

Personal Information redacted by the USI

7 December 2020

Dr K Moore

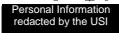
Personal Information redacted by the USI

Dear Dr Moore

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.  had an embryonal cell carcinoma 10 years ago. He is being very well followed in Oncology this year and there is no need for him to be on Mr O'Brien's outpatient list and I have removed him from same.

Many thanks.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

7 December 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 referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust.  is 74 and has a long history of renal stones. He was seen by Mr Geown, put on prophylactic antibiotics, saw Mr O'Brien once several years ago. He hasn't been seen for 3 years but he is actually very well and managing quite well and doesn't require any further surgical follow-up. I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



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

PSA has jumped to 20 which is 50% increase. He will require follow-up and I am referring this back to the MDT to arrange follow-up for him. He is 75 and may require a further re-assessment with active treatment.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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

Personal Information redacted by the USI

7 December 2020

Dr P McKinley

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Dear Dr McKinley

Re:

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PSA has jumped to 20 which is 50% increase. He will require follow-up and I am referring this back to the MDT to arrange follow-up for him. He is 75 and may require a further re-assessment with active treatment.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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

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23 November 2020

Dr P McKinley

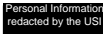
Personal Information redacted by the USI

Dear Dr McKinley

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen at Orthoderm Clinic today as part of a waiting list initiative on behalf of the Southern Trust.  is well. He is 75. He has 1 core+ Gleason 3+3 diagnosed 8 years ago. His last PSA was stable at 13 but he hasn't had one done for 3 years as far as I can see from the records. He is very well and from a urological point of view doesn't require anything other than an annual PSA. I have checked it today and I will forward the result to you but he doesn't require any further surgical follow-up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



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8 December 2020

Dr Cuthbertson

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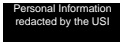
Dear Dr Cuthbertson

Re:

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Personal Information redacted by the USI

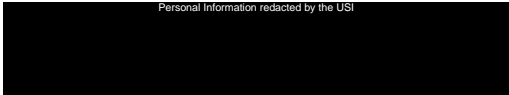
attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

I don't have all of  records but he had retention in 2017 after a successful trial removal of catheter. He is on Tamsulosin and asymptomatic. A recent PSA is just 5 which is just the upper limit of normal for his age, but he doesn't need active surgical follow-up. I have advised him to have a PSA done intermittently throughout his seventies.

Many thanks.

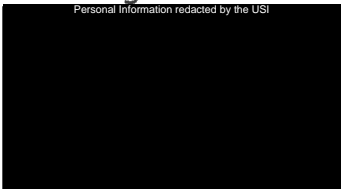
Yours sincerely

Mr Patrick Keane
Consultant Urologist

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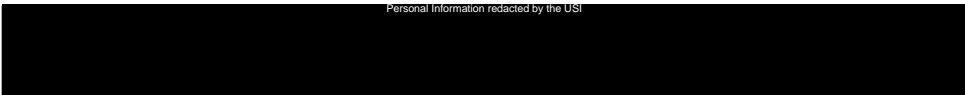
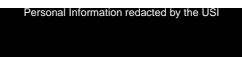
8 December 2020

Dr Magorrian

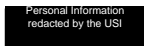
Personal Information redacted by the USI


Dear Dr Magorrian

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.

Personal Information redacted by the USI


is 77-years-old. He has recently had coronary artery stents, but is well. He had a diagnosis of low-grade intermediate risk prostate cancer 3 + 3 and 4 out of 15 cores in 2018. An MRI showed a tiny little focus of restricted diffusion. His PSA was 16 at the time. It is now 20 two years later indicating that there might be some activity there. He has virtually no symptoms but I think he should have a further MRI scan now and a follow-up at Craigavon to see if there is anything there of concern.

I am copying this letter to Mr Haynes to arrange a review for him in 2021.

Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Mr Haynes.

c.c. Superintendent Radiographer, Craigavon – for MRI of prostate.





Personal Information redacted by the USI

8 December 2020

Dr Cleary

Personal Information redacted by the USI

Dear Dr Cleary

Re:

Personal Information redacted by the USI

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attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

Personal Information redacted by the USI

had Gleason 3 + 3 and 2 cores diagnosed in March. PSA was 3.9 in August. This year it was 6.5. From a urological point of view there is virtually no symptoms. He does get some pain that wakes him in the night and when he walks round he passes wind that relieves the pain and he can go back to sleep again. He is undergoing GI investigations through yourself but probably needs a colonoscopy to sort it out and he is going to come and talk to you about that.

He needs follow-up at the Hospital and I have asked them to send him a routine appointment for follow-up of his low grade prostate cancer.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



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8 December 2020

Dr Beatty

Personal Information redacted by the USI

Dear Dr Beatty

Re:

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attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

Personal Information redacted by the USI

is 56-years-old and was seen in 2017 in Craigavon Area Hospital under the flag of Mr O'Donague but Mr Jacob saw him about erectile dysfunction. When I asked him about this today he is not concerned as much and doesn't want any further treatment. He has some lower urinary tract symptoms. He is on testosterone replacement. His PSA is 0.8. He could try Tamsulosin to see if that would make his voiding any better but essentially I don't think he needs surgical follow-up and I have discharged him from Mr O'Brien's clinic.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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8 December 2020

Dr T Lewis

Personal Information redacted by the USI

Dear Dr Lewis

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.

Personal Information redacted by the USI

is 65-years-old. He has been on active surveillance since 2012 for Gleason 3 + 3 and 1 out of 10 cores on his biopsy. His current PSA in 2020 is 2.3. He is asymptomatic. I offered him a hospital follow-up but he is happy to do it himself and he can be re-referred if the PSA starts rising.

Many thanks. Kind regards.

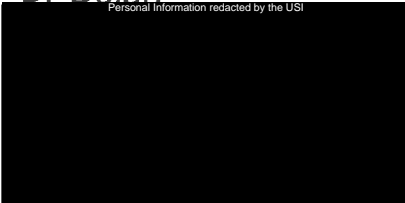
Yours sincerely

Mr Patrick Keane
Consultant Urologist



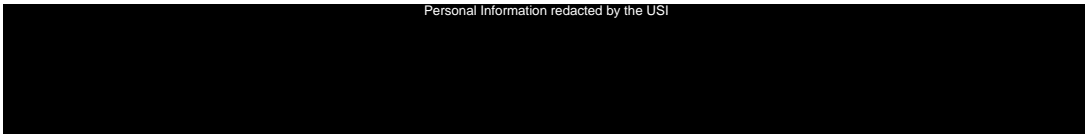
9 November 2020

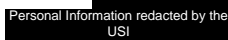
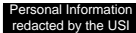

Dr Dolan



Dear Dr Dolan

Re:



 was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust.  is  He is on androgen blockade for prostate cancer which was diagnosed 5 years ago. He is very well. No lower urinary tract symptoms. He feels well. I have re-checked his PSA. I don't think he requires surgical follow-up as such, he just needs an annual check on his PSA and re-referred if it starts to rise again. His current level is less than 0.08.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Seen & disch ✓



9 November 2020

Dr Cleary

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Personal Information redacted by the USI

Dear Dr Cleary

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. Personal Information redacted by the USI has had prostate cancer since 2007. He was treated by radiation therapy in 2014. His PSA remains at 0.4 this year. His symptoms are exceptionally well controlled. He does need PSA follow-up so I will copy this letter to Enda Hanna, Clinical Oncology Nurse Specialist at the Belfast City Hospital as I have discharged him from surgical follow-up.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Enda Hanna
Clinical Oncology Nurse Specialist
Belfast City Hospital
Lisburn Road
Belfast
BT9 7AB

OK
+ dsc PAS
✓
28/11/24



Patient 34

9 November 2020

Dr B Mitchel

Personal Information redacted by the USI

SJR.

Dear Dr Mitchel

Re:

Patient 34

Patient 34

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. He had Gleason 4 + 3 adenocarcinoma of prostate diagnosed in 2013. He was put on Medroxyprogesterone initially then had added in Bicalutamide and Tamoxifen. He had a TURP which after the hormone therapy showed no evidence of a tumour and in 2017 was referred for radiation therapy which he has had done and completed and his current PSA is 0.18. His urinary symptoms are very well controlled at the moment. He is being followed up at the BCH and doesn't require surgical follow-up from Mr O'Brien.

Kind regards.

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

9 November 2020

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

Dear Mark

Re:

An issue arises here about the MDM in August 2013. Treatment options were to be discussed but there is no documentation of same. He himself says that he was never offered radiotherapy consultation nor is there any evidence of same in the notes. And also the hormone therapy itself for 4 years prior to referral for radiation therapy does need to be reviewed.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Mark
Under Investigation now
by 3 SJR.

Letter.

SJR



9 November 2020

Dr R Flood

Personal Information redacted by the USI

Dear Dr Flood

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. ^{Personal Information redacted by the USI} had a complex cyst measuring 1.6 mm in her right kidney in 2017. She has had no further imaging. Her symptoms are essentially the same. She has no haematuria and she feels well. I have written to the Trust to get a further CT urogram for her and a review at the MDM. I have checked her U&E today.

Many thanks.

Yours sincerely

*Ben seen
by Tony*

Mr Patrick Keane
Consultant Urologist

PS – This is a red flag referral

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

9 November 2020

Dr W McCandless

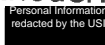
Personal Information redacted by the USI

Dear Dr McCandless

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust.  had difficulty with his lower urinary tract symptoms some years ago. He had a TURP done by Mr O'Brien. Histology is benign and today he is well, voiding satisfactorily and has no particular issues. I have discharged him from follow-up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

✓ Disc from PAS.

9 November 2020

Dr Patterson

Personal Information redacted by the USI

attended Privately.

Dear Dr Patterson

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. He had high grade prostate cancer treatment by hormone and radiation therapy. He is being followed up at the Belfast City Hospital. He is having quite a lot of frequency but I have reassured him that this will tend to settle spontaneously. He is on Oxybutynin and he might find it easier to take Betmiga if he is not settling in the next month or so. From a surgical point of view I have discharged him from follow-up from Mr O'Brien's clinic.

Many thanks.

Yours sincerely

*OK
FU by BCH.*

Mr Patrick Keane
Consultant Urologist

9 November 2020

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

Dear Mark

Re:

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. I wonder could he be reviewed for follow-up of PSA. He was diagnosed with 1 core positive in 2001. By 2011 he was put on Casodex 50 mg but had had a discussion about radical therapy with Mr Lynch, and his wife confirms that there was a discussion about radiation therapy at that time. He was on Casodex 50 at that time with Tamoxifen. That was increased to 100 mg. By 2015 he was given an LHRH analogue for a very short period of time and his PSA has come down.

Today at review he is well but on no treatment whatsoever. His PSA has risen from 53 to 64 asymptotically over the past 2 years. I have explained to him the purpose of follow-up would be to detect a rapid rise in the PSA at which stage he should go back on hormone therapy but he is only checking it once a year which is not enough at the moment. They are going to go on to twice yearly PSA surveillance. himself would appreciate a surgical review.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

? Mark
to review
currently on
no body's WL.

9 November 2020

Dr M McGrady


Personal Information redacted by the USI

Dear Dr McGrady

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust.  had a TURP done in 2016 which showed Gleason 3+3 and 5% of the chips. He has Parkinson's disease and his treatment plan for the prostate cancer is surveillance and his PSA is now 0.39. He is monitoring that himself and doesn't particularly wish to be involved in surgical follow-up but needs his PSA done annually. Vis-à-vis his urinary symptoms, he is slightly wet now but manages that himself and doesn't wish to have Botox and the need for self-catheterisation more often than he is doing at the moment although obviously if his symptoms get worse he might wish to change his mind on that score. I haven't arranged any further follow-up but the team at Craigavon would be happy to review him if his urinary symptoms worsen.

Many thanks.

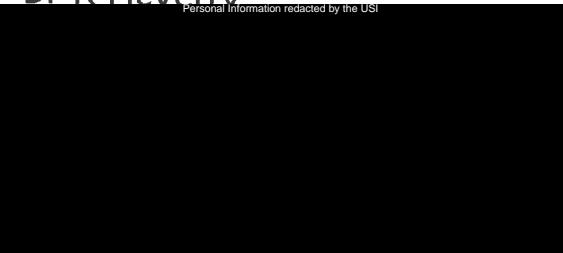
Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

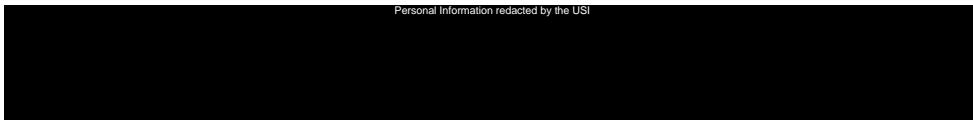
9 November 2020

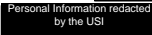
Dr R McVerry



Dear Dr McVerry

Re:



 was referred to Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. This man did not take up his Outpatient appointment but I have reviewed his notes. He was diagnosed with low grade prostate cancer in 2013. By January 2018 this had upstaged in terms of volume and grade to 3+4 in 7 out of 14 cores. He has had radiation therapy and his current PSA is 1.8. His follow-up will be by the Belfast Trust.

Many thanks. Kind regards.

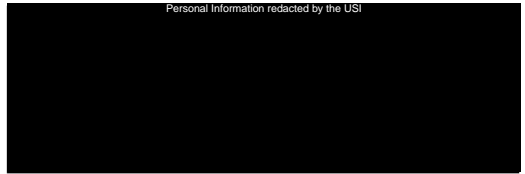
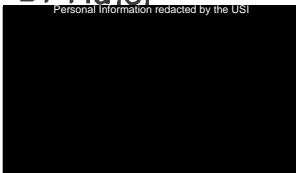
Yours sincerely

Mr Patrick Keane
Consultant Urologist

Flu
Belfast

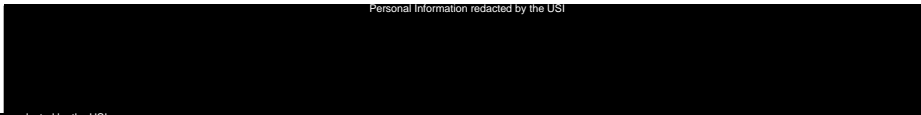
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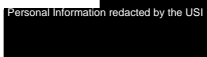
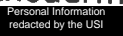
Dr Major



Dear Dr Major

Re:



 was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust.  is 77. Ten years ago she had a partial nephrectomy and radiology confirms there is no evidence of local recurrence. She is well today. She had an episode of drug-related jaundice in the summer but everything is well. Her urological issues rotate around her bladder frequency/urgency issues. It is not clear whether she ever took Mirabegron. She doesn't really remember it, though it was prescribed for her. She probably did take it but it was not efficacious; however it would be worth checking because it is a useful drug. The other drug to use is Vesicare 5 mg but that would tend to make her constipated and I think constipation is a major factor in the urgency that she has. She was on Vagifem in the past but does actually need to continue to take it I think on a weekly or fortnightly basis. If none of that works it may be worth referring her to Urogynaecology at the hospital.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

↑
referred + dsc
28/7/21.



9 November 2020

Dr Cuthbertson

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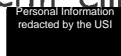
Personal Information redacted by the USI

Dear Dr Cuthbertson

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust.  is 81 but generally he is in good form and good health. He has presented with retention and has a catheter in now for over 2 years and Mr O'Brien placed him on a waiting list for a TURP in late 2017. Mr O'Brien has retired from the Trust so I will copy this to Mr Haynes so that he can remain on a waiting list for one of the surgeons there to get this done as soon as possible given the length of time he has been waiting.

Many thanks.

Yours sincerely

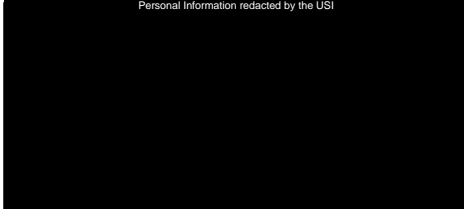
TURP patient with catheter.

Mr Patrick Keane
Consultant Urologist

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

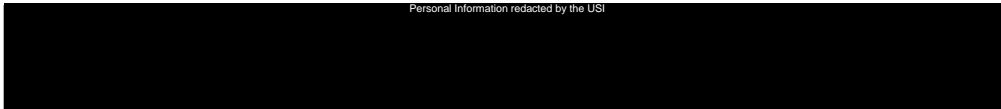
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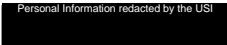
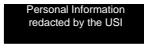
Dr T P Wright



Dear Dr Wright

Re:



 was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust.  has had high grade prostate cancer treated by androgen blockade and radiation therapy. His PSA in June was 0.17 and he is being followed up by Oncology. I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

discharged
✓
28/7/21.

Personal Information redacted by the USI

9 November 2020

Dr J A Burnett

Personal Information redacted by the USI

Dear Dr Burnett

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. He had radiation therapy in England. His PSA is excellently well controlled at less than 0.03. He is being followed up by the City Hospital and doesn't require surgical follow-up. I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

OK ✓ dsc PPS



9 November 2020

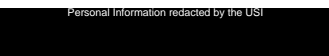
Dr B C Bonner

Personal Information redacted by the USI

Dear Dr Bonner

Re:

Personal Information redacted by the USI

 was seen today at Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. This man had aggressive prostate cancer treated by hormones and radiation therapy. He has a PSA now of 2.3 in 2019 and slightly lower in 2020 – it is 2.19. Symptomatically he is well. He is a candidate for salvage therapy but has elected to monitor the situation. Essentially with regard to his erectile function he is potent on Cialis but actually doesn't need 10 mg a day, he would be better off on 20 mg when required and doesn't need a daily dose. He understands all the arguments about the follow-up and the issues of salvage treatment and will continue his follow-up at the Belfast City Hospital. I have discharged him from Mr O'Brien's Outpatients.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

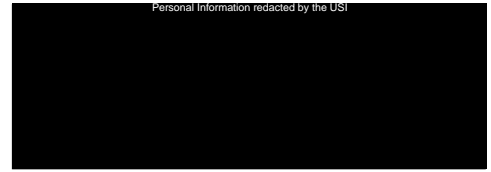
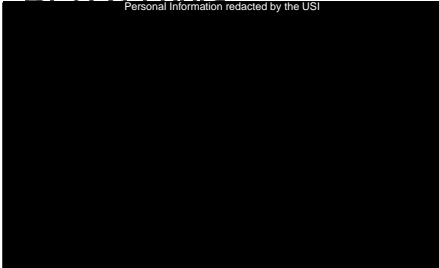
*OK
discharged +
under Belfast*



10 November 2020

Dr S A Poots

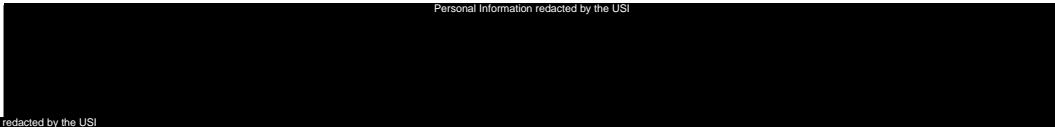
Personal Information redacted by the USI



Dear Dr Poots

Re:

Personal Information redacted by the USI



Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative clinic on behalf of the Southern Trust. He attended today with a long history of prostate cancer which was initially managed by surveillance. Eventually he required radiation therapy in 2018.

His current PSA is 2 and he is being followed up in Oncology at Belfast City Hospital and does not require surgical follow up.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

10 November 2020

Dr J Wilson

Personal Information redacted by the USI

Dear Dr Wilson

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. She attended today. About 3 years ago she was thought she may have had an advancing lesion in the left TCR and pelvis. A urogram did not demonstrate a lesion. She has no symptoms. She has no haematuria and is well.

She is 87, frail and has dementia. I do not think she would be fit for any surgical intervention anyway.

I have discharged her.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Discharged.

Personal Information redacted by the USI

10 November 2020

Dr M McBrien

Personal Information redacted by the USI

Dear Dr McBrien

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.

Personal Information redacted by the USI

is 74-years-old. Was seen with lower urinary tract symptoms and minimally elevated PSA in 2018. He was prescribed Tamsulosin at that time but didn't take it. He is on a lot of medication. His symptoms haven't significantly worsened in the last 2 years and he is still slightly reluctant to go on any medication which is reasonable. His main issue really is frequency.

I have checked his PSA today and if it is stable I think he could keep going the way he is but I will write to you once I have the result of the blood test.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

Dr M McBrien

Personal Information redacted by the USI

Dear Dr McBrien

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 7.8 which is stable. I do not think he needs further review he just requires an annual PSA done and I have discharged him from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

Dr Patterson

Personal Information redacted by the USI

Dear Dr Patterson

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative clinic on behalf of the Southern Trust. She attended today. She is 82 and had a radical nephrectomy done 2 years ago. A follow up CT was clear.

Her eGFR was low going in and is now 19 but stable over the last year. I don't think she should have a CT so I am writing to the Superintendent Radiographer to arrange an ultrasound for her and she can be reviewed routinely in the Trust.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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



Patient 63

10 November 2020

Dr S Thompson

Personal information redacted by the USI

Dear Dr Thompson

Re:

Patient 63

Patient 63

was referred to Orthoderm as part of a waiting list initiative clinic on behalf of the Southern Trust. He attended today and is very well. He has just recently had radiotherapy for his lung lesion. He is slightly short of breath but that is his only clinical symptom. He is 12 years out from his bladder cancer treatment and does not need surgical follow up.

I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

Dr M McBrien

Personal Information redacted by the USI

Dear Dr McBrien

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 64-years-old and had radiotherapy for his prostate cancer. His PSA is < 0.01. He has mild frequency but is otherwise well.

He doesn't need surgical follow-up and I have discharged him. He is checking his PSA himself.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

10 November 2020

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

Dear Mark

Re:

Patient 20 was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. He attended today. You may wish to review the management of this patient. He is now 77. He presented with a PSA of 40 and was clinically diagnosed with pT2 at least, if not T3 disease on the left side of his prostate. This was confirmed on biopsy showing Gleason 4+3.

He had significant right-sided disease. The biopsy took place in 2014. The MDM decision was to discuss radical therapy with him but there is no record of that having taken place and he was commenced on Bicalutamide 150 with Tamoxifen.

He has no particular urinary tract symptoms at the minute. His PSA has fallen to 0.05. He does have bad flushing attacks. He is an arteriopath but had a cardio bypass done some years ago and has recovered very well but has never had a discussion vis a vis the place of radiotherapy. Given that he is still only 77 and having problems with his hormone therapy, it may be a possibility and he should have a discussion with the radiotherapist.

I have referred him back to the MDT.

Yours sincerely

Dictated but not signed by

Mr Patrick Keane
Consultant Urologist

cc Mr A Glackin, MDT Co-ordinator, Urology Dept, Craigavon Area Hospital
 Mr J O'Donoghue, Urology Dept, Craigavon Area Hospital
 Ms S McVeigh, Urology Tracker, Craigavon Area Hospital
 Dr Lutton, **Personal Information redacted by the USI**

10 November 2020

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

Dear Mark

Re:

Patient 20
[Redacted]
[Redacted]
[Redacted] was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. He attended today. You may wish to review the management of this patient. He is now 77. He presented with a PSA of 40 and was clinically diagnosed with pT2 at least, if not T3 disease on the left side of his prostate. This was confirmed on biopsy showing Gleason 4+3.

He had significant right-sided disease. The biopsy took place in 2014. The MDM decision was to discuss radical therapy with him but there is no record of that having taken place and he was commenced on Bicalutamide 150 with Tamoxifen.

He has no particular urinary tract symptoms at the minute. His PSA has fallen to 0.05. He does have bad flushing attacks. He is an arteriopath but had a cardio bypass done some years ago and has recovered very well but has never had a discussion vis a vis the place of radiotherapy. Given that he is still only 77 and having problems with his hormone therapy, it may be a possibility and he should have a discussion with the radiotherapist.

I have referred him back to the MDT.

Yours sincerely

Dictated but not signed by

Mr Patrick Keane
Consultant Urologist

cc Mr A Glackin, MDT Co-ordinator, Urology Dept, Craigavon Area Hospital
Mr J O'Donoghue, Urology Dept, Craigavon Area Hospital
Ms S McVeigh, Urology Tracker, Craigavon Area Hospital
Dr Lutton, [Redacted]
Personal Information redacted by the USI

Personal Information redacted by the USI

10 November 2020

Dr R Ryan

Personal Information redacted by the USI

Dear Dr Ryan

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.

Personal Information redacted by the USI

had a TURP in 2018. It showed T1A Gleason 3 + 3 carcinoma. His PSA was 7 at the time. It dropped to 3 and it has now gone up to 5. He is asymptomatic and is 81-years-old. I rechecked his PSA today and I will write about his management once I have seen the blood result.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

Dr R Ryan

Personal Information redacted by the USI

Dear Dr Ryan

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 8.3. It was 7 in 2015, it went down to 3 and then has gone back slightly, rising 3 points in the last year. He is Gleason 3+3. He is now 81 and he just requires an annual PSA but I will ask for him to have a further outpatient appointment to check the PSA progression in a years' time.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

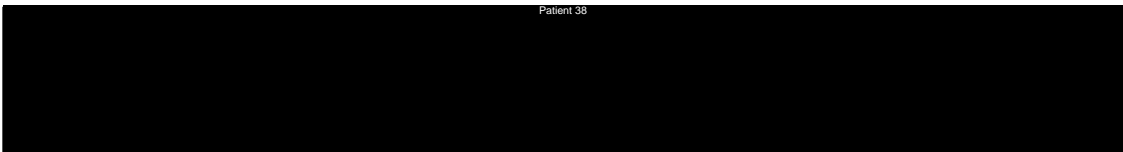
Cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

10 November 2020

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

Dear Mr Haynes

Re:

 was referred to Orthoderm as part of a waiting list initiative clinic on behalf of the Southern Trust. He attended today. I wonder would you please review the management of this 86 year old man who has had prostate cancer since 2009. He's a cardiopath.

In 2013, because of a rising PSA, he was put on Bicalutamide 50mg of Tamoxifen. There is no record of an MDM discussion. This was later increased to 100mg and over this summer was increased to 150mg. His PSA is remaining stable between 9 and 11 over the last year and symptomatically he is quite well. He does, however, need to be monitored still because of the unusual nature of the hormone manipulation and I would be grateful if you would arrange that.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Dr S Thompson,

Personal Information redacted by the USI

10 November 2020

Dr A Rodgers

Personal Information redacted by the USI

Dear Dr Rodgers

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

attended as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

Personal Information redacted by the USI

is 51-years-old. He had haemospermia and a very slightly elevated PSA which has returned normal. He has no symptoms and I have reassured him it might be useful given his age that he get a check of his PSA in his mid-fifties.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

Dr A Latimer

Personal Information redacted by the USI

Dear Dr Latimer

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.

Personal Information redacted by the USI

had some worries about whether he had injured himself 2 years ago. A penile MRI is normal. It is on a small dose of a 5 PD and haematuria. He is not in a sexual relationship. He has some issues regarding the psychology of the whole thing which I have talked to him about today.

He is going to be seen at Craigavon at some stage in the future.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

Dr McShane

Personal Information redacted by the USI

Dear Dr McShane

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 attended today. He is very well. He is 13 years post-radiotherapy. His PSA is absolutely stable at 0.5. He will be 80 this year.

I do not believe he needs surgical follow up so he has been discharged.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

Dr E D Fearon

Personal Information redacted by the USI

Dear Dr Fearon

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

was referred to Orthoderm as part of a waiting list initiative clinic for the Southern Trust. He attended today. He is 64 and had prostate cancer some years ago and finished radiotherapy in 2014/15. His PSA is stable and his current PSA is 0.3.

He has been discharged from GP follow up and I do not think he needs surgical review here either.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

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

Dear Mark

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.

I think this case is worthy of having a look at in terms of the review. There is an issue noted in the notes from Oncology that he wasn't offered radical treatment in 2013 which given that he had been on hormones for 9 years and developed a rising PSA an opportunity was perhaps missed there.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

Dr R McVerry

Personal Information redacted by the USI

Dear Dr McVerry

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.

Personal Information redacted by the USI

is 79-years-old and had a radical prostatectomy in 2002. It recurred 2 years later and he was put on hormone therapy in 2004. Nine years later his PSA had risen to 0.7. He wasn't offered reassessment or radical local therapy at that time and in 2019 his PSA was 11 and he has gone quickly into a castrated resistant state and his PSA is now over 100. He is currently under review by Dr Houghton and is on Enzalutamide but he doesn't need any surgical follow-up at this clinic.

Kind regards.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 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

attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

Personal Information redacted by the USI

had stone disease and urinary sepsis in 2019. His PSA was 9 and has come down to 6 but is still not normal despite the fact that he has no urinary symptoms at the moment. He is 56-years-old. His current PSA is 6.2 and I think he should be reviewed by the MDM and perhaps they would consider organising an MRI scan for him.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Mr Anthony Glackin
MDT Co-ordinator,
Urology Department,
Craigavon Area Hospital,
68 Lurgan Road,
Craigavon, BT63 5QQ



Personal Information redacted by the USI

10 November 2020

Dr W Wright

Personal Information redacted by the USI

Dear Dr Wright

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

had benign prostate cancer diagnosed treated by radiation and hormone therapy. His PSA is < 0.01. He has no particular symptoms. He doesn't require surgical follow-up and I have discharged him.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

10 November 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. She attended clinic today. In late 2018 she had a high risk pT3b NO tumour which was removed. It was Grade 3. She had a CT in November 2018 showing that there was no evidence of local recurrence, however, she hasn't been seen or had a further radiology appointment. I am therefore copying this letter to Superintendent Radiographer in Craigavon to do a CT chest and abdomen and she can be reviewed at the MDT at that stage.

I have checked her U&E for the CT scan's point of view. Teresa herself is in very good form.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc: Mr M D Haynes, Consultant Oncologist, Craigavon Area Hospital,
68 Lurgan Road, Craigavon BT63 5QQ
Superintendent Radiographer, Radiology Dept, Craigavon Area Hospital,
68 Lurgan Road, Craigavon BT63 5QQ



Personal Information redacted by the USI

10 November 2020

Dr M Fee

Personal Information redacted by the USI

Dear Dr Fee

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 attended today and is well. He has had Gleason 4+4 adenylal carcinoma in the past year which has been treated with radiation therapy. His current PSA is 0.03 and he is being followed up by Oncology at the Belfast City Hospital.

He does not need surgical review.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

10 November 2020

Dr B C Bonner

Personal Information redacted by the USI

Dear Dr Bonner

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.

Personal Information redacted by the USI

is 76-years-old. He has had prostate cancer since 2011. Had radiation therapy in 2012, had a TURP in 2018 for increasing storage symptoms but has to self-catheterise after that. Unfortunately, he has developed secondary diseases and is on Docetaxel at the moment. He has recently just become short of breath and is on Nitrofurantoin which I have stopped today and asked Personal Information redacted by the USI to call for a prescription for Trimethoprim instead as there is some association between Nitrofurantoin and shortness of breath.

He remains under the review of the Belfast City Hospital Oncology Team but doesn't require surgical intervention so I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 17

10 November 2020

Dr McConville

Personal Information redacted by the USI

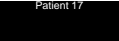
Dear Dr McConville

Re:

Patient 17

Patient 17

was referred to Orthoderm as part of a waiting list initiative clinic on behalf of the Southern Trust. He attended today. He is now 82 and has had prostate cancer for some time. In 2012 because of a rising PSA the MDM recommended radical local therapy. He was put on Tamoxifen and 50mg of Casodex and remains on that today.

From  recollection and from the notes no discussion as to radical radiotherapy took place. He has no particular problems. His PSA is 0.5 but because of the low risk of getting a biochemical recurrence and moving to a hormone refractory stage, he should remain under follow up and I am copying this letter to Mr Haynes to review the management and provide further follow up for him.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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



Patient 17

10 November 2020

Dr McConville

Personal Information redacted by the USI

Dear Dr McConville

Re:

Patient 17

Patient 17

was referred to Orthoderm as part of a waiting list initiative clinic on behalf of the Southern Trust. He attended today. He is now 82 and has had prostate cancer for some time. In 2012 because of a rising PSA the MDM recommended radical local therapy. He was put on Tamoxifen and 50mg of Casodex and remains on that today.

Patient 17

From recollection and from the notes no discussion as to radical radiotherapy took place. He has no particular problems. His PSA is 0.5 but because of the low risk of getting a biochemical recurrence and moving to a hormone refractory stage, he should remain under follow up and I am copying this letter to Mr Haynes to review the management and provide further follow up for him.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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



Patient 17

16 November 2020

Dr McConville

Personal Information redacted by the USI

Dear Dr McConville

Patient 17

Patient 17

PSA is 0.14.

Kind regards.

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

Patient 37

10 November 2020


Dr C P McNiff

Personal Information redacted by the USI

Dear Dr McNiff

Re:

Patient 37

 was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. He is 82 and is actually very fit and well. He takes one tablet for blood pressure and looks like he is in his seventies. Biologically he is quite young.

He had prostate cancer diagnosed in February 2020 cores Gleason 3+4. He has some evidence of extracapsular disease but no evidence of metastatic disease. He was put on Bicalutamide and Tamoxifen and his current PSA is 0.6.

I know that Professor O'Sullivan would not be ageist in terms of delivering radiotherapy and I think it is a matter that should be discussed again at the Craigavon MDT. I have referred him back to the MDT for consideration of same.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc: Mr A Glackin, MDT Co-ordinator, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon BT63 5QQ
Mr M D Hayes, Consultant Oncologist, Craigavon Area Hospital
Mr J O'Donoghuy, Urology Dept, Craigavon Area Hospital
Ms S McVeigh, Urology Tracker, Craigavon Area Hospital

Patient 37

10 November 2020

Dr C P McNiff

Personal information redacted by the USI

Dear Dr McNiff

Re:

Patient 37

Patient 37

was referred to Orthoderm as part of a waiting list initiative on behalf of the Southern Trust. He is 82 and is actually very fit and well. He takes one tablet for blood pressure and looks like he is in his seventies. Biologically he is quite young.

He had prostate cancer diagnosed in February 2020 cores Gleason 3+4. He has some evidence of extracapsular disease but no evidence of metastatic disease. He was put on Bicalutamide and Tamoxifen and his current PSA is 0.6.

I know that Professor O'Sullivan would not be ageist in terms of delivering radiotherapy and I think it is a matter that should be discussed again at the Craigavon MDT. I have referred him back to the MDT for consideration of same.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc: Mr A Glackin, MDT Co-ordinator, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon BT63 5QQ
Mr M D Hayes, Consultant Oncologist, Craigavon Area Hospital
Mr J O'Donoghuy, Urology Dept, Craigavon Area Hospital
Ms S McVeigh, Urology Tracker, Craigavon Area Hospital



Personal Information redacted by the USI

14 December 2020

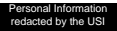
Dr O Fitzsimons

Personal Information redacted by the USI

Dear Dr Fitzsimons

Re:

Personal Information redacted by the USI

I saw  who is on CAPD. He is part of the outpatient review of Mr O'Brien's patients but he actually has gone privately. He obviously, looking at his medications, has lower urinary tract symptoms. He is on Tamsulosin, Finasteride, Oxybutynin and whenever he is taking these tablets, Clean Prep and Movicol intermittently to make his bowel move. I think the best thing to do would be to stop his Oxybutynin.

Viz a vis surgical follow up he does not require this as he is actively being treated by the renal physicians.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

14 December 2020


Dr K Moore

Personal Information redacted by the USI

Dear Dr Moore

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. He was seen some years ago with some haematuria. Flexible cystoscopy was normal. He is asymptomatic at the moment and his current PSA is 3.9 which is acceptable for his age.

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

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

14 December 2020

Dr R Mullan

Personal Information redacted by the USI

Dear Dr Mullan

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 is 88, has lower urinary tract symptoms. He was put on an anti-cholinergic in 2018 and PSA at that time was 3.9 and is now 3.6 which is acceptable.

He is up once or twice at night now and is otherwise normal for a man of his age **and the nocturia is not excessive. I don't think he requires surgical follow up and I have discharged him.**

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

14 December 2020

Dr T Glackin
Consultant Urologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

– Dear Tony

Re:

Personal Information redacted by the USI

I wonder would you see June. She is a patient who had anal cancer treated by chemo and radiation. She has had frequency urgency; initially quite severe. **Eventually Mr O'Brien injected Botox. The Botox helped a kind of stinging/burning sensation she had in her bladder and this was done in 2016. She was prescribed Mirabegron in 2017 but doesn't take it. At the moment she is going to the toilet every hour and is up hourly during the night.**

I am copying this letter to the superintendent radiographer to get an ultrasound of the post void residual urine and also I would be grateful if you would then see her afterwards and see whether or not a further injection of Botox would be appropriate.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Superintendent Radiographer, Craigavon Area Hospital
Dr W McCandless,

Personal Information redacted by the USI

Personal Information redacted by the USI

14 December 2020

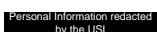
Dr Hamilton

Personal Information redacted by the USI

Dear Dr Hamilton

Re:

Personal Information redacted by the USI

 has stone disease. He last saw Mr O'Brien in 2020. A CT in June was clear and he hasn't had any further episodes of sepsis. Obviously he needs to take quite a lot of fluid which he is doing – the use of lemon juice would be helpful as well but there is no specific issue that can help him.

I do not think he needs surgical follow up and he knows to attend your practice should he have any further episodes.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

14 December 2020

Dr M E Cathcart

Personal Information redacted by the USI

Dear Dr Cathcart

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 1.8, having gone up from 0.9 in 2019 indicating a doubling time of a year. He is 81. The progression rate seems relatively slow at the moment.

Given his age I have listed him for routine review but I now think the MDT should review him given that he is hormone refractory.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

cc: MDT, Craigavon Area Hospital

Personal Information redacted by the USI

14 December 2020

Dr Murray

Personal Information redacted by the USI

Dear Dr Murray

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 seen in Craigavon in 2016 with **recurrent UTI's. In the interim she hasn't been seen but has had no particular problems and is asymptomatic at the moment. She doesn't require any further surgical follow up.**

I have discharged her.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

14 December 2020

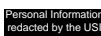
Dr A Brown

Personal Information redacted by the USI

Dear Dr Brown

— **Re:**

Personal Information redacted by the USI

 is 35 and was seen around 3 years ago with frequency urgency for which she tried Vesicare but is now on Betmiga. In the interim she has had a fibroid removed and her symptoms have spontaneously got better.

It would be good if she could get off all medication and perhaps if she tried bladder retraining which we talked about today she would be able to avoid Betmiga itself. Obviously, if things get worse in the future she can be referred but I have discharged her from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

14 December 2020

Dr P Megaw

Personal Information redacted by the USI

Dear Dr Megaw

— **Re:**

Personal Information redacted by the USI

I saw Personal Information redacted by the USI today. He was seen in 2017. He is on Combodart. He has other issues but urologically he is managing quite well. His symptoms haven't got worse in the last 3 to 4 years. I have talked to him about the natural history of the disease but he doesn't need surgical follow up at the moment.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

14 December 2020


Dr A Rodgers

Personal Information redacted by the USI

Dear Dr Rodgers

—
Re:

Personal Information redacted by the USI

 saw Mr O'Brien in 2017. She had gross haematuria when she was in England. This was fully investigated. She has small renal calculi in the lower pole of the left kidney which are asymptomatic. She has had no symptoms of that since. She suffers a **little from mild urgency but doesn't want any treatment but** could try Vesicare if it gets worse.

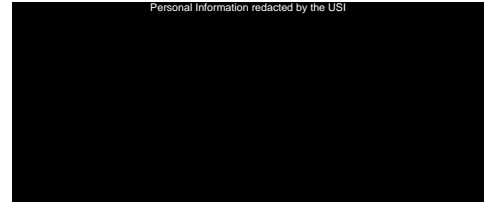
I have discharged her from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

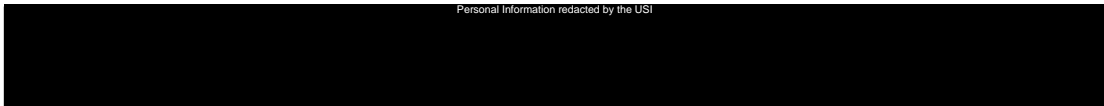
15 December 2020

Dr Hunter

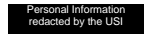


Dear Dr Hunter

Re:



 attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

Mr O'Brien reviewed  in 2017 with frequency urgency. He has had a right nephrectomy for trauma in the past. He was on Tamsulosin and Tadalafil at that time. His PSA had gone up as far as 7, but over the last 2 – 3 years has been 4.8, 5.7 and is now 5.7 indicating no activity in his prostate. He has had spinal effusion a year ago. Symptoms still persist. He is going to the toilet hourly during the day and he is up 2 – 3 times at night. The only other medical issue would be to put him on Avodart 500 micrograms daily or give him Combodart and stop the Tamsulosin. He is going to think about that as that would have a negative impact on his sexual function and I am sending this to the outpatient manager at Craigavon to send him a routine outpatient appointment to reassess his symptoms and query TURP.

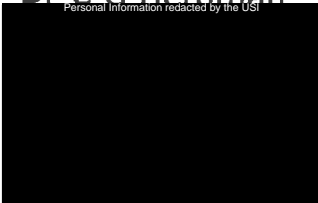
Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

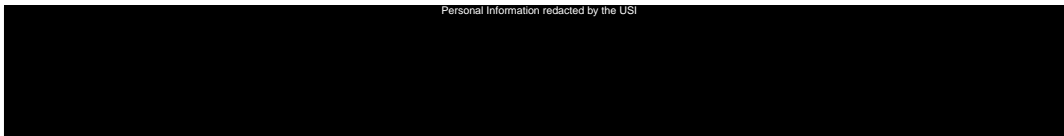
15 December 2020

Dr C.G. Herdman



Dear Dr Herdman

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.

Personal Information redacted by the USI

is 75 years old. He saw Mr O'Brien in 2018. He had an elevated PSA which came back towards normal. He is completely asymptomatic now and has no urinary symptoms whatsoever.

I don't think he needs any further surgical follow up but obviously if the issues return he can be referred back for further assessment.

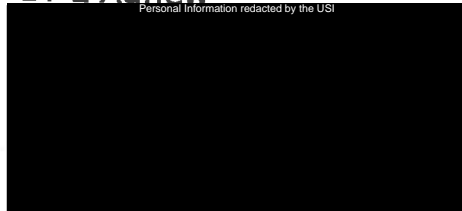
Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

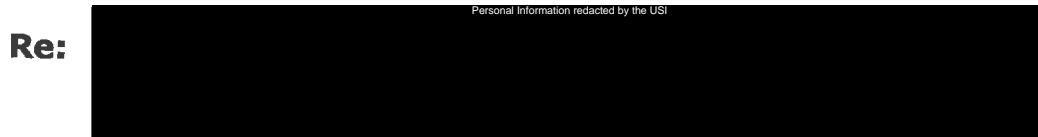
15 December 2020

Dr L Agnew

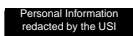


Dear Dr Agnew

Re:



 attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

 is well urologically. She passes urine about every 2 hours which is a bit frequent for her but she has no pain or any other symptoms. She had a lot of trouble following EVAR with constipation, CDIF etc which has caused her quite a lot of trouble. However, I am glad to report that her CT urogram was normal when she had it done 2 years ago and her EVAR scan, the most recent of which is on the 30th October, is perfectly normal. I have reassured her on that front but she doesn't need surgical follow-up from our point of view.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr P Megaw

Personal Information redacted by the USI

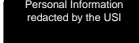
Dear Dr Megaw

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.

I saw  who is 45 years old. He has a small utricle cyst last seen in 2017 for an ultrasound. I am copying this letter to the superintendent radiographer in Craigavon to arrange a further ultrasound of his bladder and kidneys and I am copying this letter to Mr Glackin to arrange an outpatient review to review him on a routine basis.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Dr Tony Glackin
Consultant Urologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ



Personal Information redacted by the USI

15 December 2020

Dr W B Thompson

Personal Information redacted by the USI

Dear Dr Thompson

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.

Personal Information redacted by the USI

attended and from a urological point of view he is being looked at for a small renal mass which is stable over the past 6 years. He is on Mr O'Brien's long term waiting list since 2013 but is attending other clinics which are scanning him regularly and I don't think he needs surgical follow up from our point of view and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr S P Graham

Personal Information redacted by the USI

Dear Dr Graham

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.

Personal Information redacted by the USI

was seen by Mr O'Brien after a urinary tract infection and put on Tamsulosin and over the last 3 years has been perfectly well. His benign prostate PSA is 3. I don't think he needs surgical follow up and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr F Naughton

Personal Information redacted by the USI

Dear Dr Naughton

Re:

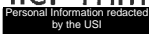
Personal Information redacted by the USI

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.

Personal Information redacted by the USI

is 20 years old and had a bad urinary tract infection and possible pyelonephritis, also possibly an infected renal cyst at that time. There was a thick wall seen, but on follow up ultrasound scanning some months later that was all clear. It was a simple cyst at that stage.

In the intervening 2 years since she has been seen she has been well. She gets some pain on the right hand side. She is sexually active and gets occasional cystitis following sexual activity and actually given the history I think she should take a prophylactic antibiotic i.e. Trimethoprim 200mgs on the nights that she has sex and at no other time.  doesn't need surgical follow-up.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr Magorrian

Personal Information redacted by the USI

Dear Dr Magorrian

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.

Personal Information redacted by the USI had lower urinary tract symptoms and was seen by Mr O'Brien 3 years ago. None of the medications worked. She then went on to have a hysterectomy and is actually better with no treatment and just fluid management alone. Given that she is not responding to any medication I think her only surgical option is **Botox, but I don't think she warrants that at the moment and we had a chat** about it today. She is happy to leave things as they stand at the moment and I have discharged her.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr J A Deehan

Personal Information redacted by the USI

Dear Dr Deehan

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.

Personal Information redacted by the USI

was seen 3 years ago by Mr O'Brien. He had had a urinary tract infection and liver abscess. All of these issues have resolved. His ultrasound was normal and at review today he is very well. He has had no further symptoms and I don't think requires surgical follow-up.

I have discharged

Personal Information redacted by the USI

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

15 December 2020

Dr C P McNiff

Personal Information redacted by the USI

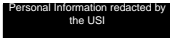
Dear Dr McNiff

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.

I saw  who is now 60-years-old. He is diabetic. Was last seen in Craigavon in 2017, I don't think he ever saw Mr O'Brien but ended up on his waiting list from which I have removed him. Essentially he had some urinary infections. He had a cystoscopy done at that time and an ultrasound which is normal. He remains on Nitrofurantoin Prophylaxis which he finds completely relieves him of any symptoms and he has no lower urinary tract symptoms now. I have warned him about the issues of respiratory disease and Nitrofurantoin although the dosage is exceptionally low and I don't think he needs to be on an active waiting list but should be re-referred if there is a problem going forward.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr A McKeag

Personal Information redacted by the USI

Dear Dr McKeag

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.

Personal Information redacted by the USI

was seen with some lower urinary tract symptoms and put on Tamsulosin. He is now well and managing his symptoms quite well. His PSA is 1.3. Flexible cystoscopy and CT are ok and I don't think he needs surgical follow-up.

I have discharged

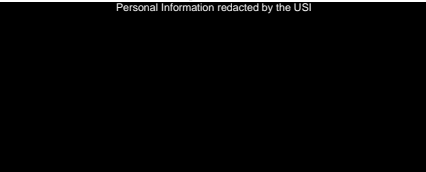
Personal Information redacted by the USI

Yours sincerely

Mr Patrick Keane
Consultant Urologist

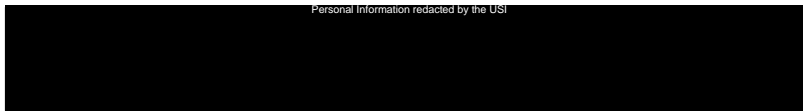
15 December 2020

Dr O'Connor



Dear Dr O'Connor

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.

Personal Information redacted by the USI is 28-years-old. Has some slight hold up in the drainage of the right kidney but twice a year he gets really severe pain. His radiology shows devalued renal function, delay in excretion on the right but also minimal distention. However given the severity of the pain he is getting I think he should continue with ultrasound surveillance.

I am copying this letter to the superintendent radiographer at Craigavon to arrange an ultrasound scan for him and he will be reviewed at the Trust.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Superintendent Radiographer
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon
Co Armagh BT63 5QQ



Personal Information redacted by the USI

15 December 2020

Dr D Mulligan

Personal Information redacted by the USI

Dear Dr Mulligan

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

had a small renal cell carcinoma diagnosed in 2013. It has been managed conservatively. It has been stable and no change seen in 2019. He is asymptomatic from that point of view but obviously as you know he has multiple comorbidities and doesn't require urological follow-up.

I have discharged him from Mr O'Brien's care.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 55

15 December 2020

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

Dear Mark

Re:

Patient 55

Dr T Johnston

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.

Personal Information redacted by the USI is ■■■ years old now. In 2012 when he was ■■■ he had a PSA of 17, T2 Gleason 3 + 4. There is quite a lot of confusion about the initial management. He was put on hormone therapy and found the side effects totally unacceptable. **Was referred to Dr Haughton and didn't attend, but** Personal Information redacted by the USI **himself states** categorically that he wished to have a radical prostatectomy, but was not referred because this was ruled out and it is unclear from the notes as to what exactly happened in regards to that but there is certainly no evidence of a surgical opinion being given at that time. He did already have cardiac stents in by that stage and it may have been that he would have been recommended to have radiation anyway. In the eventuality he had radiation completed in 2015 but has developed a biochemical recurrence and is back on hormone therapy again. His current PSA is well controlled but obviously at his age there is a very significant issue about continued follow-up and the development of castrated resistant disease in the future.



2.
15.12.20

In his last visit to Belfast he declined any further outpatient appointments. I have advised him of the folly of that particular strategy and that he needs to go back to Joe O'Sullivan's clinic to be monitored going forward as this is a very serious condition. I am copying this letter to Professor O'Sullivan in Belfast as well to send him another appointment but obviously Personal Information redacted by the USI case should be reviewed by yourself.

Many thanks.

P.S. He attended Mr O'Brien privately for which obviously there are no records.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Prof Joe O'Sullivan
Cancer Centre
Belfast City Hospital
Lisburn Road
Belfast
BT9 7AB

Cc Dr T Johnston

Personal Information redacted by the USI



Personal Information redacted by the USI

15 December 2020

Dr C McKay

Personal Information redacted by the USI

Dear Dr McKay

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.

Personal Information redacted by the USI

is now [REDACTED] years old. He saw Mr O'Brien in 2018. He had frequency urgency. His PSA was normal. There is a mix up over whether he had an ultrasound or not and I am arranging another one by copy of this letter to the superintendent radiographer in Craigavon. He was put on Oxybutynin for frequency urgency but actually took it for a short period of time. Has more or less learnt to live with the condition. At the moment I don't think there is any specific issue other than to clear up this ultrasound thing and he doesn't require specific treatment. He may benefit from Tamsulosin as he gets older but for now I think it is just a matter of making sure the ultrasound is normal and I will ask him to send a copy of the report to you.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Superintendent Radiographer
Craigavon Area Hospital



Personal Information redacted by the USI

15 December 2020

Mr T Glackin
Consultant Urologist
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon
Co Armagh BT63 5QQ

Dear Tony

Re:

Personal Information redacted by the USI

Dr Maguire

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.

I wonder would you see this man. He was seen in 2017 with frequency urgency. He is up 6 times a night. He is on Vesicare, Betmiga and takes Tadalafil as well on a low dosage. These medications have helped but his actual quality of life is quite poor with all of this. He has a bladder capacity seemingly of 300ccs and I think actually he might benefit from intravesical Botox and I would be grateful if you would see him about that. I have counselled him about the retention issue here today.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc **Dr Maguire**

Personal Information redacted by the USI

Personal Information redacted by the USI

15 December 2020

Dr T C Johnston

Personal Information redacted by the USI

Dear Dr Johnston

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.

Personal Information redacted by the USI

is well today. He had some frequency urgency in 2016. He hasn't been seen for 4 years. Ultrasound was normal, PSA is normal and he manages his symptoms quite well. He doesn't need surgical follow up and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



15 December 2020

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

Dear Mark

Re:

Dr B Cupples

Personal Information redacted by the USI

was referred as part of a waiting list initiative to Orthoderm Private Medical Clinic on behalf of the Southern Trust but unfortunately **did not attend**.

This chap is due for review. He had multiple urethral dilatations done over the years by Mr O'Brien but there are no corresponding letters and he may have been a private patient.

I have discharged him from follow-up at any clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc **Dr B Cupples**

Personal Information redacted by the USI

Personal Information redacted by the USI

15 December 2020

Dr O'Hagan

Personal Information redacted by the USI

Dear Dr O'Hagan

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.

This man has breast cancer. He is on Tamoxifen and has had some E.coli infections but has no particular lower urinary tract symptoms. He has a normal flow and essentially he doesn't get ill with these, he just gets a smell in his urine and he is on Tamoxifen and he is not sure whether it is that that is causing the smell, but in essence this is not a particular bother for him. He was investigated in 2018 by Mr Jacob. Nothing has changed and I don't think anything further useful can be done at the moment but if he gets worse he can be sent back into Craigavon.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr J A Allen

Personal Information redacted by the USI

Dear Dr Allen

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.

Personal Information redacted by the USI

had a minimal elevation of his PSA and was referred for assessment. This was essentially normal. His PSA fell. He has no symptoms at the moment. He has undergone chemotherapy for Non-Hodgkin's Lymphoma and doesn't require surgical follow-up.

I have discharged him. He will probably need to get his PSA checked in a couple of years' time.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr J A Allen

Personal Information redacted by the USI

Dear Dr Allen

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.

Personal Information redacted by the USI

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I have discharged him. He will probably need to get his PSA checked in a couple of years' time.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

15 December 2020

Dr J A Allen

Personal Information redacted by the USI

Dear Dr Allen

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.

Personal Information redacted by the USI

had a minimal elevation of his PSA and was referred for assessment. This was essentially normal. His PSA fell. He has no symptoms at the moment. He has undergone chemotherapy for Non-Hodgkin's Lymphoma and doesn't require surgical follow-up.

I have discharged him. He will probably need to get his PSA checked in a couple of years' time.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

16 November 2020

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

Dear Mr Haynes

Re:

Dr T P Wright

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 part of Mr O'Brien's long term waiting list but she has never actually seen him and she is in fact a patient of yourself. She has recurrent UTI's. You biopsied her bladder about a year ago and the biopsies showed inflammation only and no evidence of malignancy and she has had a meshing in the past. There was no issue with mesh erosion today. Her symptoms are not too bad. Urgency is her main issue. I can't see any record of her ever taking Vesicare but she probably did initially. It might be worth trying that again and I have told her that you would be keeping her under review but I have discharged her from Mr O'Brien's waiting list.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

OK
MDH seen in
Jan 2021.
✓

Cc **Dr T P Wright**

Personal Information redacted by the USI

Patient 54

16 November 2020

Dr C M McDonald

Personal information redacted by the USI

Dear Dr McDonald

Re:

Patient 54

Patient 54

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He is 83 and has been hormone LHRH analogue for prostate cancer for many years now. He wasn't given radiotherapy because of co-morbidity but he is doing very well. His PSA is extremely well controlled and Dr Houghton follows him up at Craigavon. I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

16 November 2020

Dr M C Dalzell

Personal Information redacted by the USI

Dear Dr Dalzell

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 radiotherapy for prostate cancer. He is actually quite well and his PSA is very well controlled. His only issue is very sensitive testicles and a lower abdominal pain which doesn't present unless he touches them.

On examination it is unremarkable, both testicles are of a small volume and short of bilateral orchiectomy. I can't think of anything surgically that can be done for it. I have discharged him from Mr O'Brien's clinic and he remains under the care of Prof O'Sullivan.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

Dr M C Dalzell

Personal Information redacted by the USI

Dear Dr Dalzell

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 radiotherapy for prostate cancer. He is actually quite well and his PSA is very well controlled. His only issue is very sensitive testicles and a lower abdominal pain which doesn't present unless he touches them.

On examination it is unremarkable, both testicles are of a small volume and short of bilateral orchiectomy. I can't think of anything surgically that can be done for it. I have discharged him from Mr O'Brien's clinic and he remains under the care of Prof O'Sullivan.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 125

16 November 2020

Dr McGuigan

Personal Information redacted by the USI

Dear Dr McGuigan

Re:

Patient 125

Patient 125

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He is well and finished his radiotherapy for prostate cancer in July and he is being followed up by Prof O'Sullivan and doesn't require surgical follow up and I have discharged him.

His only issue is that he has some ache in his testicles particularly the right side. I have taught him how to examine himself today. Both epididymi are a little bit swollen and very tender and if it gets worse I have asked him to call you and if you could please prescribe Doxycycline 100mg, once daily for a month.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

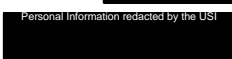
Dr M Carlile

Personal Information redacted by the USI

Dear Dr Carlile

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. He had prostate cancer treated by radical radiotherapy finishing in 2010. This was through Altnagelvin. He attended with urinary retention. He voided after a fractured hip and he voided successfully. His PSA is less than 0.1 and he doesn't require any surgical follow up. I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 32

16 November 2020

Dr Z Pickering

Personal information redacted by the UST

Dear Dr Pickering

Re:

Patient 32

Patient 32

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a Gleason 3+4 and 5 out of 10 cores diagnosed in late 2013. In early 2014 the MDM recommended a discussion of his treatment options. He was put on Tamoxifen and Casodex 50 as the method of minimal androgen blockade as per Mr O'Brien's letter of 19th June 2015. He was then referred to Dr Houghton and switched to a LHRH analogue and completed his radiotherapy in 2015. Currently his symptoms are good in terms of his lower urinary tract and his PSA is 0.24. He doesn't require surgical follow up and I have discharged him.

Many thanks, kind regards.

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

P.s Mark you may wish to review the initial management of this case. Patient 32 can't remember any discussion and essentially as he says "did what he was told".



Personal Information redacted by the USI

16 November 2020

Dr R McAuley

Personal Information redacted by the USI

Dear Dr McAuley

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 3cm lesion in his left kidney which is asymptomatic. He is on oxygen therapy and surveillance has been the management of the tumour. His last scan in 2019 was unchanged. He does need a repeat scan and I am copying this letter to the superintendent radiographer and also to Mark Haynes to arrange surgical follow up for him at Craigavon.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

- Cc Superintendent Radiographer, Radiology Department, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ
- 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 Maguire

Personal Information redacted by the USI

Dear Dr Maguire

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 is 74 and he had prostate biopsies done for an elevated PSA in 2014. The biopsies were benign. By 2018 his PSA was 9. He was put on Combodart at that time and his symptoms have essentially remained unchanged. His major issue is getting up maybe once or twice at night and some urgency when he is driving a truck but otherwise he is not bothered. I have repeated the PSA and if it is acceptable he can follow up the PSA with yourselves and doesn't require further hospital follow up.

Many thanks, kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr Maguire

Personal Information redacted by the USI

Dear Dr Maguire

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 2.78 and he doesn't require further surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

Dr Potter

Personal Information redacted by the USI

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. He is [REDACTED] and is well. From a urinary tract point of view quite well. He is 1 core positive, Gleason 3+3 and his PSA is stable at 11.8.

He doesn't require any active treatment.

He would prefer to attend hospital for an annual PSA check and I have put him on the list to have that done although the system may well be quite chaotic for a few years. It might be better if he dropped into your surgery to do it next year. We have had a chat about lifestyle issues and he is going to try and get rid of some of his weight.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 77

16 November 2020

Dr J M McConville

Personal Information redacted by the UST

Dear Dr McConville

Re:

Patient 77

Patient 77

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He is [REDACTED] and in very good form. He has a clinical diagnosis of prostate cancer. His PSA was over 20. He was put on Bicalutamide 150mg with Tamoxifen and his PSA has fallen to 1.49. He is very well. Very little in the way of symptoms. He will require follow up and he is a candidate for intermittent androgen blockade going forward. I will get him reviewed routinely at the trust.

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 Davey

Personal Information redacted by the USI

Dear Dr Davey

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 diagnosis of prostate cancer. Gleason 3+3 and 1 out of 10 cores in 2012. He started Combodart for a very short period of time then had a TURP done which showed Gleason 3+4 and 10% of the chips. All options were discussed with him in October and he has remained under surveillance and no treatment and ultrasound in 2019 shows that his upper tracts are normal. He has a dull ache suprapubically and this was looked at endoscopically just a few weeks ago but he was told it was normal and is due back for review at the lower urinary tract clinic. His current PSA is 1.7 and he doesn't require with follow up.

I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

Dr Davey

Personal Information redacted by the USI

Dear Dr Davey

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 diagnosis of prostate cancer. Gleason 3+3 and 1 out of 10 cores in 2012. He started Combodart for a very short period of time then had a TURP done which showed Gleason 3+4 and 10% of the chips. All options were discussed with him in October and he has remained under surveillance and no treatment and ultrasound in 2019 shows that his upper tracts are normal. He has a dull ache suprapubically and this was looked at endoscopically just a few weeks ago but he was told it was normal and is due back for review at the lower urinary tract clinic. His current PSA is 1.7 and he doesn't require with follow up.

I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

Dr Hagan

Personal Information redacted by the USI

Dear Dr 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. He takes 10mg of Tadalafil every day but not the maximum dose of 20mg on the nights that he wants to have sexual intercourse and it doesn't really follow a logical pathway. He also takes 10mg of prostaglandin 1 in the form of Viridal duo but that gives him an erection but not enough to sustain it and actually what he needs to do is to stop the Tadalafil and go on 20mg of Viridal. If that fails to give him an erection of satisfactory for intercourse then he could try 20mg of Tadalafil on the nights that he wants to have sexual intercourse and if that doesn't work he may have to consider penile prosthesis which he is not terribly keen on but he doesn't require further surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

16 November 2020

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

Dear Mr Haynes

Re:

[Redacted] Patient 40

Dr E Shannon

Personal Information redacted by the USI

This gentleman's treatment ought to be reviewed. In 2008 he had Gleason 4+3 and 2 cores positive and PSA was 9. He himself states he was put on Tamoxifen at that time and then when it didn't work he was put on Casodex and in a letter in 2012 it was documented that he was put on minimal androgen treatment. He was then referred for radiotherapy which finished in January 2013.

[Redacted] Patient 40 is adamant that he was commenced on Tamoxifen first and when that didn't work he was then commenced on Casodex 50mg. In Mr O'Brien's letter of 2011 he says that he wouldn't be keen on radiotherapy and was adamant that he wouldn't go for radiotherapy and [Redacted] Patient 40 strongly denies that that is the case. He says he did what he was told and was never offered radiotherapy at that time. He is upset at the delay in getting him to the radiotherapist in late 2012 from 2008 and I reassured him that his case would be reviewed.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc **Dr E Shannon**

Personal Information redacted by the USI

Patient 40

16 November 2020

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

Dear Mr Haynes

Re:

Patient 40

Dr E Shannon

Personal information redacted by the USI

This gentleman's treatment ought to be reviewed. In 2008 he had Gleason 4+3 and 2 cores positive and PSA was 9. He himself states he was put on Tamoxifen at that time and then when it didn't work he was put on Casodex and in a letter in 2012 it was documented that he was put on minimal androgen treatment. He was then referred for radiotherapy which finished in January 2013.

Patient 40 is adamant that he was commenced on Tamoxifen first and when that didn't work he was then commenced on Casodex 50mg. In Mr O'Brien's letter of 2011 he says that he wouldn't be keen on radiotherapy and was adamant that he wouldn't go for radiotherapy and **Patient 40** strongly denies that that is the case. He says he did what he was told and was never offered radiotherapy at that time. He is upset at the delay in getting him to the radiotherapist in late 2012 from 2008 and I reassured him that his case would be reviewed.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr E Shannon

Personal information redacted by the USI

Patient 40

16 November 2020

Dr E Shannon

Personal Information redacted by the USI

Dear Dr Shannon

Re:

Patient 40

Patient 40

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 diagnosed in 2008. His PSA was 9. He was put on hormone therapy and eventually had radiation therapy finishing in 2013. His PSA is 0.4 and is stable. He has been discharged from urological point of view and doesn't require any surgical follow up either.

Many thanks, kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

16 November 2020

Dr M J Huey

Personal Information redacted by the USI

Dear Dr Huey

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 finished his radiation for prostate cancer. His PSA is down to 2. He is being followed up at the Belfast City Hospital and doesn't require surgical follow up and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 23

16 November 2020

Dr Glendinning

Personal Information redacted by the USI

Dear Dr Glendinning

Re:

Patient 23

Patient 23

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He was diagnosed with 1 core, Gleason 4+3 in October 2011 and he had a TURP done in February 2013 which was benign. The initial MDT recommendation was that he go on androgen blockade prior to radiation therapy but that didn't ever happen and hasn't happened. To his recollection he had no discussion about no treatment. The androgen therapy was stopped in about 2015. Initially it was Tamoxifen 50mg with Casodex 50mg which was then increased later on to Casodex 150mg.

He is well. He is on no treatment. His symptoms are minimal. His PSA has risen from 1.4 to just over 2.3 now and he will need follow up. He had an MRI earlier in the year which showed no focal lesions.

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

P.s I think the whole case needs to be reviewed in terms of the MDM recommendation and also the discussion about active surveillance which apparently never took place.

Patient 23

16 November 2020

Dr Glendinning

Personal Information redacted by the USI

Dear Dr Glendinning

Re:

Patient 23

Patient 23

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He was diagnosed with 1 core, Gleason 4+3 in October 2011 and he had a TURP done in February 2013 which was benign. The initial MDT recommendation was that he go on androgen blockade prior to radiation therapy but that didn't ever happen and hasn't happened. To his recollection he had no discussion about no treatment. The androgen therapy was stopped in about 2015. Initially it was Tamoxifen 50mg with Casodex 50mg which was then increased later on to Casodex 150mg.

He is well. He is on no treatment. His symptoms are minimal. His PSA has risen from 1.4 to just over 2.3 now and he will need follow up. He had an MRI earlier in the year which showed no focal lesions.

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

P.s I think the whole case needs to be reviewed in terms of the MDM recommendation and also the discussion about active surveillance which apparently never took place.

Personal Information redacted by the USI

16 November 2020

Dr Hagan

Personal Information redacted by the USI

Dear Dr 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. She is well. Asymptomatic from her renal lesion which is 2.7cm. Her last scan was a year ago in November 2019. I have written to the trust to arrange a further follow up ultrasound and a surgical follow up for her but she remains well and I think a conservative approach is the right one.

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



17 November 2020

Dr S MacDonald

Personal Information redacted by the USI

Dear Dr MacDonald

Re:

Patient 70 attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

I saw **Patient 70** today who had Gleason 4+3 adenoid carcinoma with a prostate diagnosed in 2013. The initial MDT decision was that he would have hormone and radiation therapy, but he declined radiation therapy. He does remember having a discussion but he was happy with the hormone treatment at the time. That hormone treatment was Bicalutamide 50mgs and Tamoxifen. His PSA continued to rise and in July 2016 Mr O'Brien changed him to an LHRH analogue. Subsequent to this his PSA's have started to incrementally rise at a very low level. In May 2019 it was 0.03 and has now risen to 0.12, having been at 0.05 for the intervening 2 estimates. He may be entering a hormone refractory period of the disease. He is 85, fit and well.

He does need PSA surveillance and I am copying this letter to Dr Houghton at Craigavon to continue his follow up and also to Mark Haynes. Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Dr Fiona Houghton
Craigavon Area Hospital, 68 Lurgan Road, Portadown Craigavon Co Armagh BT63 5QQ

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

Personal Information redacted by the USI

17 November 2020

Dr A Troughton

Personal Information redacted by the USI

Dear Dr Troughton

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.

Personal Information redacted by the USI

has had Gleason 3+4 and carcinoma 5 out of 28 cores. He has been on active surveillance. His PSA was 19 in 2017 and 15 in 2019. He is very well. Totally asymptomatic. I am repeating the PSA. I will append the result of that to your letter but he will need to be followed up in the Department of Urology and I copying this to Mark Haynes.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

19 November 2020

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

Dr A Troughton

Personal Information redacted by the USI

This man is on surveillance and his PSA has been ranging from 19-15. His repeat PSA taken on 17th November 2020 is 18 and essentially he more or less is unchangeable. He does require follow up, he is only [REDACTED] years of age and may require some radiation at some stage in the future.

Many thanks, kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc MDT, CAH

Cc Dr A Troughton

Personal Information redacted by the USI

Patient 61

17 November 2020

Dr K Webster

Personal Information redacted by the USI

Dear Dr Webster

Re:

Patient 61

Patient 61 was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a Gleason 4+5 adeno carcinoma diagnosed in 2012 when he was 79. The original MDT decision was for him to have hormone therapy and radiotherapy. Subsequently an MRI showed a T2 lesion in his prostate no extra capsular spread. He tells me that he was told by Mr O'Brien that he could find nothing on the scans and that he didn't require radiation therapy and was commenced on hormone therapy which was later changed to LHRH analogue therapy. He is on Prostag at the moment, his PSA is 1.6 and he is actually very fit and well.

It would be worth reviewing the case in light of the original MDT decision. I don't think he requires hospital follow up now given his age as he checks his PSA regularly himself and can be re-referred if it starts to rise. 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

Patient 61

17 November 2020

Dr K Webster

Personal Information redacted by the USI

Dear Dr Webster

Re:

Patient 61

Patient 61

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a Gleason 4+5 adeno carcinoma diagnosed in 2012 when he was 79. The original MDT decision was for him to have hormone therapy and radiotherapy. Subsequently an MRI showed a T2 lesion in his prostate no extra capsular spread. He tells me that he was told by Mr O'Brien that he could find nothing on the scans and that he didn't require radiation therapy and was commenced on hormone therapy which was later changed to LHRH analogue therapy. He is on Prostag at the moment, his PSA is 1.6 and he is actually very fit and well.

It would be worth reviewing the case in light of the original MDT decision. I don't think he requires hospital follow up now given his age as he checks his PSA regularly himself and can be re-referred if it starts to rise. Many thanks.

Yours sincerely

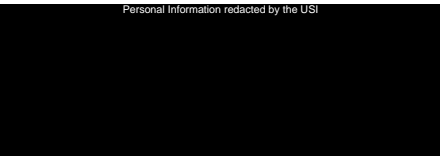
Mr Patrick Keane
Consultant Urologist

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

Personal Information redacted by the USI

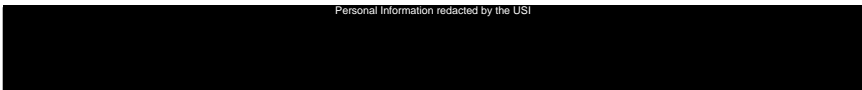

17 November 2020

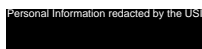
Dr Potter



Personal Information redacted by the USI


Dear Dr Potter

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.

I saw  who is now -years-old. Three years ago he had Gleason 4+3 in 2 cores and 1 from a further core in the left. He was commenced on Bicalutamide 50mgs with Tamoxifen and that was increased to 150 and he remained on that and MDT meeting in November recommended a Radiotherapy consult. I am copying this letter to Dr Houghton as I am sure she may well have got him in the system to review him and discuss radiation therapy and his management. His PSA has begun to very slowly rise and that is slightly concerning that he may be entering a refractory phase of disease already. He certainly needs a radiotherapy consultation in view of the initial management of the tumour. Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Dr Fiona Houghton
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh BT63 5QQ

c.c. Mr M D Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon

Co Armagh BT63 5QQ

Patient 25

17 November 2020

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

Dear Colleague

Re:

Patient 25

Dr B Cupples

Personal Information redacted by the USI

Patient 25

attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

I am requesting a **RED FLAG** MRI of lumbar spine and pelvis. Many thanks.

Patient 25

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc **Dr B Cupples**

Personal Information redacted by the USI



17 November 2020

Dr B Cupples

Personal Information redacted by the USI

Dear Dr Cupples

Re:

Patient 25

Patient 25 attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

Patient 25 is **■■■■** years-old and had high grade prostate cancer. He received hormone treatment and radiation treatment. His PSA started to rise and he was put on 50mgs Bicalutamide and the normal dose would be 150.

At review today he is in a lot of back pain. He has pain in his knees and pain going down the fronts and backs of his calves. He is in quite a lot of distress and was put on morphine patches and that had no effect. I have checked his PSA today. I think he should have an MRI scan and continue his follow-up with Oncology.

I will append the result of his PSA at the end of this letter. Many thanks.

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

c.c. Dr S Jain
Belfast City Hospital
51 Lisburn Road
Belfast BT9 7AB

Patient 26

24 November 2020

Dr B Cupples

Personal Information redacted by the USI

Dear Dr Cupples

Re:

Patient 26

Patient 26

PSA is 1.3. He will be followed up in trust.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr S Jain
Consultant Oncologist
Belfast City Hospital
Lisburn Road
Belfast
BT9 7AB

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

Personal Information redacted by the USI

17 November 2020

Dr N Jadcza

Personal Information redacted by the USI

Dear Dr Jadcza

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.

Personal Information redacted by the USI

is years-old. He has advanced prostate cancer. He had hormone radiation therapy and is currently under the care of the Oncologists. His PSA was 460, but has responded slightly and dropped to 364 after some chemotherapy. His main issue is incontinence. He is using pads and is happy enough on that. He could try and reduce the dose of Oxybutynin as it has quite a lot of side effects.

His continued care would be under the Oncology team. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

17 November 2020

Dr N Jadczyk

Personal Information redacted by the USI

Dear Dr Jadczyk

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.

Personal Information redacted by the USI

is years-old. He has advanced prostate cancer. He had hormone radiation therapy and is currently under the care of the Oncologists. His PSA was 460, but has responded slightly and dropped to 364 after some chemotherapy. His main issue is incontinence. He is using pads and is happy enough on that. He could try and reduce the dose of Oxybutynin as it has quite a lot of side effects.

His continued care would be under the Oncology team. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

17 November 2020

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

Dear Mark

Re:

Dr Lennon

Patient 18 attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

This man had a TURP in 2006, but by 2011 his PSA had gone up and he had a diagnosis of Gleason 4+3, 3/12 cores in June 2011. There was no MDM discussion but he was put on Bicalutamide 50mgs and Tamoxifen. He had some toxicity from that and was referred up some 18 months later for discussion in Belfast and was referred for radical radiotherapy which he completed in 2013 and he has remained well and his current PSA is 0.2. He has no particular urinary symptoms that are bothering him.

I have discharged him from surgical follow-up. You may wish to review the hormone initial management of **Patient 18**. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc **Dr Lennon**

Personal Information redacted by the USI

17 November 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 seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. She had a radical nephrectomy done about 8 years ago now. CT in 2019 shows no evidence of recurrent or metastatic disease. The issue is metachronous recurrence which is about a 5% risk in her lifetime. She needs to have an ultrasound of her left kidney done sometime in 2020. There is no particular urgency about it and I am writing to the superintendent radiographer at Craigavon Area Hospital to arrange that and I am copying this letter to Mark Haynes so that she remains in the follow up system in Craigavon. Her current creatinine is 85 and she has an eGFR of more than 60.

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

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

Personal Information redacted by the USI

17 November 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 seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. She had a radical nephrectomy done about 8 years ago now. CT in 2019 shows no evidence of recurrent or metastatic disease. The issue is metachronous recurrence which is about a 5% risk in her lifetime. She needs to have an ultrasound of her left kidney done sometime in 2020. There is no particular urgency about it and I am writing to the superintendent radiographer at Craigavon Area Hospital to arrange that and I am copying this letter to Mark Haynes so that she remains in the follow up system in Craigavon. Her current creatinine is 85 and she has an eGFR of more than 60.

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

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

Personal Information redacted by the USI

17 November 2020

Dr P J Spence

Personal Information redacted by the USI

Dear Dr Spence

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.

Personal Information redacted by the USI

is years-old. Had high-grade cancer treated by hormone therapy alone. He has done exceptionally well. His PSA is 0.9. He has been followed up by Oncology and he feels well.

I have discharged him from surgical follow-up.

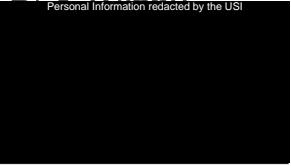
Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI


17 November 2020

Dr J Wilson

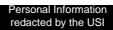
Personal Information redacted by the USI



Dear Dr Wilson

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.

Personal Information redacted by the USI


is  years-old. He is very well and has no lower urinary tract symptoms. He had a TURP done in 2019. He is very well as I say. His PSA was elevated before that at 15 but the histology is benign. I have repeated the PSA and I will append it to the end of this letter, but I have discharged him from further surgical follow up.

Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr J Wilson

Personal Information redacted by the USI

Dear Dr Wilson

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 1.4 which is normal. He has been discharged from follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

17 November 2020

Dr Santin

Personal Information redacted by the USI

Dear Dr Santin

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.

Personal Information redacted by the USI

is now 60-years-old. He has been followed up over the past 11 years in fact, for lower urinary tract symptoms. His PSA was 5 and dropped to 3, back to 5 and up to 7 in 2018. He commenced Dutasteride, dropped to 6. He came off the Dutasteride because he didn't like it and it is now 8. He has a large prostate and I think the PSA is an acceptable level. However, it is not normal for his age and I think on balance he should have an MRI scan done at some stage.

He also has lower urinary tract symptoms. He was on maximum medical therapy, but as I have said he is off his Dutasteride now and his symptoms are not terribly bad. He has frequency during the day. He is up once or twice at night and he has some urgency but he does, according to a scan done in 2019, empty his bladder completely.

I think on balance given that we are going to be following the PSA for a while longer, he should have an MRI scan and be referred to a Flow Clinic for a further assessment and he can consider whether or not he is a candidate for surgical intervention although talking to him today I don't think he is there yet.

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

Personal Information redacted by the USI

17 November 2020

Dr M Carlile

Personal Information redacted by the USI

Dear Dr Carlile

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 is very fit and well. He has a small renal mass which has been observed over several years. It was measured at 1mm six years ago and it is now 2.1mm. It is completely asymptomatic. He is due to have a further follow up in CT in 2022. At that stage he will be [REDACTED] and I think the rate at which it is growing over the next 2 years will determine or not whether he should have an intervention and we have had a chat about that today and he is happy. I am copying this letter to the superintendent radiographer at Craigavon Area Hospital to put him in for a CT urogram in January 2022 and also Mr Haynes so that he can arrange for his surgical review to take place.

Many thanks, kind regards.

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

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

Personal Information redacted by the USI

17 November 2020

Dr Wilson

Personal Information redacted by the USI

Dear Dr Wilson

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

I saw [redacted] who is [redacted] years-old. He had Gleason 3+4 and 1 out of 23 cores and has been on active surveillance for several years. He had an MRI scan showing no target lesion in early 2019. His current PSA is 3.1 which is static, but he is on Dutasteride so that would make a true PSA of 6 which is where he started, so nothing has changed in those terms. He has fractured his back and is in chronic pain. He is on Amitriptyline Butec and Bisacral which would constipate him quite a lot and he is getting quite symptomatic pain in his rectum and it would probably be wise to refer him in for a flexible sigmoidoscopy to see if there is any local pathology.

Regarding the cancer monitoring situation, it is very difficult to deliver active surveillance correctly especially in this COVID period. I am checking his PSA and I believe he should really be doing it twice a year. He understands that he has 2 PSA of 6 and that it shouldn't go up more than 1 point a year, and if it does that he needs to be referred back in for further treatment.

We will keep him on the hospital review list and I am copying this to Mr Haynes to arrange for somebody to see him in another year. I will append the current PSA to my letter. Many thanks.

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



Personal Information redacted by the USI

24 November 2020

Dr Wilson

Personal Information redacted by the USI

Dear Dr Wilson

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 2.8 indicting static disease.

He will be followed up at Craigavon Area Hospital.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

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



Personal Information redacted by the USI

17 November 2020

Dr D 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 had prostate cancer in 2006. He is well. His PSA is extremely well controlled at 0.01. He is now [REDACTED] years of age and I don't think he requires any further surgical follow up and I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

17 November 2020

Dr D Mulligan
Portadown Health Centre
Tavanagh Avenue
Portadown
Armagh
BT62 3BU

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 had prostate cancer in 2006. He is well. His PSA is extremely well controlled at 0.01. He is now [REDACTED] years of age and I don't think he requires any further surgical follow up and I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 49

17 November 2020

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

Dear Mark

Re:

Patient 49

Dr A Troughton

Personal information redacted by the USI

This man didn't attend. He is 85-years-old. You have already seen him and as per your letter there is an issue about him having a small volume tumour with a low PSA diagnosed on MR and been put on hormone therapy inadequate therapeutic dosage of 50mgs plus Tamoxifen. You have seen him and taken him off that and he is on a surveillance programme and has been discharged from Mr O'Brien's clinic.

Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



17 November 2020

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

Dear Mark

Re:

Dr Cormac McKay

This gentleman attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

I reviewed the management of this man. He is now [REDACTED]-years-old. He had prostate cancer. Gleason 3+4 and 2 cores occupied, 5% of the tissue diagnosed in March 2015. It is unclear when he went on Tamoxifen and Bicalutamide, but it looks as if that happened in 2015. Checking his PSA's. He now is on Tamsulosin, Finasteride, Bicalutamide, Tamoxifen. His PSA has fallen to a very low level at 0.1. His urinary symptoms haven't changed and in talking to him he was told that he needed to go on hormone treatment because his PSA was 5, but that he didn't need radiotherapy. There is no documentation of any of this on ECR or MDT discussion. The hormone therapy has made absolutely no difference to his urinary symptoms and should be stopped now given the low PSA and low volume intermediate grade prostate cancer that he had.

He will need ongoing PSA follow-up in the Trust. Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc **Dr C McKay**

Personal Information redacted by the USI

17 December 2020

Dr J E Auld

Personal Information redacted by the USI

Dear Dr Auld

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.

Personal Information redacted by the USI is well today. She has been on Vesicare for an unstable bladder for 3 years now and actually manages her symptoms very well on that medication.

I **don't think she needs surgical follow-up** and can be referred if matters get worse in the future.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

18 December 2020

Re:

Personal Information redacted by the USI

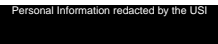
Patient was unwell and could not attend his appointment today.
Can he please be offered an appointment in trust? Thanks.

18 December 2020

Dr C Williamson
The Health Centre
Tavanagh Avenue
Portadown
Craigavon
Co Armagh
BT62 3BU

Dear Dr Williamson

Re:

 was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had epididymitis in 2017 and was given antibiotics by Mr O'Brien and he hasn't been seen since but today he is well and has had no further trouble.

I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

18 December 2020

Mr Anthony Glackin
MDT Co-ordinator
Urology Department
Craigavon Area Hospital
68 Lurgan Road
Craigavon, BT63 5QQ

Dear MDT Co-ordinator

RED FLAG

Re:

Personal Information redacted by the USI

Dr Anna McKeag

Personal Information redacted by the USI

Personal Information redacted by the USI

is [REDACTED] and was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He has little or nothing in the way of urinary symptoms at the moment. Had a colovesical fistula, a raised PSA, biopsies done which were negative but caused him quite severe sepsis. He has had Hartmann's procedure, cholecystectomy and has had a lot of ill health recently but today is very well.

His only issue is his PSA is going up and is currently registered at 27 in February 2020. I have repeated it today. I am copying this letter to get an MRI done of his pelvis. His last one in May 2019 showed no obvious tumour and I think it would be important to document that again. If the MRI is normal he is keen to adopt a conservative approach.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Cc Dr A McKeag,

Personal Information redacted by the USI

Cc Superintendent Radiographer, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, BT63 5QQ



Personal Information redacted by the USI

21 December 2020

Mr Anthony Glackin
MDT Co-ordinator
Urology Department
Craigavon Area Hospital
68 Lurgan Road
Craigavon
BT63 5QQ

RED FLAG

Dear MDT Co-ordinator

Re:

Personal Information redacted by the USI

Dr Anna McKeag

Personal Information redacted by the USI

This man's PSA has been reported as 32.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Cc Dr A McKeag,

Personal Information redacted by the USI

Cc Superintendent Radiographer, Craigavon Area Hospital, 68 Lurgan Road,
Portadown, Craigavon, BT63 5QQ



18 December 2020

Re:

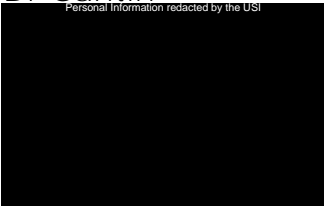
Personal Information redacted by the USI

Patient was unable to attend appointment today as he was working nightshift.
Can he please be seen in trust?

Personal Information redacted by the USI

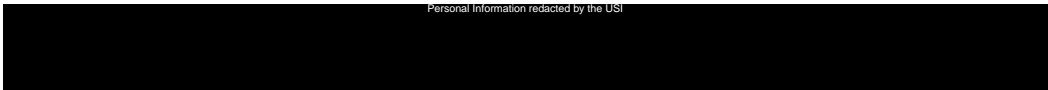

18 December 2020

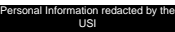

Dr Santin

Personal Information redacted by the USI


Dear Dr Santin

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. She is a  and has a small lesion in her left kidney which has been followed up and is probably an angiomyolipoma. It has been biopsied and no particular features were found on the biopsy. She is asymptomatic. From that point of view I just think she requires follow up ultrasound. Her last ultrasound was in May 2019 and she will be due one again now I think every 2 years would be adequate surveillance for her. I am copying this letter to the superintendent radiographer in Craigavon and also Mr O'Donoghue so that the team can arrange follow up for her going forward.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

- cc Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ
- cc Mr John O'Donoghue, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, BT63 5QQ



Personal information redacted by the USI

18 December 2020

Dr Wray

Personal information redacted by the USI

Dear Dr Wray

Re:

Personal information redacted by the USI

Your patient was given an Outpatient appointment for 14th December 2020 which she was unable to attend and re-scheduled to today and she has failed to attend. We do not plan to send them any further appointments and they are discharged back to your care.

Yours sincerely

Appointments Office
Orthoderm Clinic

Personal Information redacted by the USI

18 December 2020

Dr E De Alwis

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. He has two angiomyolipomas in his left kidney. He has some pain in his left upper quadrant. The pain is increasing gradually over the last 3 years. He needs a follow up ultrasound scan and I am copying this to the superintendent radiographer in Craigavon to arrange that and also to Mr Glackin to arrange a review for him.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

- Cc Superintendent Radiographer, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ
- Cc Mr Anthony Glackin MDT Co-ordinator, Urology Department, Craigavon Area Hospital, 68 Lurgan Road, Craigavon, Co Armagh BT63 5QQ

Personal Information redacted by the USI

19 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 an episode of urinary tract infection around 4 years ago. His PSA went up to 5. It came down to 1 and it has remained there after a course of antibiotics. He has minimal symptoms. He is not taking any medication because of the side effects of the drugs he was put on. I don't think he needs any active management and I have discharged him from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

21 December 2020

Mr Anthony Glackin
MDT Co-ordinator
Urology Department
Craigavon Area Hospital
68 Lurgan Road
Craigavon
BT63 5QQ

RED FLAG

Dear MDT Co-ordinator

Re:

Personal Information redacted by the USI

Dr Anna McKeag

Personal Information redacted by the USI

This man's PSA has been reported as 32.

Yours sincerely

Dictated but not signed by:

Mr Patrick Keane
Consultant Urologist

Cc Dr A McKeag, ,


Cc Superintendent Radiographer, Craigavon Area Hospital, 68 Lurgan Road,
Portadown, Craigavon, BT63 5QQ



Personal Information redacted by the USI

23 November 2020

Dr R J Hunter

Personal Information redacted by the USI

Dear Dr Hunter

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 3+4 and 4 out of 10 cores. Has been referred for radiation and has been followed up at Belfast City Hospital.

I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

23 November 2020

Dr S MacDonald

Personal Information redacted by the USI

Dear Dr MacDonald

Re:

Personal Information redacted by the USI

This lady was seen at Orthoderm Clinic today as part of a waiting list initiative on behalf of the Southern Trust. She had an episode of urinary tract infection and pyelonephritis in February 2019. CT-scan showed no particular focal lesions. She has been well since, has had no further symptoms and is quite well. I don't think she needs any further surgical review. She obviously needs to be re-referred if the infections come back.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

23 November 2020

Dr A Rodgers

Personal Information redacted by the USI

Dear Dr Rodgers

Re:

Personal Information redacted by the USI

This man is 10 years on from cystectomy. He had a high grade lesion. There is no evidence of recurrence on CT and he would consider himself cured. He just needs monitoring of his electrolyte profile from time to time and doesn't require surgical follow-up. I have discharged him from Mr O'Brien's clinic.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

23 November 2020

Dr J M McConville

Personal Information redacted by the USI

Dear Dr McConville

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. He is post Brachytherapy and external beam therapy for his prostate cancer. His current PSA is 0.5 and he has minimal symptoms. He is very well and is being followed up by Belfast. I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

23 November 2020

Dr J Wilson

Personal Information redacted by the USI

Dear Dr Wilson

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. He is now [REDACTED]. He was followed up for a slightly elevated PSA in 2017. He had a biopsy stem done which showed Gleason 3+4 and 3/10 cores in February 2017. He is pretty asymptomatic. His current PSA is 8.9 which has essentially been stable over the last several years. I think he should continue just to observe the situation. I have talked to him about what PSA means and how it goes up. If he gets a sudden progression he needs to be re-referred or if indeed his PSA was to go over 15 or 20 he needs to be referred in, but at [REDACTED] and at the rate he is going at the moment he simply needs annual follow-up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

23 November 2020

Dr O'Hagan

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 at Orthoderm Clinic today as part of a waiting list initiative on behalf of the Southern Trust. is . He had a right nephrectomy in 2008, a partial nephrectomy with a positive margin in 2011 and then excision of 2 lesions in the kidney in 2015 and is actually very well. He feels well. Lethargy is a problem. He has had a slight increase in his creatinine and reduction in his eGFR from the mid-50s down to 46 at the minute and I think his next radiology should be an ultrasound and if there is any problem with it, given that we know the dimensions and number of lesions we are looking at, he could have a CT urogram if there is a problem. I am copying this letter to the Superintendent Radiographer in Craigavon and he should have this done in March and be reviewed by the MDT in Craigavon in early April.

Personal Information redacted by the USI

Personal Information redacted by the USI

has noticed haematuria on 3 or 4 occasions over the last 4 years. He has been seeing Mr O'Brien on a private basis as well. They were considering having a cystoscopy done which he definitely needs. has agreed to have a cystoscopy despite the bad experience he has had about 20 years ago. He is going to undergo the test as I think it is absolutely necessary that we check his bladder out.

Personal Information redacted by the USI

Many thanks. Kind regards.



Personal Information redacted by the USI

23 November 2020

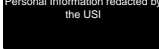
Appointments Officer
Urology Department
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

Dear Sir/Madam

RED FLAG REFERRAL

Re:

Personal Information redacted by the USI

This gentleman needs a red flag flexible cystoscopy.  would appreciate sedation for this procedure.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Dr O'Hagan

Personal Information redacted by the USI



Personal Information redacted by the USI

23 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 at Orthoderm Clinic today as part of a waiting list initiative on behalf of the Southern Trust. Personal Information redacted by the USI had recent 3 + 4 carcinoma diagnosed about 4 years ago. He finished radiation in 2016. He feels well. Apart from some mild nocturia he is actually asymptomatic. His current PSA is 0.4. He is being followed up from the City Hospital and doesn't require surgical follow-up.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

23 November 2020

Dr Mezynski
Consultant Medical Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ

Dear Dr Mezynski

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. presented with a PSA of 400 and metastatic disease. He has had hormone therapy and chemotherapy and his current PSA is 0.1. Obviously this is an excellent result at the moment but he does obviously need follow-up and that will be provided by the Medical Oncologists. I have discharged him from surgical follow-up. He did add that he had a slight groin strain on the left hand side but I could find nothing on examination and I have discharged him.

Personal Information redacted by the USI

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Dr J J Torney

Personal Information redacted by the USI



23 November 2020

Dr S Mullen

Personal Information redacted by the USI

Dear Dr Mullen

Re:

Patient 75

Patient 75

was seen at Orthoderm Clinic today as part of a waiting list initiative on behalf of the Southern Trust. He had radiotherapy in 2014 and his current PSA is 0.05. He is 84 and his memory is poor. He can't really remember the sequence of events which took place in his treatment plan but he has been discharged from follow-up by the Belfast team and I don't think he needs surgical follow-up by Mr O'Brien.

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

PS - Dear Mark

This chap was diagnosed with Gleason 4+5 adenocarcinoma in 2011. He was then put on minimal androgen blockade using 50 mg of Bicalutamide and Tamoxifen. There was no MDM discussion and he eventually ended up in the Belfast City Hospital system as he was referred on for radiotherapy on which he has done very well. Obviously treating somebody with Gleason 9 adenocarcinoma of the prostate with 50 mg of Bicalutamide would need to be looked into. Many thanks. Kind regards.

Personal Information redacted by the USI

23 November 2020

Dr Lennon

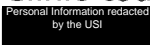
Personal Information redacted by the USI

Dear Dr Lennon

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 radiation therapy for prostate cancer about 6 years ago. He is doing very well. He is being followed up at the BCH. He has no urinary symptoms. His PSA is 0.18. He doesn't require further surgical follow-up.

Yours sincerely

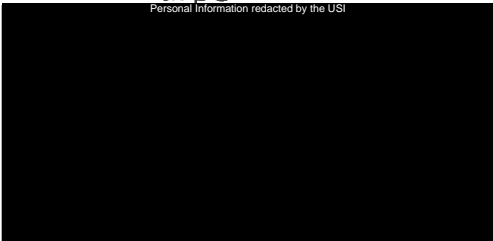
Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

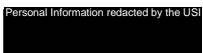

23 November 2020

Dr S Sharpe

Personal Information redacted by the USI


Dear Dr Sharpe

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. He has a long history of pT3b renal cell carcinoma in 2008. He had a pancreatic metastasis resected by Whipple's procedure in 2019. A CT in August 2020 showed no evidence of metastatic disease and there is a letter from Mr Glackin who is following him up. I have discharged him from Mr O'Brien's care. The actual issue that is concerning him now is intermittent diarrhoea which he gets about every 10 days or so. He has been discharged from follow-up by the pancreatic surgeons but he himself thinks the diarrhoea is due to Metformin and I suspect that combined with the Whipple procedure that is the cause. He could try Imodium intermittently but if that doesn't work it may be worthwhile sending him back to Mr Kirk at the Mater to reassess him.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Dr Tony Glackin, Consultant Urologist, Craigavon Area Hospital



Patient 19

23 November 2020

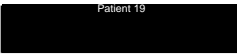

Dr D Mulligan

Personal Information redacted by the USI

Dear Dr Mulligan

Re:

Patient 19

 was referred to Orthoderm Clinic as part of a waiting list initiative on behalf of the Southern Trust. This man is now  He had prostate cancer in 2012 Gleason 3+4 and 6/10 cores. His PSA was 24. He was commenced on Bicalutamide 150 and Tamoxifen. His PSA in February of this year was 0.4. I don't think surgical follow-up. He hasn't attended today but given his advanced age I think he just needs an occasional PSA check.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

23 November 2020

Dr C McKay


Personal Information redacted by the USI

Dear Dr McKay

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.  is very well. He had radiotherapy some years ago. His PSA is 1.8. He has minimal or no lower urinary tract symptoms, feels very well. He doesn't require surgical follow-up.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

23 November 2020

Dr S Mullen

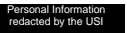
Personal Information redacted by the USI

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



Personal Information redacted by the USI

23 November 2020

Dr C G Herdman

Personal Information redacted by the USI

Dear Dr Herdman

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. He is 64. He has a PSA of 5 and saw Mr O'Brien in 2019. The PSA has remained static. An MRI done at that time showed no target lesion and I have talked to him today about PSA dynamics and what to look for going forward but he doesn't need surgical follow-up here and I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

24 November 2020

Dr Cleary

Personal Information redacted by the USI

Dear Dr Cleary

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 a private patient of Mr O'Brien's. She had a flexible cystoscopy done in Craigavon in 2018. She had mild cystitis and was put on nitrofurantoin. She is off that now which is good. She is asymptomatic at the moment.

It has been 2 years since she was seen by Mr O'Brien and I have discharged her from follow up at Craigavon.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 57

24 November 2020

Dr Wilson

Personal Information redacted by the USI

Dear Dr Wilson

Re:

Patient 57

Patient 57

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 2 out of 11 cores diagnosed initially in 2011. He was seen by Mr O'Brien in 2012 and he was put on a minimum degree of androgen blockade but his PSA rose and was switched to an LHRH analogue and was referred for radiation therapy. His current PSA is 0.24 and he has done very well.

It would be necessary to review the initial hormone management of this case and I am copying this letter to Mr Haynes at Craigavon.

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



Patient 57

24 November 2020

Dr Wilson

Personal information redacted by the USI

Dear Dr Wilson

Re:

Patient 57

Patient 57

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 2 out of 11 cores diagnosed initially in 2011. He was seen by Mr O'Brien in 2012 and he was put on a minimum degree of androgen blockade but his PSA rose and was switched to an LHRH analogue and was referred for radiation therapy. His current PSA is 0.24 and he has done very well.

It would be necessary to review the initial hormone management of this case and I am copying this letter to Mr Haynes at Craigavon.

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

24 November 2020

Dr O'Hagan

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. He is [REDACTED] and in very good form. He is intermediate risk, low volume. Prostate cancer has been followed for 8 years. His PSA is stable at 17. He has no particular symptoms at his age. I do not think I would initiate therapy unless his PSA was approaching 50. He just needs an annual PSA test with yourselves and I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr O'Hagan

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. He is [REDACTED] and in very good form. He is intermediate risk, low volume. Prostate cancer has been followed for 8 years. His PSA is stable at 17. He has no particular symptoms at his age. I do not think I would initiate therapy unless his PSA was approaching 50. He just needs an annual PSA test with yourselves and I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 27

24 November 2020

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

RED FLAG

Dear Colleague

Re:

Patient 27

Patient 27 was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He is [REDACTED]. When he was 78 he had 6 core positive Gleason 3+4. The original MDT decision was that he would have androgen blockade and referral for radiation therapy. Patient 27 himself has no particular recollection of that and there is no evidence that he was referred for radiotherapy consultation at the time.

He was commenced on a minimal androgen blockade with Bicalutamide 50mg. In November 2014 Mr O'Brien recommended that it would go to 150mg but because his PSA had fallen he stopped that prescription and dropped it 50mg again. By 2017 the Bicalutamide was increased to 150mg daily. The PSA was progressing. His PSA was 2 in September 2019 and has tripled to 6.7 in November 2020. Patient 27 is experiencing some increasing urgency etc.

Patient 27 needs an URGENT review by the MDT to see whether or not switching him to a LHRH analogue or one of the newer drugs such as Enzalutamide is appropriate now and he certainly needs to be monitored quite closely as he is entering a hormone refractory phase of the disease.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr S W Forster,

Personal Information redacted by the USI



Personal Information redacted by the USI

24 November 2020

Dr S McDermott

Personal Information redacted by the USI

Dear Dr McDermott

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 11 years ago. His PSA is undetectable and from a cancer point of view he is cured and doesn't require follow up.

His issue continuing is erectile dysfunction for which he has had no satisfactory treatment and looking through the notes he would require penile prosthesis to sort the problem out. We have had a discussion about it. He is aware of the risk of infection and erosion and obviously the initial discomfort of the procedure.

At ^{Personal Information redacted} he is a little more uncertain now as to whether he would do this but if he does decide he would have to be referred back to urology in Craigavon Area Hospital to organise this. His outlook is excellent.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr S McDermott

Personal Information redacted by the USI

Dear Dr McDermott

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 11 years ago. His PSA is undetectable and from a cancer point of view he is cured and doesn't require follow up.

His issue continuing is erectile dysfunction for which he has had no satisfactory treatment and looking through the notes he would require penile prosthesis to sort the problem out. We have had a discussion about it. He is aware of the risk of infection and erosion and obviously the initial discomfort of the procedure.

At ■■■ he is a little more uncertain now as to whether he would do this but if he does decide he would have to be referred back to urology in Craigavon Area Hospital to organise this. His outlook is excellent.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr J J Torney

Personal Information redacted by the USI

Dear Dr Torney

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. In 2019 had Gleason 3+3 and 3 out of 15 cores. His PSA was 14 at the time. He then had a TURP on 22nd January 2020 and that was all benign. He has stopped his Combodart and his PSA has risen now to 22 which you would expect having come off Finasteride.

He understands the issues about the PSA and that he needs to keep an eye on it. With men in their eighties I wouldn't recommend any active treatment unless there PSA was 50.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Patient 46

24 November 2020

Dr Dillon

Personal information redacted by the USI

Dear Dr Dillon

Re:

Patient 46

Patient 46

was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had a TURP in 2014. He had Gleason 3+4 and 7% of the chips. PSA was 15. He had an MDM discussion which recommended androgen blockade with the possibility of radiation treatment however he was put on 50mg of Bicalutamide and Tamoxifen 50mg. PSA came down but the rose again to 30 in 2019 and he was then put on Decapeptyl.

He continues to take 50mg of Casodex which could be stopped. He is in good form now. He has no particular urinary symptoms. I have checked his PSA. He is Personal information redacted by the USI and if the PSA is now satisfactory I don't think he will require any further treatment or follow up. I will append the PSA results to this letter.

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



30 November 2020

Dr Dillon

Personal information redacted by the USI

Dear Dr Dillon

Re:

Patient 46

Patient 46

PSA unfortunately was not tested in the laboratory and he will need that checked with yourself. Given his age of [REDACTED] if his PSA is normal he doesn't require any further follow up.

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

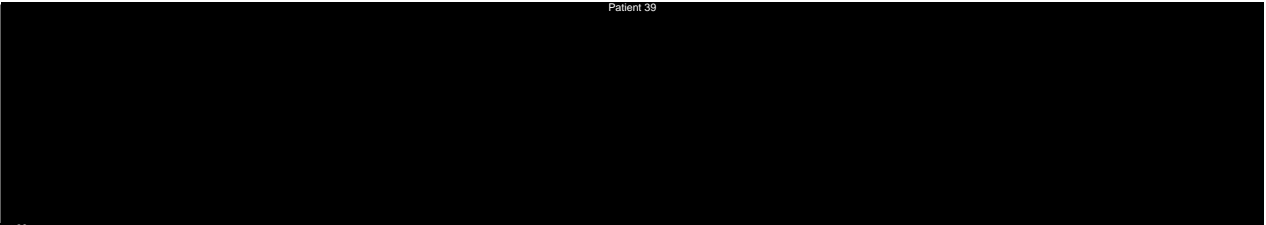
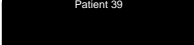
24 November 2020


MDM Team
Craigavon Area Hospital
68 Lurgan Road
Portadown
Craigavon, BT63 5QQ

RED FLAG

Dear Colleague

Re:


 was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He had prostate cancer in 2008 and was watched for several years. 3 years later he had Gleason 3+4 and 6 out of 10 cores. He was put on minimal androgen blockade at the beginning using 50mg of Bicalutamide and then Tamoxifen. That dose was increased to 150mg of Bicalutamide which he remains on today.

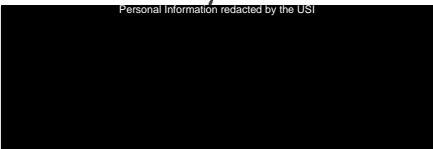
His symptoms are pretty normal for an  year old but he has developed a biochemical relapse. His PSA was 3 in February of 2020 and is now 9 in November 2020 and he requires URGENT review with regards to this medication etc.

He was quite comfortable and having no infections on a prophylactic antibiotic which I would recommend he continue.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr G Sweeney


Personal Information redacted by the USI

Personal Information redacted by the USI

24 November 2020

Dr O Fitzsimons

Personal Information redacted by the USI

Dear Dr Fitzsimons

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+3 and 1 core and 3+3 in 2 cores. PSA was 5 and has been treated by brachytherapy and is being followed up in Belfast Trust. His PSA is currently 0.02.

I have discharged him from Mr O'Brien's clinic.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr N Jadczał

Personal Information redacted by the USI

Dear Dr Jadczał

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 seen many years ago with lower urinary tract symptoms and more recently in 2016. He is on Finasteride. His PSA was 2.8 and it is now 3. His urinary symptoms don't bother him and his general health is very good.

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

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

24 November 2020

Dr R Mullan


Personal Information redacted by the USI

Dear Dr Mullan

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 low grade prostate cancer in 2009. He was on Finasteride. He has never had any active treatment of it. His PSA control is excellent, it is 1.4 which just over 2 because of the Finasteride. He has no particular lower urinary symptoms and is  years of age.

I don't think he requires surgical follow up, just an occasional PSA as he gets older.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

24 November 2020

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

Dear Colleague

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, adenocarcinoma of the prostate and 7 out of 23 cores. The initial MDM decision was for hormone therapy with referral for radiation therapy and that didn't happen. He was put on Bicalutamide and Tamoxifen instead and has remained on that treatment for 5 years. His current PSA is less than 0.01. He has no particular lower urinary tract symptoms. He is aware of the concept of intermittent androgen blockade and would be keen to stop the medication. Obviously the case needs to be reviewed by yourselves as he would need more intense surveillance for him to come off the treatment.

Many thanks, kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc Dr J A Burnett

Personal Information redacted by the USI

Personal Information redacted by the USI

24 November 2020

Dr J McClung

Personal Information redacted by the USI

Dear Dr McClung

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 9, adenocarcinoma in 2008. He had a radiotherapy consult and no treatment was given at that time but he did have radiotherapy subsequent to that. Recently he had a stroke which he has recovered very well from. His PSA control is excellent and I don't think he requires surgical follow up as his oncology team are looking after him.

I have discharged him from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr J McClung

Personal Information redacted by the USI

Dear Dr McClung

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 9, adenocarcinoma in 2008. He had a radiotherapy consult and no treatment was given at that time but he did have radiotherapy subsequent to that. Recently he had a stroke which he has recovered very well from. His PSA control is excellent and I don't think he requires surgical follow up as his oncology team are looking after him.

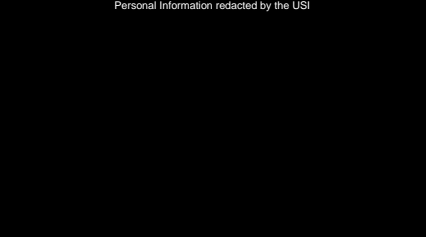
I have discharged him from surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

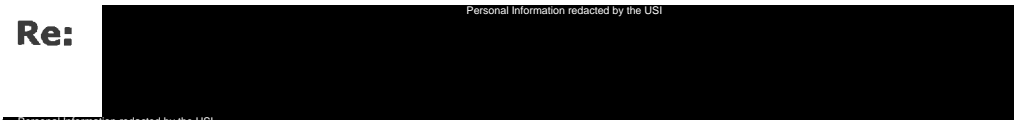
3 November 2020

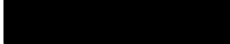
Dr J Eakin



Dear Dr Eakin

Re:



 attended today as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust. He has had a TURP done in 2007 and since that time has had quite significant frequency urgency. He is on Oxybutynin and takes Finasteride as well. Obviously the Oxybutynin is not working. He is up quite a lot at night and he uses pads. It might be a better option 50mgs a day for him. Otherwise, he may be a candidate for an indwelling urinary catheter which I have explained to him in brief today.

I haven't arranged a formal review for him in outpatients as he may prefer just to continue to keep going as he is.

He is now  His PSA has fallen back slightly from its height of 11 to 9.6 and I don't think any active interference in regard to that is warranted.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

OK
disclosed PAS



Personal Information redacted by the USI

30 November 2020

Dr Moore

Personal Information redacted by the USI

Dear Dr Moore

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA has fallen to 3.24 and at his age I don't think he requires any surgical follow up. He just requires a biannual PSA check going forward.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

24 November 2020

Dr Moore

Personal Information redacted by the USI

Dear Dr Moore

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 3+3, adenocarcinoma and 2 out of 12 cores. PSA was 5 at that time. When last recorded it was 4.2. He is on Finasteride and Solifenacin and manages his urinary tract very well.

I have checked his PSA today and if it still remains low he doesn't require any surgical follow up.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr J Mercer

Personal Information redacted by the USI

Dear Dr Mercer

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.

Personal Information redacted by the USI

had robotic prostatectomy for localised prostate cancer. His margins are clear. His PSA is < 0.01. He is 3 years post op now. He technically requires another 2 years of follow up and he could be discharged at 5 years.

I have asked the Trust to send him a routine follow up appointment for a year.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr B G McCoy

Personal Information redacted by the USI

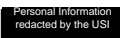
Dear Dr McCoy

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

attended as part of a waiting list initiative at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

I saw  He is in good form. He still has some arthritic type pain in his back but otherwise feeling well. He was put on to Decapeptyl in May 2019 because his PSA went from 14 to 23 in a year, but he is managing actually very well and has virtually no side effects and I chatted to the both of them and they are not interested in intermittent androgen blood cade and will just continue on his present regime. He just needs an annual PSA check.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

30 November 2020

Dr S Thompson

Personal Information redacted by the USI

Dear Dr Thompson

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 diagnosis in 2013 of Gleason 3+3, had a TURP and was put on active surveillance. His PSA is 0.38 in November 2020. He catheterises himself. He is [REDACTED] years of age and is in good health.

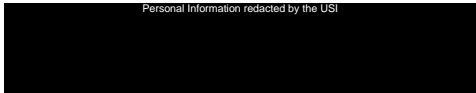
He will continue his follow up at Craigavon.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

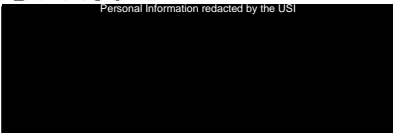
cc Mr Mark Dean Haynes
Consultant Oncologist
Craigavon Area Hospital
68 Lurgan Road
Craigavon
Co Armagh
BT63 5QQ



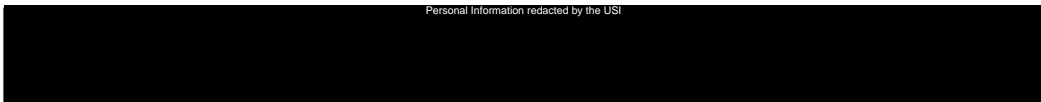
Personal Information redacted by the USI


30 November 2020

Dr Moore

Personal Information redacted by the USI


Dear Dr Moore

Re:Personal Information redacted by the USI


Personal Information redacted by the USI

 did not attend today at Orthoderm Private Medical Clinic on behalf of the Southern Trust.

Personal Information redacted by the USI

 didn't attend for review here today but I can find no particular reason why he saw Mr O'Brien. I have read through his notes. He obviously has a lot of comorbidity including mental health issues but essentially there is no evidence if there is any malignancy here. His PSA in 2017 was 1.17.

I don't think he requires any further follow up at Mr O'Brien's clinic. I have discharged him.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr Maguire

Personal Information redacted by the USI

Dear Dr Maguire

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.

Personal Information redacted by the USI

has a long-term indwelling catheter. His current PSA is 2. He is managing the catheter alright. He has been seen and assessed at Craigavon but hasn't actually seen Mr O'Brien, but ended up on his outpatient waiting list which I have removed his name from now today.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

30 November 2020

Dr J Dillon

Personal Information redacted by the USI

Dear Dr Dillon

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.

Personal Information redacted by the USI

Personal Information redacted by the USI

is now years old. He had a suspected episode of prostatitis several years ago that all settled down. He has had reflux and a right nephrectomy when he was young. He was seen by Mr Young last in 2017 but he has had no further issues urologically since that time.

I have discharged him from surgical follow-up at Craigavon.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

30 November 2020

Dr Draffin

Personal Information redacted by the USI

Dear Dr Draffin

Re:

Personal Information redacted by the USI

This lady did not attend. She has been reviewed on 17th November 2020 by Mr Jacob at Craigavon. She has recurrent UTI's and doesn't require any follow-up by Mr O'Brien.

I have discharged her.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr Pickering

Personal Information redacted by the USI

Dear Dr Pickering

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.

I saw this man who has significant medical comorbidities. He is [REDACTED] years old. His lower urinary tract symptoms don't bother him. I can find nothing in the electronic patient record to indicate that he has seen Mr O'Brien. His current PSA is 7.5 which has actually fallen a little.

I don't think he requires any further surgical follow-up. He does understand that if he gets lower urinary tract symptoms he could be referred to Craigavon for further assessment.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

30 November 2020

Dr J J Torney

Personal Information redacted by the USI

Dear Dr Torney

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.

This man was seen at Craigavon. He has an elevated PSA but has been followed up now I see by Mr Gray at the Ulster Hospital. He has transperineal biopsies done recently and this shows no evidence of malignancy. His current PSA is 5.3.

I have discharged him from Mr O'Brien's clinic.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr Dolan

Personal Information redacted by the USI

Dear Dr Dolan

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.

Personal Information redacted by the USI

Personal Information redacted by the USI

is years old. Had diagnostic prostate cancer in 2014. He was commenced on hormone therapy but was very keen not to have radiation therapy as he had a hospital phobia at that time. His PSA remained static until 2018 when he decided, because of side effects, that he would come off the Casodex and Tamoxifen. It has essentially doubled since April 2019 to April 2020 from 4.5 to 9. I have spoken to his daughter about this. She is still very keen that we adopt a conservative approach. There isn't any absolute term in which he should start up his hormone therapy again but I have explained to her that if the PSA progression is very quick he ought to have it suppressed, but that if it doubles again over 18 months to 2 years his PSA would be 20 and he won't be significantly worse than he is now.

He does however require a routine appointment to be seen at Craigavon. He is on antihypertensives and his overall renal function is beginning to decline. He may need a nephrology assessment as well.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

30 November 2020

Dr J Porteous

Personal Information redacted by the USI

Dear Dr Porteous

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.

Personal Information redacted by the USI

Personal Information redacted by the USI

is years old. He had an elevated PSA. Negative biopsies in 2018. His PSA has remained essentially static on a 7.5. He has no particular symptoms. He is not worried about it but he is only and I think requires follow up and annual PSA.

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I would be grateful if you would repeat the PSA in February or March and if there is a significant rise refer him urgently but I have asked the hospital to set up an appointment for approximately 1 years' time.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Patient 81

30 November 2020

Dr Wray


Personal information redacted by the USI

Dear Dr Wray

Re:

Patient 81

Patient 81

PSA has come back 8.07. It is progressing slowly from 3.7 to 6 and now is 8. He is  and he is entering a hormone refractory period and his management and follow up will need to be reviewed by the MDT at Craigavon.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Cc MDT

Patient 81

24 November 2020

Dr Wray

Personal Information redacted by the USI

Dear Dr Wray

Re:

Patient 81

Patient 81 was seen in Orthoderm Clinic today as part of a waiting list initiative clinic on behalf of the Southern Trust. He is Personal Information In 2012 he had a diagnosis of Gleason 3+4. The MDM plan at that state was to be referred to oncology for consideration of radiation therapy. There is no record of that having taken place. He was put on a degree of androgen blockade with Bicalutamide 50mg and Tamoxifen 10mg. Subsequent to that he had a TURP done in 2014. The histology of which was benign and he has remained on hormone therapy ever since having at some stage having the dose increased to 150mg. His PSA is progressing very slowly and has gone from 3.7 to 6 and he may be entering a hormone refractory state. I have checked it again. I will append the results of this letter but the management of the case would be worth reviewing from the MDT's point of view and he doesn't require a further follow up appointment in Craigavon because of the issue of castration-resistant disease.

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

30 November 2020

Dr S W Forster

Personal Information redacted by the USI

Dear Dr Forster

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.

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is now [REDACTED] years old. Has had frequency urgency and was investigated in Altnagelvin and had a low capacity bladder diagnosed at that time. He subsequently had his care transferred to Craigavon and had a TURP done about 3 years ago under Mr Jacob. He is certainly no better. He is up 3 times a night. Thankfully though his PSA is 0.5 indicating that the histology is correct, so benign.

The reality of his situation is he is going to be difficult to treat because of the reduced bladder capacity. He could try Vesicare because he is on Tamsulosin already. In the end he could be referred for consideration of Botox but he understands he may or may not be able to pass water after that procedure was done. I think initially it would be worth trialling him on 5mgs of Vesicare to see if that alleviates his problem.

I don't think he needs surgical follow up with Mr O'Brien. Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr McKernan

Personal Information redacted by the USI

Dear Dr McKernan

Re:

Personal Information redacted by the USI

This man's PSA is 4.6 and is static.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Mark Haynes, Consultant Oncologist, Craigavon Area Hospital

Personal Information redacted by the USI

23 November 2020

Dr McKernan



Personal Information redacted by the USI

Dear Dr McKernan

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.  is now  He had 1 core+ Gleason 4+4 in 2012 and a recommendation at that time was that he would have hormone treatment and radiation. He went on to Oxybutynin and went into retention and had a TURP done in October 2013 which showed no evidence of malignancy. He had an MRI scan which showed organ confined disease. Further biopsies done in May 2014 which showed 1 core+ Gleason 4+3. He has been on surveillance. His last PSA was 2019 and was static at 4 and from a symptom point of view he is actually quite good at the moment. His initial treatment was Bicalutamide 50 mg and Tamoxifen to which he had a bad reaction and he did stop that. His case was discussed again in June 2014 at the MDT which advised to continue with active surveillance.

Yours sincerely

Mr Patrick Keane
Consultant Urologistcc Mr Mark Dean Haynes, Consultant Oncologist, Craigavon Area Hospital, 68
Lurgan Road, Craigavon, Co Armagh BT63 5QQ

2

23 November 2020

PS – Dear Mark

Management of this case is slightly concerning. Obviously the inadequacy of the hormone treatment. There was no discussion vis-à-vis radiation therapy as recommended initially by the MDT for high grade prostate cancer. On the other hand he seems to be doing reasonably well and doesn't require ongoing surgical follow-up in Craigavon. I have checked his PSA.

Many thanks. Kind regards.

Personal Information redacted by the USI

30 November 2020

Dr P J Spence

Personal Information redacted by the USI

Dear Dr Spence

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.

Personal Information redacted by the USI

is very well. He is on Combodart. His PSA is 2. He is [REDACTED] years old. No particular bother with his urinary tract and I have discharged him from surgical follow up. His biopsies having been negative several years ago.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



Personal Information redacted by the USI

30 November 2020

Dr P J Flanigan

Personal Information redacted by the USI

Dear Dr Flanigan

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.

Personal Information redacted by the USI

attended today. He was hit by a cow, had splenic and renal trauma and developed what looked like a suspicious looking cyst on the lower pole of the left kidney. He had a CT in August. An MRI in January showed that this had significantly reduced in size and was consistent with haemorrhage and to an underlying cyst. I do think it would be worth one more ultrasound just to confirm that and I am copying this letter to the superintendent radiographer to get a renal ultrasound done in the next 3 – 6 months and he will require one further follow-up visit at Craigavon.

Many thanks. Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. Superintendent Radiographer
Craigavon Area Hospital
68 Lurgan Road
Craigavon
BT63 5QQ



Personal Information redacted by the USI

30 November 2020

Dr Vernon

Personal Information redacted by the USI

Dear Dr Vernon

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.

Personal Information redacted by the USI

had T1a Gleason 3+3 carcinoma 7 years ago. He has been on active surveillance for his PSA. Current PSA is 0.2, he is not particularly bothered by his symptoms. He is up once or twice a night which is more or less normal at his age. He just needs an annual PSA. He is happy to follow the situation up himself and I have discharged him from surgical follow-up.

Kind regards.

Yours sincerely

Mr Patrick Keane
Consultant Urologist



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30 November 2020

Dr S Kelly

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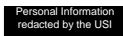

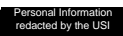
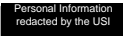
Dear Dr Kelly

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.

I saw  who is now  years old. He had HIFU done in  by Professor Emberton approximately 10 years ago. Subsequent to that he had a TURP done Gleason 3+3. His PSA then went up to 10 and he was referred by his GP back to  and from there he was referred for robotic prostatectomy which he had done in 2018. He had excellent PSA control. His PSA fell to < 0.01 but in June of this year it has risen very slightly to < 0.001 indicating a possible microscopic recurrence. He is well. He uses 1 pad a day but obviously will need a formal PSA surveillance. He is doing it every 6 months with his GP which I think at his age is satisfactory but he will need to be reviewed by the MDM for registration purposes and also to have follow up regarding the PSA.

Patient to be reviewed with MDM. I have discharged him from Mr O'Brien's clinic.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

c.c. MDM



Personal Information redacted by the USI

30 November 2020

Dr McConville

Personal Information redacted by the USI

Dear Dr McConville

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.

Personal Information redacted by the USI

has a T9 injury. He has a bladder diverticulum. He manages by self-cauterisation and gets infrequent urinary tract infections but is otherwise well. He is due to have a cystoscopy. I have taken him off Mr O'Brien's waiting list.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr C P McNiff

Personal Information redacted by the USI

Dear Dr McNiff

Re:

Personal Information redacted by the USI

Personal Information redacted by the USI

PSA is 8.9. He is asymptomatic and on Tamsulosin but given the PSA is shortly going to be over 10 I think he should be reviewed at the trust at a PSA follow up clinic in around a years' time. I am copying this to the outpatient manager to send him an appointment.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

cc Outpatient Manager
 Urology Department
 Craigavon Area Hospital

Personal Information redacted by the USI

16 November 2020

Dr C P McNiff

Personal Information redacted by the USI

Dear Dr McNiff

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 is [REDACTED] and he has no particular lower urinary tract symptoms but he is being followed up for PSA which was slightly elevated a few years ago. It was 7 at that time. He is taking Tamsulosin and I have repeated the PSA today. As you know he has undergone treatment for rectal cancer and if this current PSA is static then I don't think he requires any further urological follow up just an annual PSA check. I will forward the PSA result to you when available.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

Personal Information redacted by the USI

30 November 2020

Dr B Dillon

Personal Information redacted by the USI

Dear Dr Dillon

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.

Personal Information redacted by the USI

has Peyronie's disease. I can't see any record on the electronic care record that he had seen Mr O'Brien. He has seen several urologists at Craigavon. His PSA is 0.3. He has Peyronie's disease but is sexually active and his other issue is that his left testicle is reduced in volume by at least 50% but he gives no particular history that would explain that. There is no history of trauma. He had some epididymal surgery done many years ago, but it has only started to decrease in size over the last few years. I can't explain it. There is no evidence of malignancy and I have reassured him on that score.

I have discharged Personal Information redacted by the USI from Mr O'Brien's follow-up.

Many thanks.

Yours sincerely

Mr Patrick Keane
Consultant Urologist

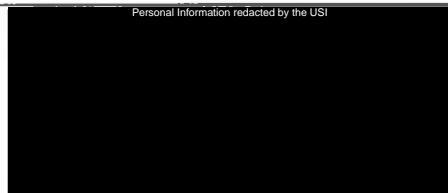


UROLOGY PATIENT REVIEW FORM

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)	Prostatitis + Epididymitis
Patient Summary	Prost Has taken a prolonged course of Antibiotics to clear longer than most but understandable frankly.

	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?)		Yes. detected tests
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)		Yes. all documented in notes

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?)		Yes. C-prostatin Trimetoprim Tiyipizol?
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		was for Rb in SWH . so plan correct. pt seen ^{today} & now D/C as pt content.

Clinical Professional Reviewing Care

Name	Younis
Title	
Date of Appointment	20/12/21.

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name		Personal Information redacted by the USI	
H&C Number			
Date of Birth			

Patient Details

Presenting Condition(s)	UTI.
Patient Summary	Follow up consult. D/C.

	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?)		Yes.
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)		Yes.

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>)		Yes.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Discharge.

Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/12/21

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)	① Renal-stones ② Poor Bladder empty
Patient Summary	- observed stone had passed as per CT scan. - ISC introduced & good effect.

	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?)		Yes. appropriate tests. excellent correspondence to GP.
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)		Yes. was side prophylactic H3 for ISC originally. This was reasonable as gt very common re risk of infection.

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?)		Antibiotic given & rationale noted & would agree.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<p>① GP to follow up Bladder pathway</p> <p>② STC route for stop follow up. as has new pain. CT Booked</p>

Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/12/21

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)	UTI. history.
Patient Summary	Prophylactic M/13 + Scans Now fine / No letter to Cover Consult. just with pa notes

	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?)		Yes. USS - normal
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)		Yes.

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?)		<u>Yes</u> Nitrofurantoin 500mg 1
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Discharge & advice

Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/12/24

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)

Patient Summary

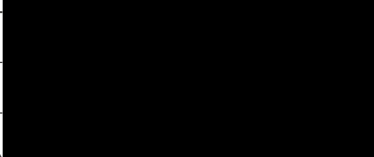
stone follow up from.
waters copy in Dec 17.
+ stent
stent removed March 18.

	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?)		Yes All fine
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)		Yes. all documented in notes

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>		Not applicable.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Plan was for R/o w/ Asymptomatic

Clinical Professional Reviewing Care

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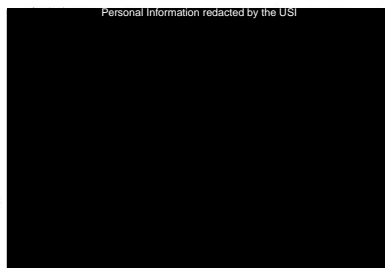
Name			Younis
Title			
Date of Appointment	20-12-21		

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	



Patient Details

Presenting Condition(s)	UTI.
Patient Summary	<ul style="list-style-type: none"> - Recurrent history 25 yrs. - Rx pathis. standard.

	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?)		Yes.
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?)		A/B & Dosages Correct, some prolonged but required. Appr & action taken
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		D/c. further advice

Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/2/21

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)	Complete Renal Cyst
Patient Summary	<p>Multiple scans over 5 yrs</p> <p>Radiology had suggested MDT discussion but has had 2 yearly scans.</p> <p>to remained under R/U</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?)		<p>Yes</p> <p>CT + MRI's</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>observation is usual for these cysts.</p> <p>but MDT in 2014 + 2016.</p> <p>were also an option</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		letter to MST. So as to clear. for D/L.

Clinical Professional Reviewing Care

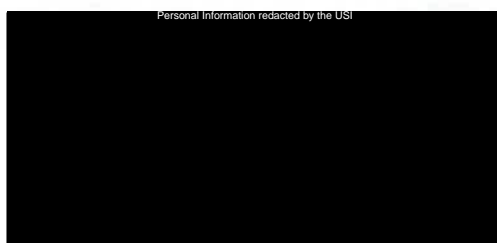
Name	Young
Title	
Date of Appointment	20/12/21.

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>Danbello says 56. improved on medication Flow rate excellent + empty. PSA Normal</p>

	Question	Y/N/ Unable to Determine	Details
1	<p>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>		Yes
2	<p>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>		Yes.

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>		yes
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Discharge

Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/12/21.

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)	UTI + overactive bladder
Patient Summary	Investigation of urodynamics awaited

	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?)		Yes. on w/c for urodynamics
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)		Yes.

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?)		Correct medication but Nitrofurantoin 50p was prescribed till pt was to have woodymark Reasonable but idea
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		but woodymark not done & its 3 yrs on the Antibiotic pt advised to stop

Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/02/21

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)	It's not over
Patient Summary	Presented a dreadful pain + Haematuria single episode. None since. CT small stones. Had further x-ray 14/5 - <u>stone</u> !

	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?)		Yes. Tests appropriate
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)		Yes

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?)		Not appropriate ?
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Keep an U.S.S. and follow up. at STC team.

Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/12/21

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
H&C Number	
Date of Birth	

Patient Details

Presenting Condition(s)	Phimosia
Patient Summary	logged on to type as Review but input is a new pt. already seen by Althegefu team

	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?)		Yes
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)		Yes logged as Routine

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		<i>In place already</i>

Clinical Professional Reviewing Care

Name	<i>Young</i>
Title	
Date of Appointment	<i>20/12/21</i>

UROLOGY PATIENT REVIEW FORM

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Patient Details

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Patient Details

Presenting Condition(s)	altered bladder habit.
Patient Summary	GP thought interstitial cystitis but pain not the real point. urine/freq/urgency scan - clear. msu at time clear but pt found A/B helped. was meant to be on Vesicare but did not receive despite on the letter

	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?)		Yes. on gomp Rtw needed with try the medication or Rtw after.
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)		A/B prescribed despite normal msu. Though pt found A/B helpful. so reasonable.

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?)		pt was meant to be on Vesicare but did not receive for GP. Correct medication choice
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		pt was for an rto appt in SWATH. <u>Medication now started</u> via letter to GP. or for rto = 3/12

Clinical Professional Reviewing Care

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Patient Details

Presenting Condition(s)	ant let obstructing.
Patient Summary	<p>pt cancelled but chest xlv.</p> <p>on gap follow up. Had been offered TURP. isc recommended in meantime. seen by Patricia Thompson - in Feb 21</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?)		Yes ✓
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)		Yes ✓

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?)		Yes.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		still due - standards. Rlu at nurse clinic

Clinical Professional Reviewing Care

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Patient Details

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Patient Details

Presenting Condition(s)	stone follow up post surgery
Patient Summary	had uroscopy + laser + post procedure USS

	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?)		Yes.
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)		Yes.

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?)		not applicable.
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		& CT Scan booked as follow up. + R/o STC - clear. → 2 nd issue is New.

LUTS. GP to refer to oncoph team

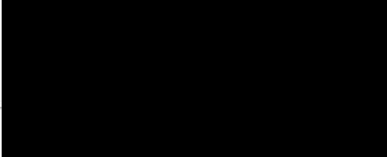
Clinical Professional Reviewing Care

Name	Young
Title	
Date of Appointment	20/12/21

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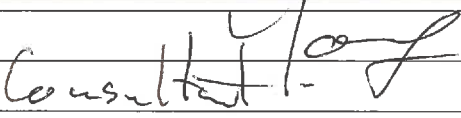
Patient Details

Presenting Condition(s)	Severe pain → 2nd day → Sk
Patient Summary	- Recurrent Renal stones → STC in 2 yrs

	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?)		Yes
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)		Yes

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	If there is not a secure clinical management plan in place please document immediate actions required to be taken		<p>Transfer follow up to STC <u>24/5/22</u></p>

Clinical Professional Reviewing Care

Name	
Title	Consultant
Date of Appointment	24.1.22

UROLOGY PATIENT REVIEW FORM

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Patient Details

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Patient Details

Presenting Condition(s)	LUTS assessment.
Patient Summary	Decade history of bladder/prostate symptoms now 50 yrs ago. Had urodynamics + Cystoscopy & offered a TURP. To have repeat urodynamics.

	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?)		Not sure offering a 45yr-old man a TURP on the information provided by urodynamics.
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)		At least urodynamics were performed.

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?)		Has used Cialis + Vigra. together Not usual practice but - can be accepted
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		→ Have suspended TURP. & booked urodynamics open.

Clinical Professional Reviewing Care

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Date of Appointment	24.1.22

Ask JOD to do urodynamics

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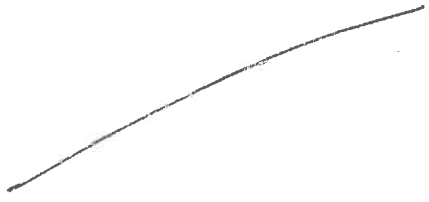
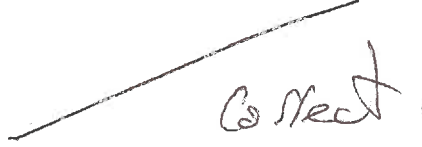
Patient Details

Name	
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Date of Birth	

Patient Details

Presenting Condition(s)	And Testicular torsion
Patient Summary	+ contra lateral orchiectomy
D/C.	Planned PLW. to assess for Prosthesis - which he does not wish

	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?)		Yes
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)		Yes

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	<div>Personal Information redacted by the USI</div>
Title	<i>Consultant</i>
Date of Appointment	

24.1.22.

UROLOGY PATIENT REVIEW FORM

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Patient Detail

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Name

H&C Number

Date of Birth

Patient Details

Presenting Condition(s)	monitor of Angiomyolipoma.
Patient Summary	Scans have been intermittently planned. No results dictated an. uss but there was a plan for Rtw = results.

	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?)		Yes. Correct.
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)		Yes repeat scans stopped. lack of appt in Nov 19 would have defined that it was appropriate

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		<p>I have arranged a CT scan.</p> <p>o Ph 6/12</p>

Clinical Professional Reviewing Care

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Name	
Title	
Date of Appointment	

24/1/22.

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Patient Details

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Patient Details

Presenting Condition(s)	Follow up Parapapilloma Surfer 2012
Patient Summary	on w/c for TURP - suitable for transfer Hermitage

	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?)		Yes. re-Parapapilloma low. incidence. if malignancy Decision not to do further scans taken in 2017. subsequent scans for other reasons + clear.
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)		pt thinks he is on w/c for TURP but I believe he is on w/c for urodynamics which is correct

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?)		Correct -
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		should have wodynnes. before TURP.

Clinical Professional Reviewing Care

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Name		
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24.1.22

MDT from 2012 - followed.

wodynnes / which w/h
 TURP

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Patient Details

Name	
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Patient Details

Presenting Condition(s)	Bladder symptoms
Patient Summary	on w/L C/L + Hydrostatic. hard wadyness:

	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?)		Difficult diagnosis investigations appropriate
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)		reasonable to off repeat procedure as she had it before e success. change the precise terminology though...

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?)		Metoprolol correct dose but for far to long
4	If there is not a secure clinical management plan in place please document immediate actions required to be taken		on w/k ch with doctor

Clinical Professional Reviewing Care

Name		Personal Information redacted by the USI
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Date of Appointment	24.10.22	

UROLOGY PATIENT REVIEW FORM

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Patient Details

Name	
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Date of Birth	

Patient Details

Presenting Condition(s)	Bladder irritation
Patient Summary	had stent inserted 2020. DID not return Dose has stent encrusted Not sure of how or why

	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?)		Was referring re- Bladder symptoms, not sure how he got a RfW ant.
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)		no?? is he on w/c for stent removal / uroscopy

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	If there is not a secure clinical management plan in place please document immediate actions required to be taken		Is on the urgent bookable list now ~

Clinical Professional Reviewing Care

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Date of Appointment	24.1.22	

I suspect the Registrar
did not log this in Sec. ??

please check if on wk.
there is a Green form part of
chart.

So is he on the
urgent bookable list

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Patient Details

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Patient Details

Presenting Condition(s)	management recurrent UTI
Patient Summary	had Cystectomy & Augmentation advice stop Nephrotoxic USS fluid management

	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?)		Yes. USS assessed for mild Hydronephrosis but this is expected for Augmentation
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)		Long Term prophylactic Anti. biotics not generally recommended