy cancelled + referred to pen team

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Consultant Urologist
Date of Appointment	14/07/21

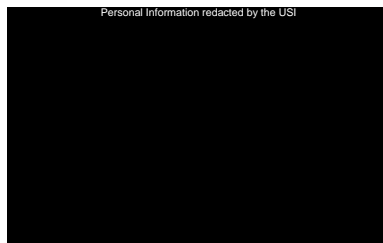


UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Boo
Patient Summary	long history of Boo on waiting list for Trans would be happy to go to Dublin

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	✓	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Consultant Urologist
Date of Appointment	14/07/22



GP
Letter
☒

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Swage Lungs
Patient Summary	Swage + cordy symptom in m. n. p. p. + Tensulogis

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2	Was the correct Pathway adhered to? (‘Correct Pathway’ to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	(Y)	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	(N)	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Consultant Urologist
Date of Appointment	14/04/22



UROLOGY PATIENT REVIEW FORM

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Personal Information redacted by the USI

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	It's 7 FD + Bladder Storage symptoms
Patient Summary	FD Treated with intracavernosal alprostadil Treated with intracavernosal alprostadil for DO - hydrophobic treatment

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?))	Y	
2	Was the correct Pathway adhered to? (('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance))	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

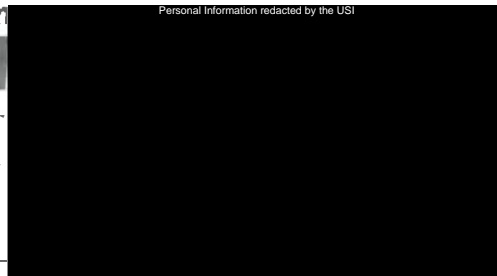
Name	
Title	Urologist
Date of Appointment	17/01/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	on waiting list for Tumor
Patient Summary	<p>- history to consult</p> <p>on 4/12</p> <p>Tumor cancelled</p>

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	

3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	<i>Y</i>	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	<i>N/A</i>	

Clinical Professional Reviewing Care

Personal information redacted by the USI

Name	
Title	<i>Consultant Urologist</i>
Date of Appointment	<i>14/04/22</i>

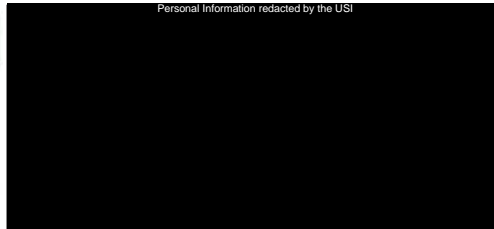


UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	penile deformity - PD
Patient Summary	the 2 penile deformity - not significant enough to affect sexual intercourse

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	<input checked="" type="radio"/>	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	<input checked="" type="radio"/>	Should have never been listed for surgery



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	N/A	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<i>patient discharged.</i>

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	<i>Urologist</i>
Date of Appointment	<i>24/01/22</i>

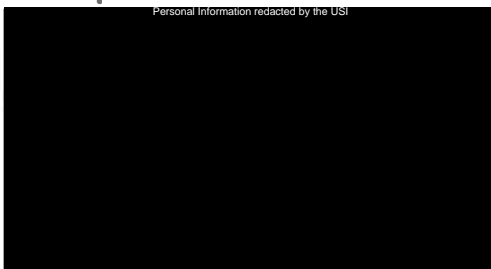


UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Stone @ Kidney + @ ureter
Patient Summary	<p>2020 @ FURS</p> <p>→ Stone in ureter had passed</p> <p>large colicant dissection @ Kidney</p>

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	(Y)	
2	Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	24/01/22



Letter A



UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Ho of LUTS
Patient Summary	mildly incontinent LUTS on watchful waiting

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?))	Y	
2	Was the correct Pathway adhered to? (('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance))	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	<i>y</i>	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	<i>NA</i>	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	<i>Consultant Urologist</i>
Date of Appointment	<i>20/01/22</i>



UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Bladder Hypertonicity + eAO
Patient Summary	Treated over the years for bladder hypertonicity Presently having 2 weekly intravesical Tadacip - effective

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	(Y)	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	24/01/22

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient's file. A copy of this form has been copied to Sarah Ward, Head of Service for Clinical As

Patient Details

Name	953
H&C Number	FE
Date of Birth	

Patient Details

Presenting Condition(s)	OAS
Patient Summary	long history of cancer also investigated for prostate adenoma

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	(Y)	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	22/07/22



UROLOGY PATIENT REVIEW FORM

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Personal Information redacted by the USI

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	He is prostatectomized
Patient Summary	He was admitted to DGH for prostatectomy

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	(Y)	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	(Y)	



3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	4	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Urology
Date of Appointment	28/01/22



Letter
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WIT-05253

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	He of renal stones previously
Patient Summary	He is from for renal stones previous extraction of ureteral stones now right flank pain CT scan needed

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?))	(Y)	
2	Was the correct Pathway adhered to? (('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance))	(Y)	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name	Personal information redacted by the UST	
Title	Consultant	Ch. G. R.
Date of Appointment	24 /	01 / 22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Personal Information redacted by the USI

Patient Details

Presenting Condition(s)	History of Bleeding	Stages	Symptoms
Patient Summary	all symptoms resolved		—/ discharge

Question	Y / N / Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	u	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	u	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant W. Doyle
Date of Appointment	2/04/22

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the Urology Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	LUTS
Patient Summary	Severe hypotension

Question	Y / N / Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI	
Title	Consultant	Urologist
Date of Appointment	21/02/22	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Rash on penis
Patient Summary	rash on penis persisting for 2 years.

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	Consultant Urologist
Date of Appointment	2/02/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Personal Information redacted by the UST

Patient Details

Presenting Condition(s)	He of urology x 2020
Patient Summary	<p>At of start (2) urology</p> <p>Re c uro</p> <p>- Home Inc</p>

Question	Y / N / Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	7	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	MA	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant Urologist
Date of Appointment	7/02/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	History of uroliths & recurrence
Patient Summary	Treated conservatively & seeing urology specialist.

	Question	Y / N / Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	<p>Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i></p>	Y	
4	<p>If there is not a secure clinical management plan in place please document immediate actions required to be taken</p>	N/A	

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI	
Title	Consultant Urologist	
Date of Appointment	2/02/22	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Personal Information redacted by the UST

Name		
H&C Number		
Date of Birth		

Patient Details

Presenting Condition(s)	previous difficult catheterisation
Patient Summary	now no problem. - met → discharge.

Question	Y / N / Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	<i>Yes</i>	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	<i>N/A</i>	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

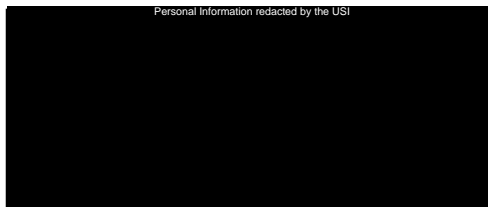
Name	
Title	<i>Consultant Urologist</i>
Date of Appointment	<i>7/01/22</i>

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Left + catheter in situ
Patient Summary	<p>the of cath</p> <p>now has a catheter in situ</p> <p>plan discharge.</p>

Question	Y / N / Unable to Determine	Details
<p>1 Is the present diagnosis / diagnoses reasonable?</p> <p>('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)</p>	Y	
<p>2 Was the correct Pathway adhered to?</p> <p>('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)</p>	Y	

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Left + catheter in situ
Patient Summary	<p>the of cath</p> <p>now has a catheter in situ</p> <p>plan discharge</p>

Question	Y/N/ Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? (('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? (("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N/A	

Clinical Professional Reviewing Care

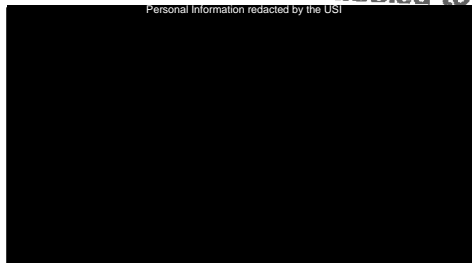
Name	Personal information redacted by the UST	
Title	Consultant	Urologist
Date of Appointment	21/04/22	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	dx of phimosis + pyelitis dx
Patient Summary	<p>phimosis has resolved</p> <p>+ pyelitis is not an issue</p> <p>—) discharged</p>

(was seen privately)

Question	Y/N/Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	N	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	Consultant, Urology
Date of Appointment	22/02/22

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be retained in the patient notes and copied to Sarah Ward, Head of Service for Clinical Assurance.

Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	(X) hydrocele
Patient Summary	on note for hydrocele repair should review on note

Question	Y/N/ Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? (('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?))	Y	
2 Was the correct Pathway adhered to? (('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance))	Y	

3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI		
Title	Consultant	Urology	
Date of Appointment	24/03/22		

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	History of visible haematuria + elevated PSA
Patient Summary	Investigated for udx & PSA mildly elevated on DRF to-day, malignant post: bladder zero

Question	Y/N/Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	

3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	MC	

Clinical Professional Reviewing Care

Personal Information redacted by the USI

Name	
Title	Counsellor Urology
Date of Appointment	24/03/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Two bleeds last
Patient Summary	<p>last since 2013</p> <p>Tumour 2014</p> <p>Sent biopsy to last</p> <p>Biopsy for PSA, USS, USS</p>

Question	Y/N/Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? (('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?))	Y	
2 Was the correct Pathway adhered to? (('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance))	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	Y	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	(N/C)	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	<i>V. Dwyer</i>
Date of Appointment	<i>24/03/22</i>

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	Spine before, urinary incontinence
Patient Summary	Spine before Urinary incontinence deteriorating renal function

Question	Y/N/ Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	N	deteriorating renal function no bloody (ute) urine may 2012 (eGFR 360) + in may 21 (eGFR 30). - not seen by A&B for years - bones have been managed



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Clinical Professional Reviewing Care

Name	Personal Information redacted by the USI
Title	Consultant, Urologist
Date of Appointment	28/05/22

UROLOGY PATIENT REVIEW FORM

This form is to be completed for each patient previously under the care of Mr O'Brien reviewed by the Southern Trust Urology team since Mr O'Brien's departure on 17th July 2020. This form is to be returned to Sarah Ward, Head of Service for Clinical Assurance



Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Medicated for Benign Testicular Prostate
Patient Summary	<p>attended at 2 years to right</p> <p>testicular for</p> <p>no pain or discomfort since</p> <p>orchiectomy completed</p>

Question	Y/N/Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? ('Correct Pathway' to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	

3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Clinical Professional Reviewing Care

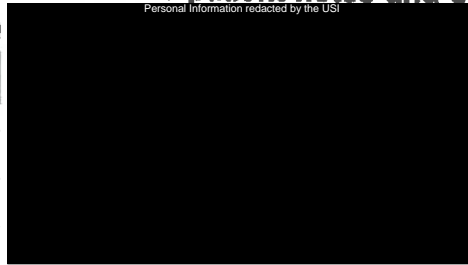
Name	<small>Personal Information redacted by the USI</small>
Title	<i>Clinical Lead Urology</i>
Date of Appointment	<i>20/03/22</i>

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	LUTS
Patient Summary	<p>He + urinary retention test</p> <p>subsequent successful twice</p>

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (“Reasonable” to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (“Correct” to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)	4	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	no	

Clinical Professional Reviewing Care

Name	Personal information redacted by the USI
Title	Consultant Urologist
Date of Appointment	24/03/22

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Personal Information redacted by the USI

Patient Details

Presenting Condition(s)	kidney stones / UTI
Patient Summary	the of bilateral kidney stones + UTI

	Question	Y/N/ Unable to Determine	Details
1	Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2	Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	

3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	<i>Q</i>	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	<i>na</i>	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>
Title	<i>Consultant Urologist</i>
Date of Appointment	<i>24/03/22</i>

UROLOGY PATIENT REVIEW FORM

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Patient Details

Personal Information redacted by the USI

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	undescended Testicles
Patient Summary	<p>He is of undescended Testicles</p> <p>in 2020 showed testicles in scrotum</p> <p>clinically 1 urgent concerned today</p>

Referred to Paediatric Urology in Belfast

Question	Y / N / Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? ('Reasonable' to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	P	
2 Was the correct Pathway adhered to? ("Correct Pathway" to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	P	

3	Were the correct Medications given? <i>("Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?)</i>		
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		

Clinical Professional Reviewing Care

Name	
Title	
Date of Appointment	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	prostate cancer
Patient Summary	on waiting list for surgery for prostate cancer - I have discharged him

Question	Y / N / Unable to Determine	Details
1 Is the present diagnosis / diagnoses reasonable? (‘Reasonable’ to consider if diagnosis / diagnoses is consistent with investigations and examinations carried out to date, is there a requirement for further investigations / examinations to confirm diagnosis / diagnoses?)	Y	
2 Was the correct Pathway adhered to? (“Correct Pathway” to consider if the current patient treatment pathway is optimal and in line with current best evidence based practice and guidance)	Y	



3	Were the correct Medications given? (<i>"Correct" to consider if prescribing is consistent with current best evidence based practice, are any deviations from guidance recorded and rationale fully noted?</i>)	<i>Y</i>	
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken	<i>N/A</i>	

Clinical Professional Reviewing Care

Name	<small>Personal Information redacted by the USI</small>	
Title	<i>Consultant</i>	<i>Urologist</i>
Date of Appointment		

OD No: [Personal Information redacted by the USI]

Hospital No: [Personal Information redacted by the USI]

1 December 2020

Dr B V Watters

[Personal Information redacted by the USI]

Dear Dr Watters

Re:

[Personal Information redacted by the USI]

[Personal Information redacted by the USI] was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. [Personal Information redacted by the USI] was seen in 2017 with minor lower urinary tract symptoms. His current PSA is 3.6. He is happy with his symptoms and I have discharged him from surgical follow-up.

Yours sincerely

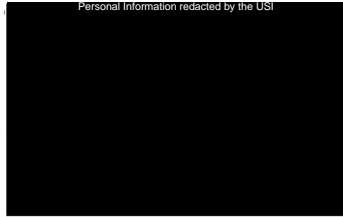
Mr Patrick Keane
Consultant Urologist

OD No: Personal Information redacted by the USI

Hospital No: Personal Information redacted by the USI

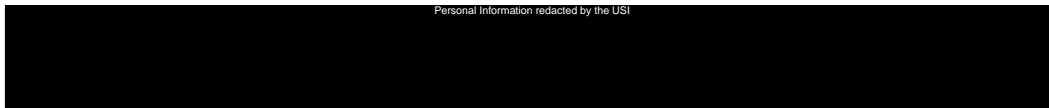
1 December 2020

Dr J M McGlew



Dear Dr McGlew

Re:



Personal Information redacted by the USI was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. Personal Information redacted by the USI has lower urinary tract symptoms. He is currently on Combodart. His PSA is 2.5. He is 82 years of age. I don't think he needs surgical follow-up and I have discharged him. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

OD No: Personal Information redacted by the USI

Hospital No: Personal Information redacted by the USI

1 December 2020

Dr J M McGlew

Personal Information redacted by the USI

Dear Dr McGlew

Re: Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. Personal Information redacted by the USI has lower urinary tract symptoms. He is currently on Combodart. His PSA is 2.5. He is 82 years of age. I don't think he needs surgical follow-up and I have discharged him. Many thanks.

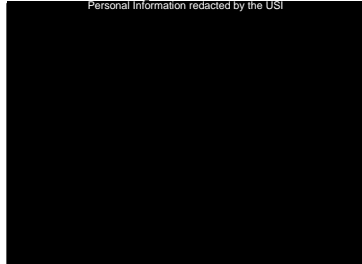
Yours sincerely

Mr Patrick Keane
Consultant Urologist

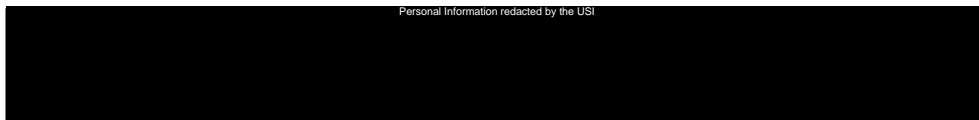
OD No: Personal Information redacted by the USIHospital No: Personal Information redacted by the USI

1 December 2020

Dr Cleary



Dear Dr Cleary

Re: Personal Information redacted by the USI

Personal Information redacted by the USI was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. He has lower urinary tract symptoms. He is on Combodart. His PSA is 0.89 and he is quite happy at the moment. I don't think he requires further follow-up and I have discharged him.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

OD No: Personal Information redacted by the USI

Hospital No: Personal Information redacted by the USI

1 December 2020

Dr S Mullen

Personal Information redacted by the USI

Dear Dr Mullen

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 0.23 indicating biochemical recurrence. I am copying this letter to the MDT for consideration of salvage radiation therapy.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc MDT
Craigavon Area Hospital



OD No:

Personal Information
redacted by the USI

Hospital No:

Personal Information redacted by the USI

23 November 2020

Dr S Mullen

Personal Information redacted by the USI

Dear Dr Mullen

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen at Orthoderm Clinic today as part of a waiting list initiative on behalf of the Southern Trust. had a radical prostatectomy in 2008. He is actually well. He is continent. His PSA is slightly risen to 0.1. It may indicate a recurrence if it goes over 0.2. I have re-checked it today but we will keep an eye on him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



2 November 2020

Dr McAleer

OD No: [Redacted]

Hospital No: [Redacted]

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Dr McAleer

Re: [Redacted]

Personal Information redacted by the USI

Personal Information redacted by the USI

[Redacted] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had radiation therapy for prostate cancer a long time ago. He subsequently developed a biochemical recurrence and has now been put on androgen deprivation therapy and his current PSA is less than 0.03 which is excellent. He has got little or nothing in the way of symptoms. As he is being followed up by the Belfast Trust he doesn't require any urological follow up and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Orthoderr
private medical clinic

2 November 2020

OD No: [Personal Information redacted by the USI]

Hospital No: [Personal Information redacted by the USI]

Dr McConville

[Personal Information redacted by the USI]

Dear Dr McConville

Re: [Personal Information redacted by the USI]

[Personal Information redacted by the USI]

behalf of the Southern Trust. [Personal Information redacted by the USI] Orthoderr Clinic today as part of a waiting list initiative clinic on

I saw [Personal Information redacted by the USI] who was diagnosed with Gleason 3+4 and carcinoma of the prostate and his PSA was 23. He was discussed at the MDT and commenced on hormone therapy with a view to perhaps radiation therapy however he certainly never had radiation therapy and to his son's knowledge who was with him today he has never been seen by radiation oncologist and there is no evidence of that in ECR. He has been on Bicalutamide 150mgs and Tamoxifen for 5 years now. About 2 years ago his mental state has deteriorated they feel he has late onset dementia now.

I have re-checked his PSA and I will forward the result to you. He needs to be reviewed at the MDT to decide whether or not to stop the hormone therapy would be of benefit to him given the issue surrounding these medications in older patients. Given that he was only 2 core positive at the beginning it may be that he would get several years break before a recurrence. I don't think that radiation therapy is now on given that is 81 and he needs to be reviewed by the MDT.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

cc Mr Mark Dean Haynes, Consultant Oncologist, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, Co Armagh BT63 5QQ
cc MDT Co-ordinator, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, Co Armagh BT63 5QQ

Done 29/05/21



OD No: [Redacted]
Hospital No: [Redacted]

9 November 2020

Dr McConville



Dear Dr McConville

Re: [Redacted]

This man's PSA is less than 0.03.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

- cc Mr Mark Dean Haynes, Consultant Oncologist, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, Co Armagh BT63 5QQ
- cc MDT Co-ordinator, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, Co Armagh BT63 5QQ

2 November 2020

Dr Dillon
Personal Information redacted by the USIOD No: Personal Information redacted by the USIHospital No: Personal Information redacted by the USI

Dear Dr Dillon

Re: Personal Information redacted by the USI

Personal Information redacted by the USI was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a Gleason 9 and carcinoma diagnosed in 2013. He was referred for radiation treatment in July having been commenced on deprivation therapy in July. It took 8 months to get the referral of too oncology however has done exceptionally well since. His PSA is now down to 0.01. He does have some minor lower bowel and urinary symptoms but does not require surgical follow up from a urology point of view. He is in fact being followed up quite closely at the Belfast City Hospital.

I have discharged him.

Many thanks, kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

2 November 2020

Dr O'Hagan
Personal Information redacted by the USIOD No: Personal Information redacted by the USIHospital No: Personal Information redacted by the USI

Dear Dr O'Hagan

Re: Personal Information redacted by the USI

Personal Information redacted by the USI was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. Had a rectal cancer and has been commenced on hormone therapy for a clinical diagnosis of t3b n1 prostate cancer without histological confirmation. He has had several strokes and has had a bit of hearing loss. He has late on set dementia. He is up 4 times at night but otherwise managing quite well and has been actively reviewed by Mr Tyson. His last PSA was 2 having risen from 1 around a year ago. The wait of rising seems to be quite slow at the moment but he will remain under Mr Tyson's surveillance's.

I have discharged him.

Yours sincerely

*has Reviewed.*Mr Patrick Keane
Consultant Urologist



2 November 2020

OD No: [Redacted]

Hospital No: [Redacted]

MDT Co-ordinator
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon, BT63 5QQ

Dear Colleague

Re: [Redacted]

[Redacted] Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

I saw [Redacted] who is 73. In January 2007 his PSA was 14. There was a delay of 2½ years before he was biopsied and this showed Gleason 3+4 and 3 cores on the left. Unfortunately I don't have the MDT result from there and I can't see the MDT result of 2016 either. In March 2010 he was started on 50mgs of Bicalutamide and 20mgs of Tamoxifen. This was increased to 150mgs of Bicalutamide in 2016. I can't find any record of having radiation discussed or him having seen a radiotherapist. He did develop lower urinary tract symptoms and had a TURP in 2016 and this showed 10% of the chips involved with the Gleason 3+4. Again no evidence of a consultation with radiation therapy for this particular problem i.e. 10% chips involved.

He was last seen in 2017 and hasn't been seen since or had his PSA checked. I have checked his PSA today and have referred him back to the MDT for discussion. He is still fit and well and the issue of radiation therapy might still arise or intermittent androgen therapy with delayed radiation therapy but this needs to be discussed with the oncology and the surgeons.

Many thanks, kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr A Menary, [Redacted]

Cc Mr Mark Dean
Road, Craigavon [Redacted]

BT63 5QQ

Craigavon Area Hospital, 68 Lurgan



OD No: [Personal Information redacted by the USI]

Hospital No: [Personal Information redacted by the USI]

9 November 2020

Dr A Menary
[Personal Information redacted by the USI]

Dear Dr Menary

Re: [Personal Information redacted by the USI]

[Personal Information redacted by the USI]

PSA is 9.2. He is on androgen blockade and the PSA level will have to be reviewed with regards to further treatment.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

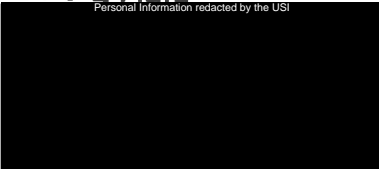
Cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

OD No: [Redacted]

Hospital No: [Redacted]

2 November 2020

Dr J E Auld



Dear Dr Auld

Re: [Redacted]

[Redacted] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He has been reviewed following a TURP. Histology is benign. He is off his medication now. He is very pleased to be relieved of his catheter and doesn't require any urological follow up.

I have discharged him to your care.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

2 November 2020

Dr J A Allen

Personal Information redacted by the USI

OD No:

Personal Information redacted by the USI

Hospital No:

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Dr Allen

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. She had a partial nephrectomy in 2014. Had a few complications afterwards which have settled. She has no urinary symptoms. She then went on to develop breast cancer and is currently undergoing treatment.

From that point of view her last dedicated renal imaging was in 2017 and she hasn't been seen since. In reality though she doesn't need urological follow up and I am copying this letter to Dr Henry to see if he wouldn't mind including scans for kidneys as she is being followed up in her oncological follow up with her breasts. She is at very low risk of recurrence but does have a 5% chance of getting another tumour within her life time.

Many thanks, kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



2 November 2020

Dr McConville

Personal Information redacted by the USI

OD No:

Personal Information redacted by the USI

Hospital No:

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Dr McConville

Re:

Patient 68

Patient 68

was referred to Orthoderm Clinic as part of a waiting list initiative clinic on behalf of the Southern Trust. He didn't attend for his appointment today as he had advised us he no longer wanted the appointment but he is being followed up by oncology and there is no need for surgical follow up although I have asked Mr Haynes to review the management of the case in general.

Many thanks, kind regards.

Yours sincerely

*Previously Identified
SJR.*

Mr Patrick Keane
Consultant Urologist

Cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ



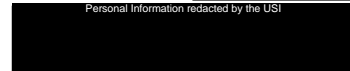
2 November 2020

Dr E De Alwis

Personal Information redacted by the USI

OD No:  Personal Information redacted by the USI

Hospital No:  Personal Information redacted by the USI

 Personal Information redacted by the USI

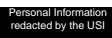
Dear Dr De Alwis

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

I saw  who is 75. In 2012 he had a Gleason 9 prostate cancer, diagnosed and treated by hormone and radiation therapy. He has been followed up by Belfast City Hospital. His PSA in August 2020 is 0.06. Apart from tiredness he actually feels quite well and has actually done very well on treatment.

I have discharged him from surgical follow up.

Yours sincerely

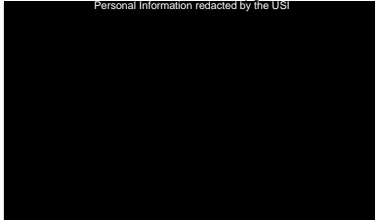
Mr Patrick Keane
Consultant Urologist

2 November 2020

OD No: [Redacted]

Hospital No: [Redacted]

Dr Glendinning



Dear Dr Glendinning

Re: [Redacted]

[Redacted] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

He had a partial nephrectomy done in 2012. He is now 8 years post-op. His CT in 2017 was clear. His eGFR is greater than 60. Creatinine is 74. He has no symptoms and I don't think he needs any further follow up. He is aware that if he becomes symptomatic he would need to return to you for a referral back to trust.

I have discharged him from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



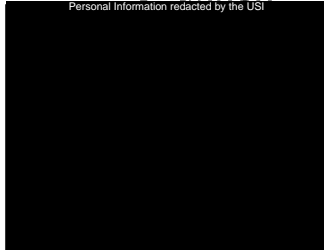
OD No: [Personal Information redacted by the USI]

Hospital No: [Personal Information redacted by the USI]

2 November 2020

Dr J W Shannon

[Personal Information redacted by the USI]



Dear Dr Shannon

Re: [Personal Information redacted by the USI]

[Personal Information redacted by the USI] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

I reviewed [Personal Information redacted by the USI] today. He is 89 and has had a TURP and a diagnosis of prostate cancer. He has had hormone therapy and radiation therapy and he is being followed up by oncology at the Belfast City Hospital. His PSA is beginning to rise slowly and they are keeping an eye on that.

At present he is very well. He has no particular problems. Since the TURP his lower urinary tract symptoms are satisfactory. His issue is the rising PSA which is being taken care of by oncology and I have discharged him from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



OD No: [redacted]

Hospital No: [redacted]

2 November 2020

Dr T C Johnston
[redacted]

Dear Dr Johnston

Re: [redacted]

[redacted] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

Unfortunately there are no letters from Mr O'Brien in the notes but she has had 3 CT urograms, the first of which was in 2014. This showed a slight abnormality in the calyces. The indication was haematuria. She has had no further haematuria and she had a follow up CT in 2015 which showed no change and again in 2017. She hasn't been seen since that time.

Symptomatically she is very well. She has had no further haematuria. She is 80 and I don't think she requires any further surgical follow up and I have discharged her.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



2 November 2020

OD No:

Personal Information
redacted by the USI

Hospital No:

Personal Information redacted by the USI

Mr M D Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon, BT63 5QQ

Dear Mr Haynes

Re:

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

This man had penile cancer treated in 2013. He had some intraepithelial change at the margin but there is no evidence of recurrence 7 years later. He has had a staging CT 3 years ago but no follow up since then. Today there is no evidence of local recurrence and there is no evidence of lymphadenopathy and given that he is 7 years out I have discharged him in terms of follow up from penile cancer.

At that time he was told his PSA was 4.5 when he was in his fifties. He it was never repeated. It is now 3 years later. I am repeating and he may need to be reviewed at a prostate assessment clinic pending the result. He has minor lower urinary tract symptoms for which he is on tamsulosin but he is actually happy with this symptoms as the moment so will let you know what the repeat PSA is.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr C McKav

Personal Information redacted by the USI

Discharged on PAS

? Red flag.

Letter ✓



OD No: Personal Information redacted by the USI
Hospital No: Personal Information redacted by the USI

9 November 2020

Mr M D Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

Dear Mr Haynes

Re:

Personal Information redacted by the USI

I wonder would you see this man as a RED FLAG issue. He had penile cancer. He is 63. 3 years ago his PSA was 4 and it is now 9 and he needs a formal assessment of his prostate.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Cc Dr C McKay

Personal Information redacted by the USI

OD No:

Personal Information
redacted by the USI

Hospital No:

Personal Information redacted by the USI

2 November 2020

Dr Herron A

Personal Information redacted by the USI

Dear Dr Herron A

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

Personal Information redacted by the USI

had prostate cancer and was diagnosed in 2008. He had hormone therapy, radiation therapy and he is now 12 years out. He is actually in very good shape. He has no particular symptoms. His PSA is 0.7. His daughter is a nurse and monitors his PSA for him.

I have discharged him back to your care. The only indication would be a rising PSA or a change in urinary symptoms for which he might need to be re-referred to the hospital.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

DSC PAS
OK ✓

OD No: [Personal Information redacted by the USI]

Hospital No: [Personal Information redacted by the USI]

2 November 2020

Dr J Eakin
[Personal Information redacted by the USI]

Dear Dr Eakin

Re: [Personal Information redacted by the USI]

[Personal Information redacted by the USI] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a seminoma in the 90's and has been discharged from follow up I see in October last year. There is no evidence of recurrence 20 years on. His main issue urologically was that he had quite a lot of difficulty passing urine but since he went on Tamsulosin he is actually very well.

In essence there is nothing further to offer him surgically and he knows to return if his symptoms worsen and I have discharged him back to your care.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

OD No: Personal Information redacted by the USIHospital No: Personal Information redacted by the USI

2 November 2020

Fiona Houghton
Urology Department
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon, BT63 5QQ

Dear Fiona

Re: Patient 22

Patient 22 was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

I wonder would you see Patient 22 as a RED FLAG patient. He presented in 1999 with a PSA of 15 and by 2000 it had gone to 20. He was put on Bicalutamide and Tamoxifen while awaiting biopsies which actually didn't take place until 2 years later in 2002 when he was diagnosed with Gleason 3+4 and carcinoma of the prostate. In 2005 he had hormone and radiation treatment. He had an NADIR PSA of 0.7 which by September 2020 had risen to 10.3. He was commenced on Decapeptyl. The review is vague after that in terms of the electronic care record but in 2017 the Decapeptyl was stopped.

He did however remain on Casodex and Tamoxifen and has been on that since 2000. He has been checking his own PSA. He hasn't had any further review and his PSA has risen 3 months ago to 4 and is now 8 and he requires an URGENT re-assessment of his treatment. I would be grateful if you could see him as soon as you can.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Cc Dr S A Poots, Personal Information redacted by the USI

Cc Mr Mark Dean Haynes, Consultant Oncologist, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, BT63 5QQ

*Bicalutamide 3-4 yrs.
Under Oncology as
result of the letter
3 SJR.*

Personal Information redacted by the USI

21/11/21.

Letter ✓

OD No: [redacted]

Hospital No: [redacted]

2 November 2020

Dr Darren Mitchell
Consultant Clinical Oncologist
Belfast City Hospital
Lisburn Road
Belfast, BT9 7AB

Dear Dr Mitchell

Re: [redacted]

[redacted] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust.

This is a patient who doesn't really have a clear memory of the course of events but apparently had a Gleason 3+4 diagnosed in 2010. 2 years later repeat biopsies for rising PSA showed that his biopsies were unchanged in 2012. He has been on Finasteride but he can't actually remember when and I can't find where it was prescribed from, when it was prescribed or for what reason it was prescribed.

He does remember however you apparently biopsying him and querying the use of Finasteride at the time. He subsequently was treated by brachytherapy by your good self. He has had a biochemical recurrence and he is now on Tamoxifen and 150mgs of Casodex. He continues to take Finasteride which you may wish to consider whether he actually needs it given that he is on androgen blockade at the level he is on. He awaits a further appointment with you but he has been discharged from surgical follow up here.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr N J McElvenna, [redacted]

Cc Mr Mark Dean Haynes, Consultant Oncologist, Craigavon Area Hospital, 68
Lurgan Road, Craigavon, BT63 5QQ

OD No:

Personal Information
redacted by the USI

Hospital No:

Personal Information redacted by the USI

2 November 2020

Dr B Cupples

Personal Information redacted by the USI

Dear Dr Cupples

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a fracture pelvis urethra plasty many years ago. Was investigated in 2019 for an elevated PSA, had biopsies done which were clear. MRI was non-specific. No evidence of extra prostatic disease. He is well today and in fact his PSA a few months ago is lower at 9.02.

Personal Information redacted by the USI

himself is very well and not particularly alarmed by any of his symptoms and he understands what the PSA thing is but I don't think there is any need to do anything further with him at the moment unless his PSA continues to rise and starts to elevate beyond 10 or 11 when he would need a further MRI scan.

Essentially he needs an annual PSA check and re-referral if there are issues arising.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

OD No: Personal Information redacted by the USIHospital No: Personal Information redacted by the USI

2 November 2020

Dr E Tipping

Personal Information redacted by the USI

Dear Dr Tipping

Re: Personal Information redacted by the USI

Personal Information redacted by the USI was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He has a long history of prostate cancer. He was initially diagnosed in 2006. The notes aren't terribly clear. At one stage it says there was one focus and later it says there were 3. The pathology report is not on the computerised system. He had a negative MRI in 2007 but there is no documentation of him being seen again at 2012 when he had biopsies and this now confirms that he had Gleason 3+4, 4+5 and one core of Gleason 5+5 indicating a very aggressive cancer. He was put on 50mgs of Casodex and Tamoxifen to increase to 100mg but because it was interfering with his sexual function this was reduced again to 50mgs of Casodex but a year later he was referred for radiotherapy and that was completed in 2014. His current PSA is 0.14.

He will be reviewed at the trust.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Mr Mark Dean Haynes, Consultant Oncologist, Craigavon Area Hospital, 68
Lurgan Road, Craigavon, BT63 5QQ

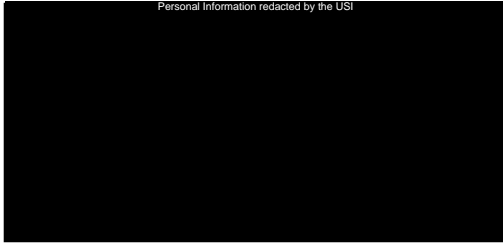
P.s Mark I think it would be worth looking at the management follow up and hormone therapy in this man's case.

3 November 2020

OD No: [Personal Information redacted by the USI]

Hospital No: [Personal Information redacted by the USI]

Dr M Fee



Dear Dr Fee

Re: [Personal Information redacted by the USI]

[Personal Information redacted by the USI] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. [Personal Information redacted by the USI] had prostate cancer diagnosed at the age of 60. He has been treated by radiation therapy and his PSA remains very low at 0.38. It has been hovering between 0.2 and 0.3, but obviously he has been followed up intensely by the Belfast City Hospital and doesn't require surgical follow-up.

I have discharged [Personal Information redacted by the USI]

Yours sincerely

Mr Patrick Keane
Consultant Urologist

discharged.

OD No:

Personal Information
redacted by the USI

Hospital No:

Personal Information redacted by the USI

Personal Information redacted by the USI

3 November 2020

Dr W McCollum

Personal Information redacted by the USI

Dear Dr McCollum

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. She was delayed having her renal tumour ablated due to COVID-19 but thankfully had it done 3 weeks ago probably by microwave but she is not quite sure but it wasn't cryotherapy for certain. She is very well. She needs a further follow up CT and Mr Haynes has looked at her notes in the past but I don't think has seen her. She does need to have a CT arranged at Craigavon for follow up and I am copying this letter to Mr Haynes.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

No Issues

3 November 2020

Dr D McAvoy

Personal Information redacted by the USI

OD No:

Personal Information redacted by the USI

Hospital No:

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Dr McAvoy

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust. He is 61-years-old. He had prostate cancer diagnosed Gleason 3+3 in 2012. Repeat biopsies in 2013 showed Gleason 3+4 in 4/10 cores and the recommendation by the MDM at that time was that he have active treatment. In early 2014 he had a TURB, histology of which was benign. He went on to have surveillance by Mr O'Brien and was transferred to Mr Haynes care in 2017 and then had radiation therapy. His current PSA is 0.9. His lower urinary tract symptoms are minimal. He does have some urgency and takes Oxybutynin. He is being followed at the Belfast City Hospital in terms of PSA follow-up and doesn't need surgical follow-up.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Mr M D Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh BT63 5QQ

P.S. Mark, the issue would be the delay in referring for active treatment in 2013 as per MDM recommendation.

Need notes

? not clear.

OK

Discharged on PRS

OD No: [redacted]
Personal Information redacted by the USIHospital No: [redacted]
Personal Information redacted by the USI

3 November 2020

Dr D Mulligan
Personal Information redacted by the USI

Dear Dr Mulligan

Re: [redacted]
Personal Information redacted by the USI

[redacted] was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He is on surveillance for ? prostate cancer. He looks exceptionally well for 80 and has normal symptoms for a man of 80. His PSA has been followed up over the years. He is on active surveillance. His PSA is 6.95 and he is due for a follow up in March 2021 with Mr Omer at Craigavon Area Hospital. I have taken him off Mr O'Brien's waiting list as he has retired.

Yours sincerely

Mr Patrick Keane
Consultant Urologist*OK being followed up*



OD No:

Personal Information
redacted by the USI

Hospital No:

Personal Information redacted by the USI

3 November 2020

Dr Dolan

Personal Information redacted by the USI

New
SJR.

Dear Dr Dolan

Re:

Patient 28

Patient 28

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had Gleason 4 and 12 cores. Diagnosed in 2017. He probably had nodal mets at the time but did not have skeletal mets. He was seen and treated in 2017 but hasn't been seen since. He was put on Bicalutamide and Tamoxifen in appropriate dosages. He achieved an NADIR PSA of 8 but hasn't had it checked since. He is well today. I have re-checked his PSA. He does need a little closer surveillance and I am copying this letter to Mr Haynes. Given his general good health he would need to be reviewed for the development of hormone refractory disease.

I will send the result of PSA to Mr Haynes also.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon, BT63 5QQ



9 November 2020

Dr Dolan

Personal Information redacted by the USI

Dear Dr Dolan

Re:

Patient 28

Patient 28

PSA is 23.3.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ



3 November 2020

Dr C Williamson

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Dr Williamson

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had Gleason 4+4 prostate cancer diagnosed. He was referred for treatment at the Belfast City Hospital and had radiation therapy and he is being followed up there. He has been discharged from surgical follow up at Craigavon.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Dsc PAS.
OKV

3 November 2020

Dr Potter

Personal Information redacted by the USI

Personal Information redacted by the USI

Still to be gone through
2/8/21.

Dear Dr Potter

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. She saw Mr Ryan some years ago. She has some chronic inflammation in her bladder. She has been well since and has had no red flag symptoms at all. She is complaining of dryness etc. and I think would benefit from the use of Vagifem going forward but I don't think there is any specific surgical reason to review her further. She has no red flag symptoms and I have discharged her to your care.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

3 November 2020

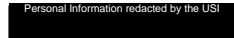
Dr I Campbell

Personal Information redacted by the USI

Dear Dr Campbell

Re:

Personal Information redacted by the USI

 attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust. He had low grade prostate cancer in 2008. Repeat biopsy showed 1 core positive 4+3 which is managed by active surveillance. His PSA at the moment is 4.9 and it has been static for several years. He is 82. He has normal lower urinary tract symptoms for an 82 year old man and on balance I think he just needs an annual PSA but doesn't require surgical follow-up and I have discharged him.

Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

3 November 2020

Dr A MacDonald

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear Dr MacDonald

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He has advanced neuroendocrine tumour for which he is undergoing active treatment. He has Parkinson's. He has frequency, urgency and also has multiple stones in his left kidney however there is so much going on in his issues relating to his liver metastases that I don't think that he needs urological follow up at the moment. He can always be referred back in if he comes through a successful treatment programme.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Flu RVH.

3 November 2020

Dr B Cupples

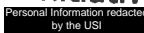
Personal Information redacted by the USI

Dear Dr Cupples

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.  had a very aggressive prostate cancer treated in 2011. He has done well. He does have some evidence that he is slipping into biochemical relapse despite bicalutamide monotherapy. His symptoms are not bad at the moment and he is under review at the Belfast City Hospital and doesn't require any follow-up surgically here.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



01/25/



Personal Information redacted by the USI

3 November 2020

Mr M D Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon, BT63 5QQ

SJR

Dear Mr Haynes

Re:

Patient 24

Patient 24

was referred to Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He did not turn up for his appointment on Tuesday 3rd November and failed to attend today also, however his case would be worth reviewing. He was diagnosed with Gleason 4+4 in 1998 and had 2 years of hormone therapy. His presenting PSA was 26. He then went on and had a radical prostatectomy which showed no evidence of any tumour but was on Prostag And Casodex at the time.

In 2003 he developed a biochemical recurrence and salvage radiation to his prostate bed in 2007. He doesn't appear uneasy or to being followed up and his last PSA was recorded in September 2016 at 0.09. It is going up very slowly and he is at risk of recurrent disease but has had no follow up. He is now 79 and I don't know what kind of clinical condition he is in but obviously the question of whether radical prostatectomy was a valid option arises.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Cc Dr J J Torney

Personal Information redacted by the USI

? Mark
SJR.
29/11/21

Letter.

3 November 2020

Dr R Davis

Personal Information redacted by the USI

Dear Dr Davis

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust. He had an aggressive prostate cancer treated by robotic prostatectomy. Subsequently by radical radiotherapy. He has done very well in terms of cancer control. His PSA is very low. He has some urinary symptoms. He tends to have post micturition dribble. He has got complete erectile dysfunction but he is not terribly motivated to do anything about that at the moment. He has also had an aneurism repair etc so he has been through a lot quite recently.

In terms of his follow-up, it will be carried out at the Belfast City Hospital. He doesn't need surgical follow-up and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

3 November 2020

MDT Co-ordinator
Craigavon Area Hospital
68 Lurgan Road
Portadown
Co Armagh BT63 5QQ

Dear Colleague

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust. He is 52-years-old and has had a lot of complex bowel surgery recently and had a reversal of a colostomy done about 8 weeks ago and feels quite well now.

Personal Information redacted by the USI

has 2 urological issues. He was seen with a complex cyst in 2016 and the kidney was asymptomatic. There had been various many investigations done but this needs to be formally reviewed as there has yet to be an MDM discussion and if there is a risk he may be better advised to have either cryotherapy or microwave ablation of the lesion. Given the history of stone disease there may be nothing there at all.

His other urological issue is that his PSA has remained between 4 and under 5 for the last 4 years. However, I do believe that this needs to be reviewed by the MDM as well and an MRI arranged if not an appointment to see him to basically biopsy given his age.

Further follow-up will be arranged following the MDT.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

3 November 2020

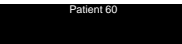
Dr E De Alwis

Personal Information redacted by the USI

Dear Dr De Alwis

Re:

Patient 60

 was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had Gleason 4+3 and carcinoma of the prostate in 2017. Radiologically T3 and he was put on Bicalutamide and Tamsulosin. His most recent PSA in March of this year was 0.4 which is excellent. However his son who was with him today doesn't think he is taking any medication for his prostate cancer and I can't access the medication he is on, on ECR. Intermittent androgen blockade may not be a bad option for him anyway but he would need to keep a close eye on his PSA to see if he gets a sudden rise in PSA and I am copying this letter back to the MDT to see if they agree with that and he will need a review with a further PSA check in a few months' time.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

- Cc Mr Anthony Glackin MDT Co-ordinator, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, BT63 5QQ
- Cc Mr Mark Dean Haynes, Consultant Oncologist, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, Co Armagh BT63 5QQ
- Cc Mr John O'Donoghue, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, BT63 5QQ
- Cc Shauna McVeigh, Urology Tracker, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, BT63 5QQ

Personal Information redacted by the USI

3 November 2020

Dr E Tipping

Personal Information redacted by the USI

Dear Dr Tipping

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He was diagnosed with Gleason 3+4 and carcinoma and 40% chippings of TURP. He is radiologically T3A0 and is on hormone therapy and is about to start radiation therapy.

He doesn't require surgical follow up. I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 2020

Dr Wray

Personal Information redacted by the USI

Dear Dr Wray

Re:

Personal Information redacted by the USI

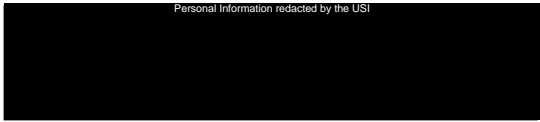
Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. This lady who has Crohn's disease was seen many years ago under Mr O'Brien's care. She was thought to have hydronephrosis but these were multiloculated cystic lesions which have been followed ever since. She hasn't seen Mr O'Brien for years and doesn't require any follow-up. I have discharged her.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



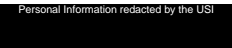
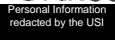
Personal Information redacted by the USI


7 December 2020

Dr E McStay


Dear Dr McStay

—
Re: 

 was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  is 77. He presents with a PSA of 108 and was diagnosed with Gleason 3+4 adenocarcinoma of the prostate. He has been treated by hormone and radiation therapy appropriately and is well today and remains on follow-up at Belfast. I have discharged him from Mr O'Brien's list.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 2020

Dr E McStay

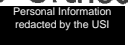
Personal Information redacted by the USI

Dear Dr McStay

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  is 77. He presents with a PSA of 108 and was diagnosed with Gleason 3+4 adenocarcinoma of the prostate. He has been treated by hormone and radiation therapy appropriately and is well today and remains on follow-up at Belfast. I have discharged him from Mr O'Brien's list.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 2020

Dr R McAleavey

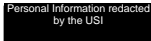
Personal Information redacted by the USI

Dear Dr McAleavey

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  is 79. He has a very small angiomyolipoma which was last scanned in 2018. He is asymptomatic. He is managing his lower urinary symptoms quite well with Tamsulosin. He should have another ultrasound done. I am copying this letter to the Superintendent Radiographer to do that and he can have a routine review appointment in Craigavon at some stage in the future.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Superintendent Radiographer, Craigavon Area Hospital, 68 Lurgan Road,
Craigavon, Co Armagh BT63 5QQ
Mr M D Haynes, Consultant Oncologist, Craigavon Area Hospital, 68
Lurgan Road, Craigavon, Co Armagh BT63 5QQ

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7 December 2020

Dr P Conlon

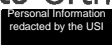
Personal Information redacted by the USI

Dear Dr Conlon

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  is 40. He has polycystic kidney disease. He is being followed up by the Genetic department in Belfast and by the Nephrologists in Craigavon and doesn't require surgical follow-up.

Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 2020

Dr P McCaffrey

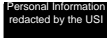
Personal Information redacted by the USI

Dear Dr McCaffrey

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  did not attend her appointment today but I have reviewed her notes and she has been treated for recurrent urinary tract infection and appears to be under the care of the Western Trust at the moment. She doesn't require surgical follow-up under Mr O'Brien and I have discharged her.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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7 December 2020

Dr P McCaffrey


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Dear Dr McCaffrey

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  did not attend her appointment today but I have reviewed her notes and she has been treated for recurrent urinary tract infection and appears to be under the care of the Western Trust at the moment. She doesn't require surgical follow-up under Mr O'Brien and I have discharged her.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 2020


Mr M D Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
BT63 5QQ

Dear Mark

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. I reviewed  today. He was seen originally by Mr O'Brien in 2008, put on Tamsulosin. His PSA had been as high as 9, came down to 6 and then 5.6 and is now down to 4.7. He complained of frequency, was put on Tamsulosin which he subsequently stopped because of the side effects and nothing has changed as we review him here today in 2020. His PSA elevation is not really concerning but it is above the normal reference range and I think he should have a prostate MRI, given that he is under 60 and a further review at the Trust just to be sure that the MRI scan is clear. I am copying this letter to the Superintendent Radiographer. He has a pulmonary artery stent in situ but nothing else and would be suitable for MR.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Dr N Jooster, 

Personal Information redacted by the USI

Superintendent Radiographer, Craigavon Area Hospital, 68 Lurgan Road,
Craigavon, Co Armagh BT63 5QQ



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7 December 2020

Mr M D Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

Dear Mr Haynes

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. This man is 73 now and in 2011 had Gleason 3+4 and also 4+3 in 5 out of 10 cores, one of them stated that the tumour abutted fat indicating that there may be extra capsular disease there. His PSA was 6 at that time.

At that time he was initially a private patient and I am not sure that I have access to all the notes.

In any event his MRI in 2013 noted an increase in tumour volume. He was commenced on Bicalutamide 50 mg subsequently escalated to 150 mg a few months later with Tamoxifen. The letters by Mr O'Brien indicated then that because of his obstructive symptoms he would have a TURP prior to referral for radiation therapy in 2014. The family don't have any particular recall of the discussions but essentially said that they were doing what they were told. In 2018 he was referred for radiation therapy for bulky disease and has subsequently went on to develop rib metastases. He has been treated effectively by Oncology but there was a significant gap in referring him for radiation therapy for which the family have no explanation and his case will need to be reviewed.

Many thanks. Kind regards.

2.
7 December 2020

Yours sincerely

Mr Patrick Keane
Consultant Urologist

PS - Personal Information redacted by the USI daughter would appreciate some communication from the Trust at the earliest possible time to explain the process to her. Many thanks.

cc **Dr O Fitzsimons**



Patient 123

7 December 2020

Dr K Allen

Personal Information redacted by the USI

Dear Dr Allen

Re:

Patient 123

Patient 123

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. is 81 and 7 years ago had a TURP done by Mr O'Brien. It was benign. He hasn't been seen since. He may have had 1 review around that time. He is hypertensive, diabetic, has back pain, is on Gabapentin. He also takes a statin. He is up hourly during the night but has actually got used to it over the years. Some of this may be due to his back issues as well. His treatment options are an anticholinergic such as Vesicare but he would not like to get constipated as he suffers from that already, Betmiga or Mirabegron 50 mg a day but that can cause hypertension. He is on 3 anti-hypertensives already or he could consider Botox but that would be invasive and he may require catheterisation afterwards. These are in fact his options. He doesn't really wish to consider any of them at the moment. He doesn't require surgical follow-up but he may contact you at some stage in the future. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist




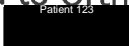
7 December 2020

Dr K Allen

Personal information redacted by the USI

Dear Dr Allen

Re:

 was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  is 81 and 7 years ago had a TURP done by Mr O'Brien. It was benign. He hasn't been seen since. He may have had 1 review around that time. He is hypertensive, diabetic, has back pain, is on Gabapentin. He also takes a statin. He is up hourly during the night but has actually got used to it over the years. Some of this may be due to his back issues as well. His treatment options are an anticholinergic such as Vesicare but he would not like to get constipated as he suffers from that already, Betmiga or Mirabegron 50 mg a day but that can cause hypertension. He is on 3 anti-hypertensives already or he could consider Botox but that would be invasive and he may require catheterisation afterwards. These are in fact his options. He doesn't really wish to consider any of them at the moment. He doesn't require surgical follow-up but he may contact you at some stage in the future. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 2020

Dr P Mulligan

Personal Information redacted by the USI

Dear Dr Mulligan

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA remains stable at 6.8, more or less the same at it was a year ago. He just needs surveillance PSA tests done and doesn't require surgical follow-up.

Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr P Mulligan

Personal Information redacted by the USI

Dear Dr Mulligan

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He has lower urinary tract symptoms. He has been on Combodart for some years now. His PSA was 4.7 in 2017 and rose very slowly to 6 in 2019. He manages very well. I have re-checked his PSA. I will let you know the result but I don't think he needs further surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 2020

Dr R Martin

Personal Information redacted by the USI

Dear Dr Martin

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is <0.03 indicating biochemical recurrence. I have copied this to Mark Haynes. He may need adjuvant radiation therapy. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ



Personal Information redacted by the USI

16 November 2020

Dr R Martin

Personal Information redacted by the USI

Dear Dr Martin

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a radical prostatectomy in September 2018. His PSA last year was less than 0.01. He is very well and no particular symptoms. He needs follow up for about 5 years. I have checked his PSA today and have written to the trust with a view to arranging a further review appointment in a year.

I will forward the result of his PSA with his next letter.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
BT63 5QQ

Personal Information redacted by the USI

7 December 2020

Dr P McKinley

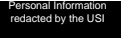
Personal Information redacted by the USI

Dear Dr McKinley

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  has erectile dysfunction, was seen in 2017 by Mr Jacob and was under Mr O'Donoghue's care. He ended up on Mr O'Brien's waiting list but did not arrive for his appointment today but I don't think requires surgical follow-up from Mr O'Brien and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist