

Personal Information redacted by the USI

Patient Name: [REDACTED]
 D.O.B.: [REDACTED]
 H&C No: [REDACTED]

Date of Clinic / Decision to list: 07.06.20
 Consultant: WIT-59256
 Specialty: UROLOGY

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

Diagnosis: BILATERAL UPPER URINARY TRACT OBSTRUCTION
 Procedure: BILATERAL URETEROGRAPHY & URETERIC STENTING
 Estimated Duration of Surgery: 1 HOUR
 Additional Comments / Instructions: FOR ADMISSION TO DHH

Urgency
 Please tick appropriate box

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

Anaesthetic Type
 Please tick appropriate box

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

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

Intended Management
 Please tick appropriate box

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

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

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

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

Specific Site Requirement	DHH
Specific Unit Requirement	LEVEL 4
Specific Consultant	

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

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

- Warfarin? ☐
- Aspirin 300mg? ☐

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

Please advise whether the Patient should either:

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

Please advise:

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

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

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

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

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

Doctor's Signature: [REDACTED] Print Name: ADAM LITTON Date: 07.06.20
 Countersigned (Consultant): [REDACTED] Date: [REDACTED]

Personal Information redacted by the USI

Patient Name: [REDACTED]
 D.O.B.: [REDACTED]
 H&CN: [REDACTED]

Date of Clinic / Decision to list: 15.06.19
 Consultant: WIT-5925719
 AOBRIEN
 Specialty: UROLOGY

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

Diagnosis: RIGHT UPPER URETERIC & RENAL CALCULI
 Procedure: RIGHT RIGID & FLEXIBLE URETEROSCOPIC LITHOTRIPSY
 Estimated Duration of Surgery: 2-4 HOURS
 Additional Comments / Instructions: FOR UIC / KINGSBRIDGE / DHH

Urgency
 Please tick appropriate box

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

Anaesthetic Type
 Please tick appropriate box

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

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

Intended Management
 Please tick appropriate box

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

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

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

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

Specific Site Requirement	AS ABOVE
Specific Unit Requirement	
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☐ Yes ☒ ASPIRIN 75 MG
 If yes, please indicate if patient is on any of the medications below and the action required:

- Warfarin? ☐
- Aspirin 300mg? ☐

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

Please advise whether the Patient should either:

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

Please advise:

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

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

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

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

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

Doctor's Signature

Print Name

Date

Countersigned (Consultant)

Date