

Patient Name	[REDACTED]	Date of Clinic / Decision to list	43.05.20
D.O.B		Consultant	WIT-59260
H&C		Specialty	Urology

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

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

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

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

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

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

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

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

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

Specific Site Requirement	AS ABOVE
Specific Unit Requirement	
Specific Consultant	

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

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

- Warfarin? ☐
- Aspirin 300mg? ☐

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

Please advise whether the Patient should either:

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

Please advise:

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

- Clopidogrel or Prasugrel? ☐
- 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	AO'BRIEN	Date	07.06.20
Countersigned (GP/Consultant)	[REDACTED]	Received from GP/Consultant		Date	

Patient Name	[Redacted]	Date of Clinic / Decision to list	4.55.261
D.O.B	[Redacted]	Consultant	WIT-59261
H&C N	[Redacted]	Specialty	UROLOGY

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

Diagnosis:	RIGHT UPPER TRACT OBSTRUCTION
Procedure:	REMOVAL OF STENT & RIGHT URETEROSCOPIC LITHOTRIPSY
Estimated Duration of Surgery:	1 HOUR
Additional Comments / Instructions:	FOR UIC OR KINGSBIDGE OR DHH

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

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

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

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

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

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

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

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

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

- Warfarin? ☐
- Aspirin 300mg? ☐

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

Please advise whether the Patient should either:

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

Please advise:

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

- Clopidogrel or Prasugrel? ☐
- 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	AC' BRIGN	Date	07.06.20
Received from	[Redacted]	Services Inquiry.		Date	

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

Date of Clinic / Decision to list	4565202
Consultant	WIT-59262
Specialty	UROLOGY

*** FOR URGENT BOOKABLE LIST ***

Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis:	RIGHT URETERIC AND BLADDER INJURY
Procedure:	CYSTOSCOPY, REMOVAL OF STONE, RIGHT URETEROGRAPHY & CYSTOGRAM
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 checked="" 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 ☒ ENOXAPARIN

If yes, please indicate if patient is on any of the medications below and the action required: 60 MGS DAILY

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

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

Please advise whether the Patient should either:

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

Please advise:

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

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

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

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

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

Doctor's Signature	Print Name	Date
	ADAM O'BRIEN	07.06.20
Countersigned (Consultant)	Services Inquiry	Date