

HCN [redacted] Surname [redacted] Forename [redacted] DOB [redacted]

AE Num Der [redacted] Assessment [redacted] Seen By [redacted] Time 0140

History and Examination

8:00 PM Waenawia  
 EG AP on waenawia  
 Since first AM → from waenawia  
 Drink rest.  
 small flaccid but no clots  
 some dysuria  
 flaccid (R) per earlier when was examined  
 I think some wetting bits of which  
 were settled  
 No confirmed temp  
 A little smoking hx. in 3-4 yrs in 20s  
 joints exposed to various cuts of silica  
 with o.b. months.  
 No one being episode

US 1+1 to  
 ureter clear  
 Ascus SRT  
 PA - smooth prostate  
 ?(R)lobe (L)  
 No blood.  
 Ure - from waenawia  
 No clots  
 sent for rest - made  
 to rest to  
 blood.

Just from waenawia  
 no cuts / retention.  
 ?info about, however quite frank +  
 able + R

Plan: show to doctor - feel prog waenawia clinic  
 need rest  
 care in ARK. (safety net advice  
 - if retention long stay need  
 few days. If per kidneys no  
 retention for concern.)  
 "Case discussed with ED consultant" yes

HCN [redacted] Surname [redacted] Forename [redacted] DOB [redacted]

AE Number [redacted] Prescription (Medicines in Department) Administration

Medicine	Dose	Route	Time to be given	Signature	Given by	Time

Nursing/care delivered in ED

SPB ED M.O  
 - in care  
 - for discharge c. antebiotics.  
 - NEWS 17  
 went home c. discharge.  
 [redacted]

Signature of Nurse \_\_\_\_\_

Admission checklist (please tick if completed)

Time Bed manager informed	<input type="checkbox"/>	MEWS/CNS	<input type="checkbox"/>	Ward Ready at	_____
Copy ED Flimsy	<input type="checkbox"/>	Relevant performa	<input type="checkbox"/>	IV Cannula Form	<input type="checkbox"/>
Fluid Balance	<input type="checkbox"/>	Own Drugs	<input type="checkbox"/>	C diff completed	<input type="checkbox"/>
Copy of NIAS notes stroke PTs	<input type="checkbox"/>	Relatives aware admission	<input type="checkbox"/>		
Patient handover given to admitting nurse _____ (please record their name) Time _____					
Patient has previous history of C Diff	yes <input type="checkbox"/>	no <input type="checkbox"/>			
Patient has vomiting and/or diarrhoea	yes <input type="checkbox"/>	no <input type="checkbox"/>			
Patient had contact with anyone with vomiting and/or diarrhoea in last 5 days	yes <input type="checkbox"/>	no <input type="checkbox"/>			
If yes to any of above refer to agreed guidance.					

UROLOGY RED FLAG TRIAGE SHEET



PATIENT NAME: Personal Information redacted by USI

HOSPITAL NO: Personal Information redacted by USI

HCN: Personal Information redacted by USI

RED FLAG ✓	TRUS
UPGRADE RED FLAG	FLEX. C/U
URGENT	FLOW RATE
ROUTINE	ULTRASOUND
OTHER	
VIRTUAL	

22/7/19  
11-10  
EURODAB

- MRI Prostate has been requested
- Please arrange appointment at my clinic at SWAH on 22 July 2019 or at a New Clinic at CAH after date of scan

Personal Information redacted by the USI

d69b86d1-c6fc-48 33-b6b9-0ee5a6fe1f98

Personal Information redacted by the USI

BORN [redacted] GENDER Male

OHCP [redacted]



eReferral Triage

Last updated by [redacted] 55 (v. 2)

Triage Outcome

GP Priority Red Flag

Triaged Priority Red Flag

Triage Decision Redirect

Redirect Referral

Redirect To Craigavon Area Hospital- UROLOGY

Redirection Reason Enniskillen pt

Red Flag	TRUS
Upgrade Red Flag	Flex. C/U
Urgent	Flow Study
Routine	Ultrasound
Other	
Virtual	

For Trust use only: HCN: [Redacted]	Referral Date: 13-Jun-2019
Date Sent: 13-Jun-2019	Surname: [Redacted] <small>Personal Information redacted by the USI</small>

LAKESIDE MEDICAL PRACTICE

Practice address

Personal Information redacted by the USI

Practice code: Z00564

Contact number(s)

Telephone: [Redacted] Personal Information redacted by the USI

Fax: [Redacted]

Practice Email: [Redacted] Personal Information redacted by the USI

Referral to: Omagh Hospital & PCC      Referral Type: Out Patient

Specialty: UROLOGY      Nature of Request: Investigate

Urgency: RED FLAG

Concer Site: URC

Electronic Attachment Present?: NO

HCP Name:

Designation:

Practice Code: [Redacted]      Registered GP: [Redacted]      Registered GP Cypher: [Redacted] Personal Information redacted by the USI

Referring GP: [Redacted]      Referring GP Cypher: [Redacted]      Referred by: Referring GP

HCN Number	[Redacted] <small>Personal Information redacted by USI</small>	Title:	[Redacted] <small>Personal Information redacted by USI</small>
Surname:	[Redacted]	Forenames:	[Redacted] <small>Personal Information redacted by USI</small>
Previous Surname:	[Redacted]	Known as:	-
DOB:	[Redacted]	Gender:	Male
Registered Contact Details:	[Redacted]		
Tel No:	[Redacted]	Mobile:	[Redacted] <small>Personal Information redacted by USI</small>
Patient Email:	[Redacted]		
Preferred Contact Details if different from above:	[Redacted]	Marital Status:	(Not Known)

Special Needs or Requirements

**Reason for Referral/ History of Presenting Complaint**

Description: raised psa

Comment: Date Consultation Text

13-Jun-2019 GP Surgery

Personal Information redacted by the USI

History psa repeated 19.16-19.81, nocturia x2, walks 6km daily and dig so prior to tests

Examination pr with consent, cod, smooth rubbery prostate lobes, no masses noted

Comment refer urology

**RELEVANT PAST MEDICAL HISTORY****Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Type 2 diabetes mellitus	-	06-Feb-2017	06-Feb-2017
Acute non-ST segment elevation myocardial infarction	-	24-May-2016	24-May-2016
Acute coronary syndrome	-	24-May-2016	24-May-2016
Inguinal hernia	right sided reducible indirect incomplete inguinal hernia with a positive cough impulse	16-Aug-2012	16-Aug-2012
Trochanteric bursitis	-	15-Feb-2008	15-Feb-2008
[D]Impaired glucose tolerance	review 6/12	28-Feb-2006	28-Feb-2006
Duodenitis	-	20-Dec-2004	20-Dec-2004
Duodenitis	-	08-Nov-2004	08-Nov-2004
Osteoarthritis	-	19-Aug-2004	19-Aug-2004
Ischaemic heart disease	-	20-Jul-2004	20-Jul-2004
Angina pectoris NOS	-	16-May-2004	16-May-2004
Mixed hyperlipidaemia	-	16-Mar-2004	16-Mar-2004
Essential hypertension	-	16-Apr-2003	16-Apr-2003

**Past procedures (High and medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Patient reviewed	-	14-Jan-2019
Magnetic resonance imaging	did not reveal any evidence of trochanteric bursitis but clinically very tender over the right greater trochanter area	26-Oct-2018
Had a discussion with patient	-	10-Aug-2018
Magnetic resonance imaging	Conclusion: No significant abnormality identified. No cause for the patient's symptoms established.	25-Jun-2018
Percutaneous coronary intervention	-	22-Jun-2016
Angiogram	Elective	27-May-2016
Angiogram	Elective - three vessel disease	27-May-2016
Primary repair of inguinal hernia	right	07-Sep-2012

Varicose vein ligate + right leg 11-Oct-2006  
 strip  
 Cardiac catheterisation - 15-Sep-2004

**Family conditions (All priorities)**

Description	Extension	Modifier	Relation to Patient	Date Recorded
FH: Ischaemic heart dis. >60	-	-	Mother	21-Jun-2011
FH: Ischaemic heart dis. <60	-	-	Mother	30-Dec2002
No family history diabetes	-	-		30-Dec2002
FH: CVA/stroke	-	-	Aunt	30-Dec-2002

**MEDICATION**

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Pregabalin 25mg capsules	415164004	-	One To Be Taken Twice A Day	-	17-Sep-2018	-
Co-codamol 30mg/500mg tablets	322341003	-	2 tabs 4-6hrly as required	-	07-Feb-2018	-
Blixona 30mg modified-release tablets (Actavis UK Ltd)	30982411000001107	-	ONE TO BE TAKEN DAILY	-	19-Dec-2017	-
Omnitest 3 testing strips (B.Braun Medical Ltd)	18242411000001102	-	AS DIRECTED	-	17-May-2017	-
Omnican Lance Soft lancets 0.3mm/30gauge (B.Braun Medical Ltd)	22236511000001105	-	AS DIRECTED	-	17-May-2017	-
Lyrinel XL 10mg tablets (Janssen-Cilag Ltd)	4529411000001103	-	ONE TO BE TAKEN DAILY	-	25-Jul-2016	-
Isosorbide mononitrate 50mg modified-release capsules	319117009	-	ONE TO BE TAKEN DAILY	-	01-Jul-2016	-
Diltiazem 180mg modified-release capsules	319184008	-	ONE TO BE TAKEN DAILY	-	17-Jun-2016	-
Glyceryl binitrate 400micrograms/dose pump sublingual spray	18358011000001101	-	ONE-TWO SPRAYS AS REQUIRED	-	17-Jun-2016	-
Losartan 100mg tablets	407784004	-	ONE TO BE TAKEN DAILY	-	06-Jun-2014	-
	579211000001108	-		-	17-Feb-2010	-

Proscar 5mg tablets (Merck Sharp & Dohme Ltd)			ONE TO BETAMEN DAILY			
Rosuvastatin 10mg tablets	408036003	-	ONE TO BE TAKEN DAILY	-	22-Mar-2006	-
Pantoprazole 20mg gastro-resistant tablets	317322009	-	OD	-	23-Mar-2005	-
Aspirin 75mg tablets	319775004	-	ONE TO BE TAKEN DAILY	-	20-May-2004	-
Bendroflumethiazide 2.5mg tablets	317919004	-	ONE TO BE TAKEN IN THE MORNING	-	20-Aug-2003	-

## Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Phenoxyethylpenicillin 250mg tablets	323416001	-	One To Be Taken Four Times A Day	-	26-Feb-2019	29 Days
Diffiam 0.15% spray (Meda Pharmaceuticals Ltd)	531611000001106	-	As Directed	-	19-Feb-2019	43 Days
Doxycycline 100mg capsules	324059006	-	One To Be Taken Twice A Day	-	14-Jan-2019	29 Days
Amoxicillin 250mg/5ml oral suspension sugar free	323740008	-	Two 5ml Spoonfuls To Be Taken Three Times A Day	-	07-Jan-2019	29 Days
Chloramphenicol 0.5% eyedrops	330286001	-	One Drop To Be Used In The Affected Eye(s) Four Times A Day	-	07-Jan-2019	29 Days
Nystatin 100,000units/ml oral suspension	324699003	-	1ml To Be Dropped Into The Mouth Four Times A Day.	-	07-Jan-2019	29 Days
Phenoxyethylpenicillin 250mg tablets	323416001	-	Two To Be Taken Four Times A Day	-	02-Jan-2019	29 Days

## ALLERGIES &amp; RISKS

Lifestyle risks

**Allergies**

Description

Adverse reaction to Ticagrelor  
 Adverse reaction to Bisoprolol Fumarate  
 Adverse reaction to Xatral  
 Adverse reaction to Lipitor

**SMOKING STATUS**

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Ex smoker		17-Oct-2017

**ALCOHOL INTAKE**

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Alcohol consumption 6 units/week		17-Oct-2017

**BMI**

<u>BMI</u>	<u>Height</u>	<u>Weight</u>	<u>Date Recorded</u>
25.4			2018-11-06
25.7			2018-04-24
24.4			2017-05-10
25.1			2016-12-13
25.9			2016-09-19
25.1			2016-08-03
24.9			2016-07-05
24.8			2015-08-06
25.3			2014-08-08
25.5			2013-07-16
25.8			2012-07-04
25.1			2012-01-10
26.4			2011-06-21
25.1			2010-01-26
25.8			2009-02-25
26.1			2008-01-18
26.8			2007-01-19
26.4			2006-05-19
27.1			2005-11-30
25.5			2004-11-19
26.4			2004-05-28
26			2002-12-30
21.7			1900-01-01

**Blood Pressure**

<u>Diastolic</u>	<u>Systemic</u>	<u>Date Recorded</u>
------------------	-----------------	----------------------

**SOCIAL HISTORY**

**OTHER PATIENT DATA**

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**Signature of referring doctor  
(or other professional)**

**Date**

Personal Information redacted by the USI

**From:** Personal Information redacted by the USI  
**Sent:** 14 June 2019 10:54  
**To:** referrals.rbc  
**Subject:** FW:  
**Attachments:** [Untitled].pdf

This e-mail is covered by the disclaimer found at the end of the message.

Morning

There are 2 referrals in the above attachment for your attention

Kind Regards

Personal Information redacted by the USI

Urology Appointments

Personal Information redacted by the USI

-----Original Message-----

**From:** ICATS [<mailto:icats@westhealth.n-i.nhs.uk>]  
**Sent:** 14 June 2019 10:52  
**To:** Personal Information redacted by the USI  
**Subject:**

Please open the attached document. This document was digitally sent to you using an HP Digital Sending device.

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78/CA.2/1

**IN-PATIENT FOLLOW-UP  
AND  
OUT-PATIENT NOTES**

Affix Label  
or Enter in  
Block Letters  
Full Name  
Date of Birth  
Unit No.  
Ward/Dept.  
Address  
Consultant

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Personal Information redacted by the USI

NOTES

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Out-Patient Use Only	Date	MR O'BRIEN UROLOGY CLINIC SWAH	Clinical Notes
→	22/7/19		
Age			
URINE Protein Sugar Acetone			LUNGS • UNSATISFACTORY VOIDING • NOCTURIA X 1-2
WEIGHT kg.			ON FINASTERIDE SINCE 2010 AND OXALIC ACID MR 2016
→			
Age			
URINE Protein Sugar Acetone			TRC : INCREASED PROSTATE
WEIGHT kg.			MRI : RT3A
→			Prox • U/S URINARY TRACT
Age			
URINE Protein Sugar Acetone			• TRUS13
WEIGHT kg.			

30723

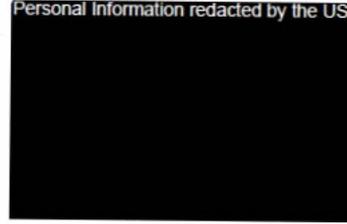
		Date	Clinical Notes
	→	20/8/19	NZ PROSTATE Biopsy
Age			Written Consent
URINE Protein Sugar Acetone			local Anaesthetic
WEIGHT	kg.		20 x core biopsy of prostate
			3/4 oral antibiotics
			Plan ① MOM discussion
			② RW MR o''Brien
	→		Personal Information redacted by the USI
Age			Thomdale Unib
URINE Protein Sugar Acetone			
WEIGHT	kg.		
	→	23/9/19	MR O'BRIEN UROLOGY CLINIC SWAH.
Age			
URINE Protein Sugar Acetone			<u>P</u> PLAN
WEIGHT	kg.		• PSA = 21.8
			• SERUM TESTOSTERONE = 19.3
	→		• BS
Age			
URINE Protein Sugar Acetone			• CT - COP
WEIGHT	kg.		• R BICICLIDAMIDE 150 MGS AND TAMOXIFEN 10 MGS

78/CA.2/1

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Ward/Dept.  
Address  
Consultant

Personal Information redacted by the USI



Personal Information redacted by the USI



NOTES

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Out-Patient Use Only	Date	Clinical Notes
→		
Age		• MTDM
URINE Protein Sugar Acetone		Personal Information redacted by USI
WEIGHT kg.		Personal Information redacted by USI
→	11/11/19	MR. A. O'DRISCOLL UROLOGY/OPD CAU
Age		
URINE Protein Sugar Acetone		LUNGS UNCHANGED
WEIGHT kg.		PSA
→		• PSA = ↓ 3.84
Age		• ? CBRT / REVIEW
URINE Protein Sugar Acetone		Personal Information redacted by USI
WEIGHT kg.		Personal Information redacted by USI

30723

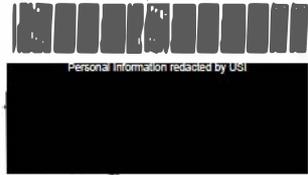
	Date	Clinical Notes
	→ 27/1/20	PSA ↓ 2.23 ON 07 JAN 20
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		LUTS NOCTURIA X 2
	→	PLAN
Age		INCREASE BICLUTAMIDE TO 100 MGS DAILY
URINE Protein Sugar Acetone		
WEIGHT kg.		WRITE TO DR. MITCHELL ? BRACHY THERAPY ? CBRT ? COMBINATION
	→	
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
	→	
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		



Sheet Number NM/24

SURNAME (Block letters)

CHRISTIAN NAMES



17/06/20

Personal Information redacted by the USI

20:15.

18:50

RR 18  
 SpO<sub>2</sub> 97% (RA)  
 Temp 38°C  
 BP  $\frac{130}{56}$   
 HR 37 bpm

ATSP regarding HR 37 bpm and temp 38°C

Patient Feels comfortable at rest.

Mr O'Brien seen patient and started

IVF and IV tazocin

Pt post TURP

NEWS = 4

1. Telemetry started.
  2. IVF
  3. IV tazocin
  4. Bloods taken
  5. Blood cultures taken after stat close of IV tazocin.
  6. Moved to side room as temp spike
- } as per Mr O'Brien (urology)

Personal Information redacted by the USI

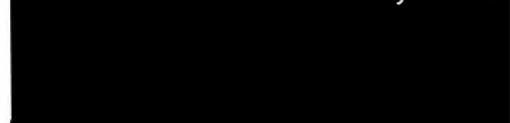


NEWS (a) 20:30 = 1

Temp 37.6°C

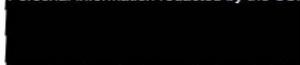
HR 42

Personal Information redacted by the USI



18/06/20  
0500

Personal Information redacted by the USI



temp 38.6°C

feels well

blood cultures taken. (R) Aef

ANIT

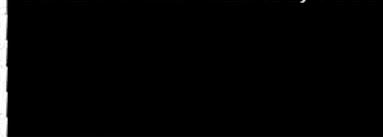
routine bloods also sent

(P) a/w bloods / cultures

Personal Information redacted by the USI



Personal Information redacted by the USI



18/6/20

well (name of child)

post long trial

post-op septal / w/ tarring

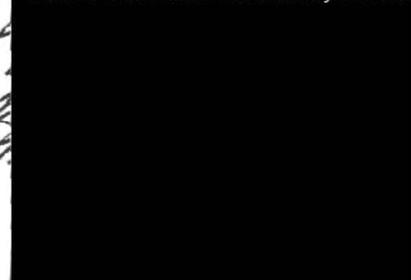
one rose on skin irregular

Ref (c) take skin irregular body

(2) take W dx

(3) bloods

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NOTES

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Out-Patient Use Only	Date	Clinical Notes
→	19/6/20	<p>Personal Information redacted by the USI</p> <p>small / legs / alkaline test</p> <p>fast test</p> <p>Post-up sepsis</p> <p>Der use on uninfected</p>
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→		
Age		19/6/20 Done with
URINE Protein Sugar Acetone		② ? worst uninfected
WEIGHT kg.		
→	19/6/20	<p>Phonant @ 5:25</p> <p>Please review dose of Torsemide according to eGFR. BNF states eGFR 20-40 dose = 4.5g 8° and with eGFR &lt;20 max dose = 4.5g 12°. There be please review dose as deemed clinically appropriate</p>
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		

30723

	Date	Clinical Notes
→		
Age	20 JUNE 20	
URINE Protein Sugar Acetone		Well
WEIGHT kg.		Plan
→		REMOVE CATHETER
Age		HOME (TOMORROW) IF WELL
URINE Protein Sugar Acetone		MTM DISCUSSION
WEIGHT kg.		
→		
Age	20/06/20	Personal Information redacted by the USI
URINE Protein Sugar Acetone	22:30	<p>Indication <u>Urinary Retention</u></p> <p>Residual Volume (ml) <u>300 ml</u></p> <p>Colour of Urine <u>Haematuria</u></p> <p>Easy Insertion? <input checked="" type="checkbox"/> N If No, why?</p> <p>Name <u>[Redacted]</u></p> <p>Signed <u>[Redacted]</u></p> <p>Date <u>[Redacted]</u></p>
WEIGHT kg.		<p>SYRIAL 20 2019-07 2024-06</p> <p>Foley Catheter: For urethral or suprapubic use</p> <p>CE 0124</p> <p>1 unit EC REP</p> <p>Teleflex Medical, IDA Business &amp; Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland</p> <p>Teleflex</p>
→		
Age		ATSP re catheterisation
URINE Protein Sugar Acetone		TROC today
WEIGHT kg.		post op TURP 17/6/20
		easy insertion
		Urinary retention
		haematuria. p/blo.
		± abdo pain
		pt comfortable
		(P) ? TROC tomorrow vs leave & catheter & TROC in local hospital

78/CA.2/1

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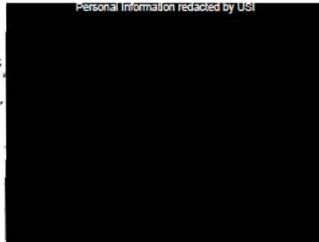
Out-Patient Use Only	Date	Personal Information redacted by the USI	Clinical Notes
→	21/6/20		PT hit head off table ♀ fall of LOC & vomiting Bent down to pick up mobile phone GCS 15/15 since
Age			
URINE Protein Sugar Acetone			
WEIGHT kg.			Obs stable. No new issues or concern.
→			Ⓟ Bloods none check Hb. & U+E.
Age	22/6/20	Personal Information redacted by the USI	
URINE Protein Sugar Acetone			Failed TROC
WEIGHT kg.			→ Switch to 3/12h Desapeptid (Full note to GP)
→			TROC SWATH 2/502 (I will refer to gynae)
Age			
URINE Protein Sugar Acetone			
WEIGHT kg.			Please have i cardiologist - on telemetry @ present. if any additional cardiac input / PR required
		Personal Information redacted by the USI	Underqually ok to discharge

LPC 03/08/021

30 AUG 2019.

## CRAIGAVON CELLULAR PATHOLOGY

Surname  
Forename  
Hosp. No.  
DOB/Sex  
Address



Source **CRAIGAVON AREA HOSPITAL**  
Consultant **MR A O'BRIEN**

Ward/GP **THORNDALE UNIT**  
**CRAIGAVON AREA HOSPITAL**  
**68 LURGAN ROAD**  
**CRAIGAVON**

BT63 5QQ

Specimen **PROSTATIC BIOPSY/PROSTATIC BIOPSY/PROSTATIC BIOPSY/PROSTATIC BIOPSY/PROSTATIC BIOPSY/PROSTATIC BIOPSY**

**CLINICAL DETAILS**

Recent MRI. PIRADS 3 + PIRADS 5 areas. PSA 19.81. Medication - proscar.

**PATHOLOGIST'S REPORT****GROSS DESCRIPTION**

NATURE OF SPECIMEN: needle core biopsy  
SITE: 1. Right base -- three cores, 15, 12 and 12 mm  
SITE: 2. Right mid -- three cores, 16, 15 and 14 mm  
SITE: 3. Right apex -- three cores, 19, 18 and 9 mm  
SITE: 4. Left base-- three cores, 19, 15 and 14 mm  
SITE: 5. Left mid -- three cores, 17, 15 and 7 mm  
SITE: 6. Left apex -- five cores, 18, 14, 14, 14 and 5 mm

**HISTOLOGY**

HISTOLOGICAL TYPE: adenocarcinoma  
DIFFERENTIATION/GLEASON SUM SCORE: overall 4 + 3 = 7  
GRADE GROUP: 3  
NUMBER OF CORES/CHIPS INVOLVED: 7  
Right base - no tumour identified  
Right mid -no tumour identified  
Right apex -no tumour identified  
Left base -2 of 3 cores involved, Gleason 3 + 4, 10% of tissue  
Left mid 2 of 3 cores involved, Gleason 3 + 4, 5% of tissue  
Left apex -3 of 5 cores involved, Gleason 4 + 3, 25% of tissue, 6 mm max length

INVASION INTO FAT: **NO**

Reported by: Personal Information redacted by the USI

Date of Specimen 20 Aug 2019

Date of report print : 28 Aug 2019

Sample Number: 19K12534

*CRAIGAVON CELLULAR PATHOLOGY*

Surname  
Forename  
Hosp. No  
DOB/Sex  
Address



Source **CRAIGAVON AREA HOSPITAL**  
Consultant **MR A O'BRIEN**  
Ward/GP **THORNDALE UNIT**  
CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
CRAIGAVON BT63 5QQ

Specimen **PROSTATIC BIOPSY/PROSTATIC BIOPSY/PROSTATIC BIOPSY/PROSTATIC BIOPSY/PROSTATIC BIOPSY**

PERINEURAL INVASION: no

LYMPHOVASCULAR INVASION: no

**FURTHER COMMENTS:**

Prostatic adenocarcinoma of overall Gleason sum score 4 + 3 = is present in 7 of 20 cores with a maximum tumour length of 6 mm. The tumour occupies approximately 8% of the total tissue volume.

**PROSTATE  
NEEDLE CORE BIOPSY  
ADENOCARCINOMA**

Personal information redacted by the USI

Date:- 28/08/2019

Reported by: [Redacted]  
Date of Specimen : 20 Aug 2019  
Date of report print: 28 Aug 2019

Sample Number: 19K12534

Radiology Report

South West Acute Hospital

Tel: [Redacted]  
Fax: [Redacted]

Radiology Department  
124 Irvinestown Rd  
Enniskillen  
Co. Fennanagh  
BT74 6DN



Report recipient:  
Craigavaon Area Hospital  
Urology Department  
68 Lurgan Road  
CRAIGAVON

Date of birth [Redacted]

Request no. NIRWSW0122842190

BT636QQ

Ref. clinician O'Brien, Aidan

Request date 13/08/2019 16:50:00

Referral source  
Craigavaon Area Hospital  
Urology Department  
68 Lurgan Road  
CRAIGAVON

27 AUG 2019

BT63 5QQ

Requested examination(s) US Urinary tract

Clinical details

This [Redacted] year old man was referred in June 2019 with significantly elevated serum PSA levels of 19.16 ng/ml in May 2019 and 19.81 ng/ml in June 2019.

He has been reported to have features of organ confined, prostatic carcinoma on MRI scanning on 10 July 2019 when he was calculated to have a prostatic volume of 40 ml.

He is awaiting prostatic biopsies.

He has a sensation of unsatisfactory voiding following micturition, in addition to nocturia x 1 - 2.

He may be contacted at [Redacted]

Priority: Red Flag

Method of transport: Walking

Is the patient diabetic?: No

Does the patient have a known infection status?: No

Referral status: NHS

Referrer name: Aidan O'Brien

Referrer grade: Consultant

Referrer contact / bleep detail: [Redacted]

Reason for referral

To assess anatomy of urinary tract, including prostatic and residual urine volumes.

Author: [Redacted]  
Authorized by: [Redacted]  
Prel. Sign:

Document date: 21/08/2019  
Secretary: [Redacted]  
Sign. datum:

**Radiology Report****South West Acute Hospital**

Tel.: 028 6638 2602

Fax: 028 6638 2656

**Radiology Department  
124 Irlinestown Rd  
Enniskillen  
Co. Fermanagh  
BT74 6DN****Report recipient  
Craigavon Area Hospital  
Urology Department  
68 Lurgan Road  
CRAIGAVON****BT63 5QQ****Date of birth**

Personal information redacted by USI

**Request no. NIRWSW0122842190****21/08/2019 14:02 US Urinary tract, Author:**

Personal information redacted by the USI

The kidneys are normal in size with normal parenchyma and collecting systems.  
The bladder is normal in appearance

Volume of prostate = 40.3 mls approx.

Pre- mict bladder volume = 385.4 mls  
Post- mict bladder volume = 204 mls.



PROSTATE BIOPSY CLINIC



Date: 20/8/19

Tet

Consultant: AOB

Doctor/Nurse performing procedure:

Personal information redacted by the USI

Current Medication including any herbal remedies/over the counter drugs:

co-codamol 30/500PRN  
Ciliclaside Aspirin 75mg  
Lyritel XL  
Rosuvastatin  
isosorbide monohydrate  
losartan  
finasteride  
pantoprazole  
Bendroflumethiazide.

Have you taken your medication today: Yes / No

Anticoagulants: Yes /  No

Methotrexate: Yes /  No

Allergies: Yes /  No

(check latex allergy)

Any Sedation taken today: Yes /  No

History of eg MRSA: Yes /  No

Relevant Medical History

Type 2 diabetes. PCI - 12 yrs ago  
MI - 2010. Osteoarthritis. IHD. HTN.

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? Yes /  No

If Yes, refer to Infection control for advice and refer to guidance available, Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infection: Annex J (Revised 2013). If No, no further action required.

12 yrs ago

pacemaker/ Cardiac Stenting/ Prosthetic Metallic Heart Valve : Yes /  No

Epilepsy: Yes /  No

Diabetic: Yes / No - Type 2

Tendonitis or Ruptured Tendons: Yes / No

Previous Prostate Biopsy: Yes /  No

Any joint replacement within the last 6 months: Yes /  No

Prostate Biopsy Documentation - Updated January 2017

System:  
Clinite

PATIENT  
HERE  
Serial Number

**PREP CHECKLIST**

BP: 164/116

TEMP: 36.9

RESP:

PULSE: 58

SATS: 97%

(record weight if IV antibiotic required)

Patient ID#:

is attached

Yes / No

Multistix® 8 Str.

/ Changed into gown

Yes / No

Lot Number

901011

then explained?

Yes / No Signature: \_\_\_\_\_

Expiration date

2020-07

Test date

20-08-2019

Time

10:02

Test number

0755

**PROPHYLAXIS:**

50mg BD x 3 days

GLU Negative

KET Negative

BLD Negative

PH 7.0

PRO Negative

NIT Negative

LEU Negative

Left home at: \_\_\_\_\_ AM / PM

Antibiotic provided on arrival

Administered at: \_\_\_\_\_

10:25

AM / PM

SIGNATURE/S:

Should IV antibiotics be required for any reason, discuss with practitioner performing procedure and administer as prescribed on medicine Kardex

Consent obtained

YES ✓

Procedure commenced at:

10:30

Udocaine 1% 10mg/ml: 10mls

20 MLs

20 mls

Instillagel 11 mls PR

Yes (No)

DRE / Prostate Volume

cc

PSA:

Probe No:

1

**Biopsy specimens**

Right

Left

Base x 3

Base x 3

Mid x 3

Mid x 3

Apex x 3

Apex x 5

TOTAL CORES:

20

Samples checked against addressograph label and sent to histology lab

Yes ✓

Prostate Biopsy Documentation - Updated January 2017

trophon

20/08/2019 10:22

SN:88014-033

Disinfection: PASS

Cycle #: 589

Indicator: PASSTEST

Operator:

Probe:

Notes: 353 859 7181

POST BIOPSY CHECKLIST	Insert ✓ or give details where appropriate	Signature
Assist into outdoor clothing	✓	[Redacted]
Fluids/light snack tolerated	✓	[Redacted]
Passed urine without difficulty Record amount / colour	120mls clear urine	[Redacted]
BP: 148/82    PULSE: 69    TEMP: 36 <sup>o</sup> SATS: 95%  RESP: 22  [Redacted Signature]		
IV Cannulae removed	N/A	[Redacted]
Complete IPSS	✓	[Redacted]
Discharge advice leaflet given	✓	[Redacted]
Informed review appointment would be arranged by phone / posted	✓	[Redacted]
Accompanied home by	wife + brother-in-law	[Redacted]
Time left department	11:30	[Redacted]
<b>Comments post biopsy:</b>  Comfortable on all Advice re-enforced		

Prostate Biopsy Documentation - Updated January 2017

Lab Tube  
 Personal information redacted by the USI  
 [Redacted]

TRUS biopsy of prostate

Department of Urology

Craigavon Area Hospital

Date 20/08/2019

Consultant MR O'BRIEN

Patient

Personal information redacted by URSI

HCN

Personal information redacted by URSI

PSA ng/ml

19.81 (on Finasteride)

DRE

Click here to enter text.

Family History of Prostate Cancer:

Father No

Brother

No

Allergy

nil

Operator

Personal information redacted

LA

20ml 1% Lidocaine

Antibiotics

Ciprofloxacin 750mg po stat

Other

Prostate Volume

32 cc

Cores

Left 11

Right 9

Follow up

Tissue to histology

MDT

Written information provided post biopsy

Ciprofloxacin 750mg BD po 3 days

Other

Signed

Personal information redacted by URSI

### INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)

	Not At All	Less Than 1 Time In 5	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	YOUR SCORE
<b>1. Incomplete Emptying</b> Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	2
<b>2. Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you have finished urinating?	0	1	2	3	4	5	1
<b>3. Intermittency</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	2
<b>4. Urgency</b> Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	2
<b>5. Weak Stream</b> Over the last month, how often have you had a weak urinary stream?	0	1	2	3	4	5	2
<b>6. Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	1

None      Once      Twice      3 times      4 times      5 or more      YOUR SCORE

<b>7. Nocturia</b> Over the past month how many times did you most typically get up each night to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	1
<b>Total I-PSS Score</b>							11

#### Quality of Life due to Urinary Symptoms

Delighted      Pleased      Mostly satisfied      Mixed      Mostly unhappy      Unhappy      Terrible

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6
---	---	---	---	---	---	---	---

The I-PSS is based on the answers to seven questions concerning urinary symptoms. Each question is assigned points from 0 to 5 indicating increasing severity of the particular symptom. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

Although there are presently no standard recommendations into grading patients with mild, moderate or severe symptoms, patients can be tentatively classified as follows: 0 - 7 = mildly symptomatic; 8 - 19 = moderately symptomatic; 20 - 35 = severely symptomatic.

The International Consensus Committee (ICC) recommends the use of only a single question to assess the patient's quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of BPH symptoms on quality of life, it may serve as a valuable starting point for doctor-patient conversation.

HSS TRUST \_\_\_\_\_  
Hospital Unit \_\_\_\_\_

GP PRACTICE or other \_\_\_\_\_  
Primary Care Provider \_\_\_\_\_

**FORM 3 – CONSENT FOR EXAMINATION, TREATMENT OR CARE**  
(Procedures where consciousness not impaired)

**Personal details (or pre-printed label)**

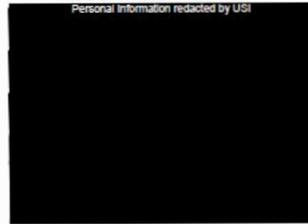
Surname/family name.....

First names.....

Date of Birth.....

Male  Female H+C No. (or other identifier) ..

Special requirements (language or other) .....



**Statement of healthcare professional**

Responsible healthcare professional Mr O'Brien Job Title Consultant

Name of proposed procedure or course of treatment (include side of body or site and brief explanation if medical term not clear)

this copy of prostate  
I have explained the procedure. In particular, I have explained

The intended benefits diagnosis

Serious or frequently occurring risks: bleeding, infection, sepsis, retention of urine, false negative

**I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples that may be taken and any particular concerns of those involved.**

The following leaflet/tape has been provided .....

Signed \_\_\_\_\_ Date 20/8/19

Name (PRINT) \_\_\_\_\_ Job Title Urology Nurse Specialist

**Statement of Interpreter (where appropriate)**

I have interpreted the information above to the best of my ability and in a way which I believe s/he/they can understand.

Signed..... Date.....  
Name (PRINT).....

**Statement of person giving consent or with parental responsibility for child**

**I agree** to the procedure or course of treatment described above.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that the procedure will/will not involve local anaesthesia.

Signature \_\_\_\_\_ Date 20/8/19

Name (PRINT)..... Relationship to child.....

**Copy accepted Yes/ No (please circle)**



Southern Health  
and Social Care Trust

CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT

Telephone: [Redacted]  
E mail: [Redacted]  
Secretary: Mrs N. Elliott

Personal Information redacted by the USI  
[Redacted]

Dear [Redacted]

Re: Patient Name: Personal Information redacted by the USI  
D.O.B.: [Redacted]  
Address: [Redacted]  
Hospital No: [Redacted] HCN: [Redacted]

Date/Time of Clinic: 22/07/19 Follow Up: Awaiting results - USS and TRUS biopsies - then MDM

I write to you regarding this [Redacted] year old man whom you referred in June 2019 for further investigation of significantly elevated serum PSA levels of 19.16ng/ml in May 2019 and of 19.81ng/ml in June 2019. When I met [Redacted] at my clinic at South West Acute Hospital in Enniskillen on the 22<sup>nd</sup> of July 2019, he reported relatively mild urinary symptoms, consisting of a sensation of unsatisfactory voiding following micturition and of nocturia, having to rise once or twice each night to pass urine. He reported having the symptoms even though he had been taking Oxybutynin since 2016. The elevated serum PSA levels were all the more significant in view of the fact that he had also been taking Finasteride since 2010. I found him to have a moderately enlarged and indurated prostate gland on clinical examination.

I had already arranged for [Redacted] to have MRI scanning of his prostate gland performed on the 10<sup>th</sup> of July 2019 when he was reported to have a prostatic volume of 40mls. He was reported to have modest features of benign hypertrophy of the transition zone, though he was additionally reported to have a focus of hyper intensity within the transition zone in the anterior midline. However, he was additionally reported to have significant features characteristic of adenocarcinoma affecting the peripheral zone of both lateral lobes, but more particularly of the left lateral lobe.

I advised [Redacted] of these findings at review on the 22<sup>nd</sup> of July 2019. I have requested the Department of Radiology at South West Acute Hospital to arrange an appointment for him to attend there to have ultrasound scanning of his urinary tract performed, and particularly with a view to assessing the quality of bladder voiding on micturition. I have also requested that an appointment be arranged for him to attend our department at the Thorndale Unit, Craigavon Area

Personal Information redacted by USI  
[Redacted]

Hospital as an outpatient for transrectal, ultrasound guided prostatic biopsies. I have also arranged for his further assessment and management to be discussed at the Urology Multidisciplinary Meeting when the reports of both the ultrasound scan and of the prostatic biopsies are available. An appointment will subsequently be arranged following MDM discussion.

Yours sincerely

*Dictated but not signed by*

**Mr A O'Brien FRCS  
Consultant Urological Surgeon**

<b>Date Dictated:</b> 13/08/19
--------------------------------

<b>Date Typed:</b> 03/09/19-NE
--------------------------------



Southern Health  
and Social Care Trust

CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
PORTADOWN, BT63 5QQ

**UROLOGY DEPARTMENT****Telephone:**

Personal Information redacted by the USI

**E mail:**

Personal Information redacted by the USI

**Secretary:**

Mrs N. Elliott

Personal Information redacted by USI

**Hospital No:**

Personal Information redacted by USI

**HCN:**

Personal Information redacted by USI

Dear

Personal Information redacted by USI

I was pleased to have the opportunity of meeting you at my clinic at South West Acute Hospital on the 22<sup>nd</sup> of July 2019, though it is regrettable that I did have to advise you of the probability that you would be found to have some malignancy of your prostate gland on further investigation.

I take this opportunity to advise you that I have requested the Department of Radiology at South West Acute Hospital to arrange an appointment for you to attend there to have ultrasound scanning of your urinary tract performed, and particularly with a view to determining whether you are able to achieve satisfactory bladder emptying on passing urine. You will receive a letter of appointment in the near future.

I have also requested that an appointment be arranged for you to attend our department at the Thorndale Unit at Craigavon Area Hospital as an outpatient for transrectal, ultrasound guided prostatic biopsies. I do hope that you will have received an appointment by the time that you receive this letter.

I have also arranged for your further assessment and management to be discussed at our specialist, Multidisciplinary Meeting when the reports of both the ultrasound scan and of the prostatic biopsies are available. I will arrange a subsequent review appointment for you.

Yours sincerely

*Dictated but not signed by*

**Mr A O'Brien FRCS**

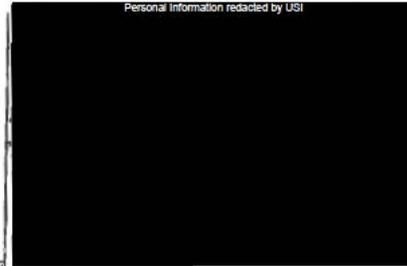
**Consultant Urological Surgeon**

**Date Dictated:** 13/08/19

**Date Typed:** 03/09/19-NE

## Radiology Report

South West Acute Hospital

Tel.: 028 6638 2602  
Fax: 028 6638 2656Radiology Department  
124 Irvinestown Rd  
Enniskillen  
Co. Fermanagh  
BT746DNReport recipient  
Craigaon Area Hospital  
Urology Department  
68 Lurgan Road  
CRAIGAVON

16 JUL 2019

Date of birth

Personal Information redacted by USI

Request no. NIRWSW0122642367

BT635QQ

Personal Information redacted by the USI

Ref. clinician O'Brien, Aidan

Request date 21/06/2019 15:31:00

Referral source  
Craigaon Area Hospital  
Urology Department  
68 Lurgan Road  
CRAIGAVON

BT63 5QQ

Requested examination(s) MRI Pelvis prostate

## Clinical details

This <sup>Personal Information redacted by USI</sup> year old man has been referred with serum PSA levels increasing to 19.81 ng/ml by 12 June 2019. His prostate gland was considered <sup>Personal Information redacted by USI</sup>. When he had a MRI Pelvis performed in July 2018, he was reported to have benign prostatic enlargement. He may be contacted at <sup>Personal Information redacted by USI</sup> and <sup>Personal Information redacted by USI</sup>.

## Priority: Red Flag

Pacemaker / implanted cardiac device leads?: No

Intra-cranial clips or shunts?: No

Surgery involving implants to eyes or ears?: No

Ever had metal fragments in eyes or skin?: No

Surgery involving implants to the heart?: No

Surgery involving implants to the head?: No

Surgery involving implants to the abdomen?: No

Any other implants eg endoscopic clips, stents, neurostimulators etc?: No

Is the patient pregnant?: No

Method of transport: Walking

Does the patient have a known infection status?: No

Is the patient diabetic?: No

Does patient have any of the following contrast risk factors; Over 70 years of age, renal impairment, diabetes, CHF, myeloma, chemotherapy or nephrotoxic drugs?: Yes

Renal function information: eGFR

eGFR value? Failure to provide required information when applicable may cause a delay due to requests being returned: &gt; 60 ml/min

eGFR date: 14 June 2019

Referral status: NHS

Referrer grade: Consultant

**Radiology Report****South West Acute Hospital**

Tel: 028 6638 2602

Fax: 028 6638 2656

**Radiology Department  
124 Irvinestown Rd  
Enniskillen  
Co. Fermanagh  
BT74 6DN**

Personal information redacted by USI

Personal information redacted by USI

**Report recipient  
Craigavaon Area Hospital  
Urology Department  
68 Lurgan Road  
CRAIGAVON**

Date of birth

Personal information redacted by USI

Request no. **NIRWSW0122642367****BT63 5QQ**Referrer name: **Aidan O'Brien**

Referrer contact/ bleep detail:

Personal information redacted by the USI

Reason for referral

To assess anatomy of prostate gland

Author: Personal information redacted by the USI

Authorized by: Personal information redacted by the USI

Prel. Sign:

Document date: **10/07/2019**

Secretary: Personal information redacted by the USI

Sign. datum:

**10/07/2019 10:17 MRI Pelvis prostate, Author**

Personal information redacted by the USI

**INDICATION:**

Serum PSA levels increasing to 19.81 ng/ml. MRI Pelvis performed in July 2018, he was reported to have benign prostatic enlargement.

**TECHNIQUE:**

Standard prostate protocol (sagittal, coronal oblique and axial oblique T2-w, axial oblique T1-w and axial T2-w turbo-spin-echo sequences, diffusion-w EPI-spin-echo (b50, 400 and 800 values, and b1400 calculated from lower b values) and ADC map, and axial T2-w and truFISP at the pelvis).

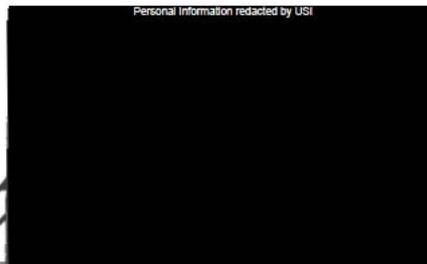
**COMPARISON:**

None.

**FINDINGS:**

Dimensions of the prostate: transverse 4 cm, anteroposterior 3.5 cm and craniocaudal 4.4 cm; ellipsoid volume: 32 cc; bullet volume: 40 cc.

Hypertrophy of the transition zone with no suspicious areas on T2-w assessment (mostly encapsulated nodules and heterogeneous signal areas with obscured margins) and a small focus of marked hyperintensity on diffusion-w images and hypointensity on ADC at the left anterior mid portion abutting the fibromuscular stroma but no corresponding suspicious lesion noted on T2-w images (PI-RADS assessment 3).

**Radiology Report****South West Acute Hospital****Tel: 028 6638 2602****Fax: 028 6638 2656****Radiology Department  
124 Irvinestown Rd  
Enniskillen  
Co. Fermanagh  
BT74 6DN****Report recipient  
Craigavaon Area Hospital  
Urology Department  
68 Lurgan Road  
CRAIGAVON****BT63 5QQ****Date of birth**Personal Information redacted by USI**Request no. NIRWSW0122642367**

The peripheral zone shows an area of circumscribed homogeneous moderate hypointensity on T2-w of about 2.5 cm abutting the capsule in the bilateral posteromedial and left posterolateral and anterior apex with corresponding marked hyperintensity on diffusion-w and hypointensity on ADC map (PI-RADS assessment 5). There is no definite extraprostatic extension but the lesion largely abuts the capsule with no bulging or irregular contour. The lesion abuts the external urethral sphincter as well but there is no evidence of invasion of this structure.

The periprostatic compartment and seminal vesicles show normal.

No regional lymphadenopathy demonstrated.

No significant bony signal alteration visualized in the pelvis.

The urinary bladder, external urethral sphincter and perineal tissues, penis root and visible scrotum, anorectum, mesorectum and presacral space, pelvic sidewall, etc. appear within normal limits.

**IMPRESSION:**

PI-RADS assessment 5 for the peripheral zone (left apical lesion), MRI staging T3 N0 M0.  
PI-RADS assessment 3 for the transition zone.



Southern Health  
and Social Care Trust

CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT

Direct Line:

E mail:

Secretary:

Personal Information redacted by the USI  
Mrs N. Elliott

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear

Re: Patient Name:

D.O.B.:

Address:

Hospital No:

Personal Information redacted by the USI

Personal Information redacted by the USI

HCN: Personal Information redacted by the USI

I last wrote to you on the 1<sup>st</sup> of June 2020, advising that I had arranged to have admitted during June 2020 for prostatic resection. I had also requested that he have his serum PSA level repeated prior to admission. It is of further concern to find that his serum PSA levels had increased markedly to 27.22ng/ml by the 3<sup>rd</sup> of June 2020, and further to 29.5ng/ml by the 12<sup>th</sup> of June 2020.

As indicated by the Discharge Notification of the 22<sup>nd</sup> June 2020, was admitted on the 17<sup>th</sup> of June 2020 when I found him to have a large, obstructive, prostate gland which I resected. When I reviewed him on Saturday the 20<sup>th</sup> of June 2020, all haematuria had resolved, and his catheter was removed that day. However, as indicated by in his letter of the 22<sup>nd</sup> of June 2020, required to be re-catheterised that evening as he was entirely unable to pass urine following catheter removal. When re-catheterised, he had recurrence of haematuria, and still did have haematuria when discharged on the 22<sup>nd</sup> of June 2020 with an indwelling urethral catheter. has been referred to

Urology Nurse Specialist, requesting that she arrange an appointment for to have a further trial removal of the indwelling urethral catheter. He has also requested CT scanning and bone scanning in order to update his staging, in addition to referring to Consultant in Clinical Oncology at Altnagelvin Area Hospital, requesting an appointment for to attend there with a view to consideration of radical radiotherapy if there is no evidence of metastatic disease progression.

I have had the opportunity of speaking with by telephone since his discharge, and was pleased to hear that the haematuria has again completely resolved. He is currently not particularly bothered by the indwelling urethral catheter, but would indeed look forward to having it removed when arranged. He does have an appointment for CT scanning on Monday the 29<sup>th</sup> of June 2020. An appointment for radioisotope bone scanning has not yet been arranged.

Personal Information redacted by the USI

When I spoke with him by telephone, I found him to be somewhat vague. I do believe that he does have some, probably significant degree of memory loss. He did not appreciate that he had been referred to the Cancer Centre at Altnagelvin Area Hospital, and did not fully appreciate that any radiotherapy would be for the malignancy of his prostate gland. I do believe that there is some global deterioration in cognitive function since I first met him in July 2019. Whether it was denial or lack of insight, he did not particularly wish to have any treatment for his prostatic carcinoma in late 2019, preferring to go on holiday in December 2019, deferring initiation of any treatment until after he returned. While he was able to convince me that he had been taking the Bicalutamide daily recently, he could not remember having that first injection of Leuprorelin during the 1<sup>st</sup> week of June 2020.

A provisional report of the histopathological examination of recently resected prostatic tissue has found that he now does have Gleason 5+5 adenocarcinoma involving approximately 60% of resected prostatic tissue. I have advised [redacted] that his prostatic carcinoma is now appearing to be more aggressive than it had been in August 2019.

In order to ensure that he is administered the Decapeptyl 11.25mgs injection intramuscularly, I took the liberty of contacting your Practice, requesting that the prescription be issued and transferred to [redacted] Pharmacy. Your receptionist ensured that she would then arrange for [redacted] to have the injection administered, and his serum PSA level repeated, by the Practice Nurse during the week commencing Monday the 29<sup>th</sup> of June 2020.

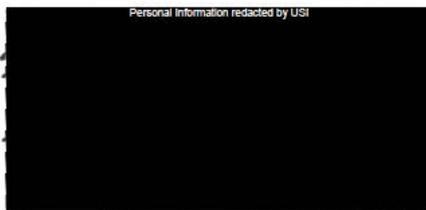
I do hope that there will be no evidence of any metastatic disease on scanning, and that [redacted] may proceed to have radical radiotherapy. I believe that it would be preferable for him to be free of indwelling urethral catheterisation prior to any radical radiotherapy. If [redacted] is unable to pass urine following catheter removal, or is unable to achieve satisfactory bladder voiding, it would be preferable for him to be taught self-catheterisation prior to radical radiotherapy. I have written to [redacted] Urology Nurse Specialist asking her to consider introducing [redacted] to self-catheterisation in the event of satisfactory bladder voiding not being achieved.

Yours sincerely

*Dictated but not signed by*

**Mr A O'Brien FRCS  
Consultant Urological Surgeon**

C.C.



Date Dictated: 26/06/20

Date Typed: 02/07/20-NE

Personal Information redacted by the USI

Page 2 of 2



Southern Health  
and Social Care Trust

CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
PORTADOWN, BT63 5QQ

**UROLOGY DEPARTMENT**

**Direct Line:** [Redacted]  
**E mail:** [Redacted]  
**Secretary:** Mrs N. Elliott

Personal Information redacted by the USI

[Redacted]

**Dear** [Redacted]

**Re: Patient Name:** [Redacted]  
**D.O.B.:** [Redacted]  
**Address:** [Redacted]  
**Hospital No:** [Redacted] **HCN:** [Redacted]

Further to the letter of the 22<sup>nd</sup> of June 2020 from [Redacted] I enclose a further letter addressed to this [Redacted] year old man's family doctor. I would indeed be grateful if you could arrange for [Redacted] to have a further trial removal of the indwelling urethral catheter, and importantly, to introduce him to the technique of clean intermittent self-catheterisation if he is unable to pass urine, or is able to do so but unable to achieve satisfactory bladder voiding. I do believe that it would be preferable for him to be practicing self-catheterisation prior to having radical radiotherapy rather than having an indwelling urethral catheter.

Yours sincerely

*Dictated but not signed by*

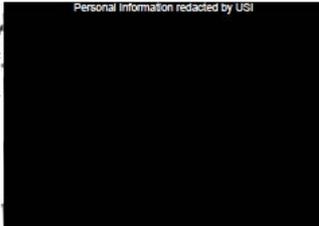
**Mr A O'Brien FRCS**  
**Consultant Urological Surgeon**

**Date Dictated:** 26/06/20 **Date Typed:** 02/07/20-NE

**Personal Information redacted by the USI**

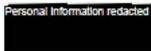
**CRAIGANON CELLULAR PATHOLOGY**

Surname  
Forename  
Hosp. No.  
DOB/Sex  
Address



Source **DAISY HILL HOSPITAL**  
Consultant **MR A O'BRIEN**

Ward/GP **MS DHH**



- 2 JUL 2020

Specimen **PROSTATIC CHIPPINGS**



**CLINICAL DETAILS**

Prostatic carcinoma refractory to androgen blockade. TURP to relieve outlet obstruction.

**SPECIMEN** – Prostatic tissue.

**PATHOLOGIST'S REPORT**

Received multiple chippings which together weigh 20 grams.

Histological examination shows prostatic chippings approximately 60% of which are infiltrated by tumour. The tumour cells are largely sheeted in nature and consist of cells with prominent nucleoli in keeping with prostatic adenocarcinoma. Many of the tumour areas are hyperchromatic in nature but there is no evidence of neuroendocrine differentiation. The features are those of Gleason 5+5 adenocarcinoma but grading following androgen therapy is unreliable. Perineural and lymphovascular invasion are seen.

**DIAGNOSIS:**  
PROSTATE  
TURP  
ADENOCARCINOMA



Secretary:   
Date: 29/06/2020

Reported by:   
Date of Specimen : 17 Jun 2020  
Date of report print : 29 Jun 2020

Sample Number: **20K05485**

Daisy Hill Hospital, 5 Hospital Road, Newry, County Down, BT35 8DR  
Tel: 028 3083 5000

Ward Tel:

Notes Copy

Personal Information redacted by the USI

Date: 22/06/2020 18:16  
Discharge Id: 667979  
Versione 43

564

Dear Dr (W8227)

**DISCHARGE NOTIFICATION**

The patient was admitted under the care of **MR A O'BRIEN** (specialty: **UROLOGY(C)**) into **MALE SURGICAL** Ward at **DAISY HILL HOSPITAL** on **17/06/2020 07:30:00** and discharged on **22/06/2020**.

*Forenames:**Surname:**D.O.B:**Hospital No:**NHS No:**Gender:*

Male

*Ward:*

MALE SURGICAL

*Address:***Admission Reason**

Elective admission for TURP

**Principle Discharge Diagnosis**

TURP

**Operations/Procedures/Radiology**

TURP

**Additional Information for GP****Past Medical/Surgical History**

NSTEMI

Bilateral inguinal hernia repair

T2DM

Varicose veins

**Changes to Medications - Start/Stop**

See discharge prescription below for medication changes

**Clinical Information/Comments**

Personal Information redacted by the USI

was electively admitted for TURP. Large prostate resected.

Admission complicated by post operative urinary sepsis. Treated with IV Tazocin.

Period of telemetry due to being bradycardic. Asymptomatic. No arrhythmias; Sinus bradycardia. Diltiazem stopped.

Failed TROC. For repeat TROC in SWAH in two weeks.

Early morning hypoglycaemia. DSN advised stopping gliclazide and HbA1C to be rechecked in two months.

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is now for discharge. Many thanks.

**Did the patient receive a blood transfusion?**

No

**Allergies** Patient has allergies

**Details of Allergies**

Xatral

Atorvastatin

Bisoprolol

Ticagrelor

Tamoxifen

Lipitor

**Known Reactions to Allergies**

**Discharge Date** 22/06/2020 **Discharge Time**

**Arrangements For Follow-Up**

TROC in SWAH in two weeks

MDM discussion

HbA1C to be repeated in 2 months

**Further Detailed**

**Discharge Letter To Follow:** No

**Awaiting Further Results:** No

**Patient Aware Of  
 Diagnosis:** Yes

**Other Management Information For GP**

Patient states not taking mirtazapine. Please r/v

**Discharge Prescription:**

(POD = Patient's Own Drugs, PODH = Patient's Own Drugs at Home)

Drug	Dose	Frequency	Days	Route	GP Continue?
<b>Admission drugs (unamended)</b>					
ASPIRIN Dispersible Tablets	75mg	Each Morning	-	Oral	Yes
LEUPRORELIN ACETATE Injection (Change Reason: .)	3.75mg	Once monthly	-	Subcutaneous	Yes
OXYBUTYNIN HYDROCHLORIDE Modified release Tablets	10MG	Each Morning	-	Oral	Yes
ISOSORBIDE MONONITRATE Modified release Tablet / Cap	50MG	Each Morning	-	Oral	Yes
Losartan Tablets	100MG	Each Morning	-	Oral	Yes
FINASTERIDE 5 mg Tablets	5MG	Each Morning	-	Oral	Yes
ROSUVASTATIN Tablets	10MG	Each Night	-	Oral	Yes
PANTOPRAZOLE Enteric coated Tablets	20MG	Each Morning	-	Oral	Yes
BENDROFLUMETHIAZIDE Tablets	2.5MG	Each Morning	-	Oral	Yes
BICALUTAMIDE Tablets (Additional Info: Amber List Medicine)	150MG	Each Morning	-	Oral	Yes
Pregabalin 25mg Capsules	25MG	Twice Daily	-	Oral	Yes
GLYCERYL TRINITRATE 400 micrograms Aerosol T Spray		When Required	-	Sublingual	Yes
DIAZEPAM Tablets	5MG	Once Daily When Req.	-	Oral	Yes
ZOPICLONE Tablets	7.5MG	At Night When Req.	-	Oral	Yes
CO-CODAMOL 30mg/500mg Caps/Tabs	TT	4-6 Hourly When Req.	-	Oral	Yes

<i>(Change Reason: .)</i>					
MIRTAZAPINE Tablets	15MG	At Night When Req.	-	Oral	Review
<i>(Additional Info: **Patient states not using. Please review.**)</i>					
<i>(Change Reason: .)</i>					
<b>Drugs prescribed since admission</b>					
<b>Admission drugs (amended)</b>					

**Stopped Medication:** (POD = Patient's Own Drugs, PODH = Patient's Own Drugs at Home)

Drug	Dose	Frequency	Days	Route
<b>Admission drugs (stopped)</b>				
GLICLAZIDE 30 mg Modified release Tablets	30mg	Each Morning	-	Oral
<i>(Indications: HSCB Cost Effective Choices List recommends Bilxona MR® brand where appropriate for individual patient)</i>				
<i>(Change Reason: As per DSN.)</i>				
DILTIAZEM (ZEMTARD XL) Modified Release Capsules	180MG	Each Morning	-	Oral
<i>(Change Reason: BRADYCARDIC ON TELEMTRY.)</i>				

Form	Authorised By	Date/Time
<b>Adult Clinical Details (Elective-CMPM)</b>	<small>Personal Information redacted by</small>	22/06/2020 14:55:21

**Prescribing Clinician:** Personal Information redacted by the **Bleep No: 3306**

**Discharged by:** Personal Information redacted by **Bleep No: 3306**

Received from SHSCT on 05 May 2023. Annotated by the Urology Services Inquiry.

**Elliott, Noleen**

---

**From:** O'Brien, Aidan  
**Sent:** 01 June 2020 14:47  
**To:** Elliott, Noleen  
**Subject:** Personal Information recorded by USI

Noleen,

Please place this man on CURWL for

- TURP
- Urgency 2 (Red Flag)
- Date of entry: 01 June 2020

I have dictated correspondence,

Thank you,

Aidan.

**CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
PORTADOWN, BT63 5QQ**

## UROLOGY DEPARTMENT

CONSULTANT: Mr A O'Brien, Consultant Urologist  
SECRETARY: Mrs Noleen Elliott  
TELEPHONE: Personal Information redacted by the USI

Personal Information redacted by USI

Dear Personal Information redacted by the USI

**Re: Patient Name:**  
**D.O.B.:**  
**Address:**  
**Hospital No:**

Personal Information redacted by USI  
Personal Information redacted by USI  
**HCN:** Personal Information redacted by USI

I last wrote to you on the 07<sup>th</sup> March 2020, requesting that Personal Info be prescribed the increased dose of 150mgs of Bicalutamide daily, in view of the increase in his serum PSA level to 5.37 ng/ml on the 05<sup>th</sup> March 2020. I also requested that he would have his serum PSA level repeated prior to his intended further review on the 27<sup>th</sup> April 2020. It was most concerning to find that his serum PSA level had increased further to 12.08 ng/ml when repeated on the 14<sup>th</sup> April 2020. Regrettably, it was not possible to review Personal Inform on the 27<sup>th</sup> April 2020 as intended due to the corona viral pandemic.

I have since learned that Personal Info began to experience increasing difficulty in passing urine, requiring him to attend the Emergency Department at South West Acute Hospital on the 23<sup>rd</sup> March 2020. When he attended again on the 07<sup>th</sup> April 2020, he required urethral catheterisation for urinary retention, his bladder containing 600mls of urine. In retrospect, this is probably not particularly surprising in view of the finding of inadequate bladder voiding on ultrasound scanning performed in August 2019 when he had a residual urine volume of 204mls following micturition. He has found indwelling urethral catheterisation to be bothersome since then.

I have had the opportunity of speaking with Personal Informa by telephone on Monday 01<sup>st</sup> June 2020. I have also had the opportunity of speaking with your colleague, requesting that he be prescribed Leuprorelin 3.75mgs to be administered subcutaneously once monthly, during the first week of each new calendar month. I do hope that it will be possible for Personal Informa to have the first injection administered during this first week of June 2020. I have also requested that he have his serum PSA level repeated by the practice nurse when administering that first injection of Leuprorelin.

**Personal Information redacted by the USI**

Page 1 of 2

I have also advised [Personal Information] that I would arrange for him to be admitted to our department at Daisy Hill Hospital in Newry for prostatic resection. I have advised him that he should continue in self-isolation until his admission, and I have advised him that he will have COVID-19 testing arranged prior to his admission. His admission will only be proceeded with if he is found to be COVID-19 negative.

Thereafter [Personal Information] will require to have his prostatic carcinoma restaged by having radioisotope bone scanning and CT scanning repeated, there having been no evidence of metastatic disease when both of these scans were previously performed in October 2019.

Yours sincerely,

Dictated but not signed by:

AIDAN O'BRIEN FRCS  
CONSULTANT UROLOGIST

Date Dictated: 01/06/2020

Date Typed: 01/06/2020

**CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
PORTADOWN, BT63 5QQ**

**UROLOGY DEPARTMENT**

CONSULTANT: Mr A O'Brien, Consultant Urologist  
SECRETARY: Mrs Noleen Elliott  
TELEPHONE: Personal information redacted by the USI

01/06/20

**CONFIDENTIAL****Personal Information redacted by the USI**HCN: Personal information redacted by the USIHOSPITAL NO: Personal information redacted by the USIDear Personal information redacted by the USI

I was pleased to have the opportunity of speaking with you and with your wife by telephone on Monday, 01<sup>st</sup> June 2020. I write to confirm that I was able to speak with your family doctor, arranging for you to have the first monthly injection of Leuprorelin administered by the practice nurse, as well as having your serum PSA level repeated. I do hope that both of these will have been done by the time that you have received this letter.

I also write to confirm that I will arrange for you to be admitted to our department at Daisy Hill Hospital in Newry for endoscopic resection of your prostate gland. You will be advised of a date for your admission in due course. I would request that you continue to remain in self-isolation until then, apart from attending the health centre Personal information redacted by the USI to have the Leuprorelin injection administered. Arrangements will be made for you to be tested for COVID-19 at Personal information redacted by the USI two days prior to the planned date of your admission to Daisy Hill Hospital.

**Personal Information redacted by the USI**

Page 1 of 2

I do hope that you remain safe and reasonably well until the date of your admission, and I look forward to meeting you then once again.

Yours sincerely,

DICTATED BUT NOT SIGNED BY:

AIDAN O'BRIEN FRCS  
CONSULTANT UROLOGIST

PSA

23 MAR 2020

Patient: Personal information redacted by the USI

Date Of Birth: Personal information redacted by the USI

HCN: Personal information redacted by the USI

Recipient GP: Personal information redacted by the USI

Personal information redacted by the USI

Status: Filed

Viewed: Personal information redacted by the USI

Specimen: UNSPECIFIED Taken: 05/03/2020 11:34

PSA

(CD) - fao mr o'brien, cah urology

Se prostate specific Ag level 5.37 ng/mL (0 - 6.5)

EMIS Report ID: 2644099 Lab Report ID: 2003056222

Issued: 05/03/2020 00:00

Received: 07/03/2020 06:00



Southern Health  
and Social Care Trust

CRAIGAVON AREA HOSPITAL  
68 LURGAN ROAD  
PORTADOWN, BT63 5QQ

**UROLOGY DEPARTMENT**

Telephone: [Redacted]

E mail: [Redacted]

Secretary: MRS N. Elliott

Personal Information redacted by the USI

Dear [Redacted]

Re: **Patient Name:** [Redacted]

**D.O.B.:** [Redacted]

**Address:** [Redacted]

**Hospital No:** [Redacted]

Personal Information redacted by the USI

Personal Information redacted by the USI

HCN: [Redacted]

**Date/Time of Clinic:** 27/01/20

**Follow Up:** Review 27/4/20

I last wrote to you on the 2<sup>nd</sup> of January 2019, requesting that [Redacted] have a serum PSA level repeated prior to his further review on the 27<sup>th</sup> of January 2020. I was delighted to find that his serum PSA level had decreased to 2.23ng/ml by the 7<sup>th</sup> of January 2020. I found [Redacted] to remain very well at review on the 27<sup>th</sup> of January 2020, his only urinary symptom being that of nocturia, having to rise twice each night to pass urine. As I concluded that his serum PSA level would continue to decrease to an optimal level prior to his referral for definitive management with curative intent, and as he had tolerated the 50mgs of Bicalutamide daily without adverse toxicity, I advised [Redacted] to increase the dose of Bicalutamide to 100mgs daily. However, I have been disappointed to find that his serum PSA level had increased to 5.37ng/ml on the 5<sup>th</sup> of March 2020.

I have been in contact with [Redacted] by telephone, advising him of this increase in his serum PSA levels. As he has been able to tolerate the increased dose of 100mgs of Bicalutamide without difficulty, I would be grateful if you would issue once again a prescription for Bicalutamide 150mgs daily, indefinitely. I have asked [Redacted] to collect a prescription from your Practice, and I have also asked him to arrange an appointment with your Practice Nurse to have his serum PSA level repeated in mid-April 2020, and so that the result will be available when he returns for further review at my clinic [Redacted] on the 27<sup>th</sup> of April 2020.

Yours sincerely

*Dictated but not signed by*

**Mr A O'Brien FRCS**

**Consultant Urological Surgeon**

**Date Dictated:** 07/03/20

**Date Typed:** 11/03/20-NE

Personal Information redacted by the USI