HCN [redacted] Surname [redacted] Forenam [redacted] Dob [redacted]

AE Number [redacted]

Assessment Seen By [redacted] Time 0140

History and Examination

85 yo ? PC: haematuria

Bg AP on warfarin

Since this AM → frank haematuria

Dark red.

Small [illegible] but no clots

Some dysuria

Flank (Rt) pain earlier when was [illegible]

1 month some [illegible] bits of [illegible]

which settled

No confirmed temp!

Ex-little smoking hx. ~3-4 yrs in 20s

Joiner - exposed to various dusts eg silica with old wood.

No other bleeding episodes

O/E

HS I+II+0

chest clear

Abdo soft

PR - smooth prostate. ?(Rt) lobe > (Lt). No blood.

Bloods

WCC 12.8 CRP 5

Hb 136

INR 1.7

eGFR 57 (baseline)

Urine - frank haematuria

No clots

sent for MSU - unable to dip ? blood

Imp: frank haematuria

No clots / retention.

? infective, however quite frank + [illegible] + AF

Plan: d/w Dr [illegible] - feel pt for haematuria clinic.

MSU sent

cover c̄ abx.

Safety net advice

- if retention/long bleeding [illegible] few days / ↑ freq / [illegible] / [illegible]

"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

S/B ED M.O

- PR done
- for discharge c̄ antibiotics.
- News 3?

went home c̄ daughter. [redacted]

Signature of Nurse

Admission checklist (please tick if completed)

Time Bed manager informed ______ Ward Ready at ______

Copy ED Filmsy ☐ MEWS/CNS ☐ IV Cannula Form

Fluid Balance ☐ Relevant performa ☐ C diff completed

Copy of NIAS notes stroke PTs ☐ Own Drugs ☐ Relatives aware admission

Patient handover given to admitting nurse ______ (please record their name) Time

Patient has previous history of C Diff yes ☐ no ☐

Patient has vomiting and /or diarrhoea yes ☐ no ☐

Patient had contact with anyone with vomiting and /or diarrhoea in last 5 days yes ☐ no ☐

If yes to any of above refer to agreed guidance.

SERVICE USER A

UROLOGY RED FLAG TRIAGE SHEEET

PATIENT NAME: [redacted]

HOSPITAL NO: [redacted]

HCN: [redacted]

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

22/7/19
11-10
EUROADO

- 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

Personal Information redacted by the USI

d69b86d1-c6fc-4838-b6b9-0ee5a6fe1f98

Personal Information redacted by the USI

BORN Personal Information redacted by the USI GENDER Male

OHCP Personal Information redacted by the USI

SOUTHERN TRUST BOOKING CENTRE
RECEIVED
14 JUN 2019
CAH

eReferral Triage

Last updated by Personal Information redacted by the USI 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 Rate
Routine	Ultrasound
Other	
Virtual	

For Trust use only: HCN: [redacted]	Referral Date: 13-Jun-2019
Date Sent: [redacted]-Jun-2019	Surname: [redacted]

LAKESIDE MEDICAL PRACTICE

Practice address

[redacted]

Practice code: Z00564

Contact number(s)

Telephone: [redacted]

Fax:

Practice Email: [redacted]

Referral to:	Omagh Hospital & PCC	Referral Type:	Out Patient
Specialty:	UROLOGY	Nature of Request:	Investigate
Urgency:	RED FLAG		
Cancer Site:	URC		
Electronic Attachment Present?:	NO		
HCP Name:			
Designation:			

Practice Code:	[redacted]	Registered GP:	[redacted]	Registered GP Cypher:	[redacted]
Referring GP:	[redacted]	Referring GP Cypher:	[redacted]	Referred by:	Referring GP

HCN Number	[redacted]	Title:	[redacted]
Surname:		Forenames:	[redacted]
Previous Surname:		Known as:	-
DOB:		Gender:	Male
Registered Contact Details:			
Tel No:		Mobile:	[redacted]
Patient Email:			
Preferred Contact Details if different from above:		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 [redacted]
History psa repeated 19.16-19.81, nocturia x2, walks 6km daily and did 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)

Description	Comment	Date of onset	Date recorded
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 imcomplete 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)

Description	Comment	Date recorded
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 + strip	right leg	11-Oct-2006
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	-
Bilxona 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 trinitrate 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 BE TAKEN 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)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Phenoxymethylpenicillin 250mg tablets	323416001	-	One To Be Taken Four Times A Day	-	26-Feb-2019	29 Days
Difflam 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
Phenoxymethylpenicillin 250mg tablets	323416001	-	Two To Be Taken Four Times A Day	-	02-Jan-2019	29 Days

ALLERGIES & RISKS

Lifestyle risks

Allergies

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

SMOKING STATUS

Description	Comment	Date Recorded
Ex smoker		17-Oct-2017

ALCOHOL INTAKE

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

BMI

BMI	Height	Weight	Date Recorded
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

Diastolic	Systolic	Date Recorded

SOCIAL HISTORY

OTHER PATIENT DATA

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.

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

[redacted]

[redacted]

NOTES

When used for in-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	MR O'BRIEN UROLOGY CLINIC SWAH Clinical Notes
→	22/7/19	
Age		
URINE Protein Sugar Acetone		LUTS
		· UNSATISFACTORY VOIDING
WEIGHT kg.		· NOCTURIA X 1-2
		ON FINASTERIDE SINCE 2010
		AND
→		OXYBUTYNIN MR 2016
Age		
URINE Protein Sugar Acetone		DRE : INDURATED PROSTATE
WEIGHT kg.		MRI : PI-RADS 3A
		PLAN
→		· U/S URINARY TRACT
Age		
URINE Protein Sugar Acetone		· TRUS Bx [redacted]
WEIGHT kg.		

30723

	Date	Clinical Notes
→	20/8/19	NZ PROSTATE Biopsy
Age		Written Consent
URINE Protein Sugar Acetone		local Anaesthetic
		20 x core biopsy of prostate
WEIGHT kg.		3/7 oral antibiotics
		Plan (1) MDM discussion
		(2) RW MR O'Brien
→		Personal Information redacted by the USI
Age		Thorndale Unit
URINE Protein Sugar Acetone		
WEIGHT kg.		
→	23/9/19	MR O'BRIEN UROLOGY CLINIC SWAH.
Age		
URINE Protein Sugar Acetone		PLAN
WEIGHT kg.		. PSA = 21.8
		. SERUM TESTOSTERONE = 19.3
→		
Age		. BS
URINE Protein Sugar Acetone		. CT - CAP
WEIGHT kg.		. Rx BICALUTAMIDE 150 MGS AND TAMOXIFEN 10 MGS

78/CA.2/1

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NOTES

When used for in-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
→		
Age		• MDM
URINE Protein		Personal Information redacted by USI
Sugar		
Acetone		
WEIGHT		
kg.		
→	11/11/19	MD A GORMAN
Age		OAU
URINE Protein		
Sugar		LUTS UNCHANGED
Acetone		
WEIGHT		
kg.		PLAN
→		• PSA = ↓3.84
Age		• ? CBRT / REVIEW
URINE Protein		Personal Information redacted by USI
Sugar		
Acetone		
WEIGHT		
kg.		

30723

WPH000134

	Date	Clinical Notes
→	27/1/20	[redacted] UROLOGY
Age		Consult
URINE Protein Sugar Acetone		PSA ↓ 2.23 ON 07 JAN 20
WEIGHT kg.		LUTS • NOCTURIA X 2
→		PLAN
Age		• INCREASE BICALUTAMIDE TO 100 MGS DAILY
URINE Protein Sugar Acetone		• WRITE TO DR. MITCHELL
WEIGHT kg.		? BRACHYTHERAPY
→		? CBRT
Age		? COMBINATION
URINE Protein Sugar Acetone		[redacted] Personal information redacted by USI
WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		

Sheet Number NM/24

SURNAME (Block letters)	CHRISTIAN NAMES	[redacted] Personal Information redacted by USI

Personal Information redacted by the USI

17/06/20

20:15.

18:50

RR 18
SpO2 97% (RA)
Temp 38°C
BP 130/56
HR 37 bpm

NEWS = 4

ATSP regarding HR 37 bpm and temp 38°C

Patient feels comfortable at rest.

Mr O'Brien seen patient and stated

IVF and IV tazocin

Pt post TURP

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

Personal Information redacted by the USI

NEWS @ 20:30 = 1

Temp 37.6°C

HR 42

Personal Information redacted by the USI

WIT-92566

18/06/20
05⁰⁰

[redacted]

temp 38.6°C

feels well

blood cultures taken. (R) Acf

ANTT

routine bloods also sent

(P) a/w bloods / cultures

[redacted]

18/6/20 [redacted]

Pt well [illegible]

[illegible] post [illegible]

Post-op sepsis | IV tazocin

[illegible]

[illegible]

(2) [illegible] IV [illegible]

(3) Bloods

[redacted]

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

78/CA.2/1

IN-PATIENT FOLLOW-UP AND OUT-PATIENT NOTES

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Personal Information redacted by the USI

NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
Age	19/6/20	Personal Information redacted by the USI
URINE Protein Sugar Acetone		
WEIGHT kg.		
Age		Personal Information redacted by the USI
URINE Protein Sugar Acetone		
WEIGHT kg.		
Age	19/6/20	Pharmacist @ 5:35 Please review dose of Tazocin as only to eGFR. BNF states eGFR 20-40 dose = 4.5g 8° and with eGFR <20 max dose = 4.5g 12°. Therefore please review dose as deemed clinically appropriate
URINE Protein Sugar Acetone		
WEIGHT kg.		Personal Information redacted by the USI

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 [redacted]
WEIGHT kg.		
→		
Age	20/06/20	[redacted]
URINE Protein / Sugar / Acetone	22:30	STERILE EO 2019-07 2024-06 Foley Catheter: For urethral or suprapubic use CE 0124 Teleflex Medical Sdn. Bhd Lot PT 2577, Jalan Perusahaan 4, 34600 Kamunting, Perak, Malaysia Made in Malaysia 1 unit EC REP Teleflex Medical IDA Business & Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland (01) 04026701318025 Teleflex Indication Urinary Retention Residual Volume (ml) 300 mls Colour of Urine Haematuria Easy Insertion? Y N If No, why? Name [redacted] Signed Date
WEIGHT kg.		BRILLANT AquaFlate REF A310114 All-Silicone LOT 19GE27 Long-Term 2024-06 (up to 12 weeks use) Standard, 2-way Foley SIZE Ch. 14 (4.7mm) / 10ml Teleflex Medical, IDA Business & Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland
→		
Age		ATSI re catheterisation
URINE Protein / Sugar / Acetone		TROC today post op TURP 17/6/20 easy insertion
WEIGHT kg.		Urinary retention c abdo pain haematuria. Pclots. pt comfortable
		(P) ? TROC tomorrow vs leave c catheter & TROC in local hospital

78/CA.2/I

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

[redacted]

NOTES

When used for in-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
→	21/6/20	[redacted] Pt hit head off table
Age		ø fall ø LOC ø vomiting
URINE Protein		Bent down to pick up mobile phone
Sugar		
Acetone		GCS 15/15 since
WEIGHT		Obs stable.
kg.		No new issues or concerns.
		(P) Bloods [redacted]
		Check Hb. & U+E.
→		
Age	22/6/20.	[redacted]
URINE Protein		
Sugar		failed TROC
Acetone		
WEIGHT		→ Switch to 3/12 h
kg.		Decapeptyl (Pull
		write to GP.)
→		
Age		TROC SWAH 2/52
URINE Protein		(I will refer to game)
Sugar		
Acetone		
WEIGHT		Please liase i Cardiology
kg.		- ∆ On telemetry @
		present ?? any additional
		cardiac input / f/u required.
[redacted]		
LPC 03/08/021		Urologically OK to [illegible]

30 AUG 2019.

CRAIGAVON CELLULAR PATHOLOGY

Surname	[redacted]	Source	CRAIGAVON AREA HOSPITAL
Forename		Consultant	MR A O'BRIEN
Hosp. No.			
DOB/Sex		Ward/GP	THORNDALE UNIT
Address			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 basee-- 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 mide 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: [redacted]
Date of Specimene 20 Aug 2019 Sample Number: 19K12534
Date of report print : 28 Aug 2019

CRAIGAVON CELLULAR PATHOLOGY

Surname	[redacted]	Source	CRAIGAVON AREA HOSPITAL
Forename		Consultant	MR A O'BRIEN
Hosp. No			
DOB/Sex		Ward/GP	THORNDALE UNIT
Address			CRAIGAVON AREA HOSPITAL 68 LURGAN ROAD CRAIGAVON BT63 5QQ

Specimen **PROSTATIC BIOPSY/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

[redacted]

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.: Personal information redacted by USI
Fax: Personal information redacted by USI

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

Personal information redacted by USI

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

BT63 5QQ

Date of birth Personal information redacted by USI

Request no. NIRWSW0122842190

Ref. clinician O'Brien, Aidan

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

Referral source
Craigavaon Area Hosptial
Urology Department
68 Lurgan Road
CRAIGAVON

BT63 5QQ

27 AUG 2019

Requested examination(s) US Urinary tract

Clinical details
This Personal information redacted by USI 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 Personal information redacted by USI

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: Personal information redacted by the USI

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

Author: Personal information redacted by USI
Authorized by: Personal information redacted by USI
Prel. Sign:

Document date: 21/08/2019
Secretary: Personal information redacted by USI
Sign.datum:

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

Report recipient
Craigavaon Area Hosptial
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.

Southern Health and Social Care Trust

PROSTATE BIOPSY CLINIC

Personal Information redacted by USI

Personal Information redacted by the USI

Date: 20/8/19

Tel:

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 · Isosorbide mononitrate
Diclofenac Aspirin 75mg Losartan ·
Lyrinel XL Finasteride
Rosuvastatin 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 - 12yrs ago
TNI - 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

~~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)

S:emen:
Clinite

PATIENT
HERE
Serial Number

Patient ID:e.

Multistix® 8 SG
Lot Number 901011
Expiration date 2020-07
Test date 20-08-2019
Time 10:02
Test number 0755

GLU Negative
KET Negative
BLD Negative
pH 7.0
PRO Negative
NIT Negative
LEU Negative

Y CHECKLIST

BP: 161/61 PULSE: 58
TEMP: 36.9 SATS: 97%
RESP:

(record weight if IV antibiotic required)

it attached Yes / No
/ Changed into gown Yes / No
en explained? Yes / No Signature: _____

OPHYLAXIS:
50mgs BD x 3 days

t home at: _____ AM / PM

pply provided on arrival
ed 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	
Lidocaine 1%.10mgs/ml: 10mls 20 MLS	20 mls	
Instillagel 11mls 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: PASS/FAIL
Operator:
Probe:
Notes: 353654 7181

POST BIOPSY CHECKLIST	Insert ✓ or give details where appropriate	Signature
Assist into outdoor clothing	✓	
Fluids/light snack tolerated	✓	[redacted]
Passed urine without difficulty Record amount / colour	120mls clear urine.	

BP: 148/82 PULSE: 69 TEMP: 36° SATS: 95%

RESP: 22

[redacted] Signature

IV Cannulae removed	NA	
Complete IPSS	✓	
Discharge advice leaflet given	✓	
Informed review appointment would be arranged by phone / posted	✓	
Accompanied home by	wife [illegible]	
Time left department	11:30	

Comments post biopsy:

Comfortable on d/c
Advice re-enforced

Prostate Biopsy Documentation – Updated January 2017

Lab Tube

[redacted]

TRUS biopsy of prostate

Department of Urology

Craigavon Area Hospital

Date 20/08/2019 **Consultant** MR O'BRIEN

Patient [redacted]

HCN [redacted]

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 [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 [redacted]

Personal Information redacted by DoI

Personal Information redacted by DoI

AL 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
1. Incomplete Emptying 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
2. Frequency 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
3. Intermittency 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
4. Urgency Over the past month, how often have you found it difficult to postpone urination?	0	1	(2)	3	4	5	2
5. Weak Stream Over the last month, how often have you had a weak urinary stream?	0	1	(2)	3	4	5	2
6. Straining 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
7. Nocturia 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
Total I-PSS Score							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 _____ | GP PRACTICE or other _____

Hospital Unit _____ | 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..... Personal Information redacted by USI

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 Bayei 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)*

Trus biopsy of prostate

I have explained the procedure. In particular, I have explained

The intended benefits diagnosis

Serious or frequently occurring risks: bleeding infection pain, 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 ..... Personal Information redacted by the USI Date 20/8/19

Name (PRINT) .... Personal Information redacted by the USI 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 Personal Information redacted by the USI Date 20/8/19.

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

Copy accepted Yes/ No (please circle)

WPH000203 Revised 01/13

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 the USI

Dear Personal Information redacted by the USI

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

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

I write to you regarding this Personal Information redacted by USI 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 Personal Information redacted by USI at my clinic at South West Acute Hospital in Enniskillen on the 22nd 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 elevate 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 Personal Information redacted by USI to have MRI scanning of his prostate gland performed on the 10th 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 Personal Information redacted by the USI of these findings at review on the 22nd 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

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

Date Dictated: 13/08/19	**Date Typed:** 03/09/19-NE

Personal Information redacted by the USI

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:

Dear Personal Information redac

I was pleased to have the opportunity of meeting you at my clinic at South West Acute Hospital on the 22nd of July 2019, though it is regretable 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

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

Tel.: 028 6638 2602
Fax: 028 6638 2656

Personal Information redacted by USI

Report recipient
Craigavon Area Hosptial
Urology Department
68 Lurgan Road
CRAIGAVON

BT63 5QQ

16 JUL 2019

Date of birth Personal Information redacted by USI

Request no. NIRWSW0122642367

Personal Information redacted by the USI

Ref. clinician O'Brien, Aidan

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

Referral source
Craigavon Area Hosptial
Urology Department
68 Lurgan Road
CRAIGAVON

BT63 5QQ

Requested examination(s) MRI Pelvis prostate

Clinical details
This Personal Information 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
When he had a MRI Pelvis performed in July 2018, he was reported to have benign prostatic enlargement.
He may be contacted at Personal Information redacted and Personal Information redacted by the

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:≥ 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

[redacted]

[redacted]

Report recipient
Craigavaon Area Hosptial
Urology Department
68 Lurgan Road
CRAIGAVON

BT63 5QQ

Date of birth [redacted]

Request no. NIRWSW0122642367

Referrer name: Aidan O'Brien
Referrer contact/ bleep detail: [redacted]

Reason for referral
To assess anatomy of prostate gland

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

Document date: 10/07/2019
Secretary: [redacted]
Sign. datum:

10/07/2019 10:17 MRI Pelvis prostate, Author [redacted]

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

Personal information redacted by USI

Report recipient
Craigavaon Area Hosptial
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.

SERVICE USER C

Southern Health and Social Care Trust

CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT

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

[redacted]

Dear [redacted]

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

I last wrote to you on the 1st of June 2020, advising that I had arranged to have [redacted] 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 3rd of June 2020, and further to 29.5ng/ml by the 12th of June 2020.

As indicated by the Discharge Notification of the 22nd June 2020, [redacted] was admitted on the 17th of June 2020 when I found him to have a large, obstructive, prostate gland which I resected. When I reviewed him on Saturday the 20th of June 2020, all haematuria had resolved, and his catheter was removed that day. However, as indicated by [redacted] in his letter of the 22nd of June 2020, [redacted] 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 22nd of June 2020 with an indwelling urethral catheter. [redacted] has been referred to [redacted] Urology Nurse Specialist [redacted], requesting that she arrange an appointment for [redacted] 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 [redacted] to [redacted] Consultant in Clinical Oncology at Altnagelvin Area Hospital, requesting an appointment for [redacted] 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 [redacted] 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 29th of June 2020. An appointment for radioisotope bone scanning has not yet been arranged.

[redacted]

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 1st 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 29th 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. [redacted]

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

Southern Health
and Social Care Trust

CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN, BT63 5QQ

UROLOGY DEPARTMENT

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

[redacted]

Dear [redacted]

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

Further to the letter of the 22nd 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

[redacted]

CRAIGAVON CELLULAR PATHOLOGY

Surname [redacted]
Forename
Hosp. No.
DOB/Sex
Address

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

Ward/GP **MS DHH**

[redacted]

-2 JUL 2020

Specimen **PROSTATIC CHIPPINGS** [redacted]

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

[redacted]

Secretary: [redacted]
Date: 29/06/2020

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

Sample Number: **20K05485**

Southern Health and Social Care Trust

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: Personal Information redacted by USI
Surname:
D.O.B:
Hospital No:
NHS No:
Gender: Male
Ward: MALE SURGICAL

Address: Personal Information redacted by USI

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. Assymptomatic. No arrhythmias; Sinus bradycardia. Diltiazem stopped.

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

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

Personal Information redacted by the USI is now for discharge. Mnay 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?
Admission drugs (unamended)					
ASPIRIN Dispersible Tablets	75mg	Each Morning	-	Oral	Yes
LEUPRORELIN ACETATE Injection *(Change Reason: .)*	3.75mg	Oncee 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 Spray	T	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

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

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

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

Authorised Forms

Form	Authorised By	Date/Time
Adult Clinical Details (Elective-CMPM)	[redacted]	22/06/2020 14:55:21

Prescribing Clinician: [redacted] **Bleep No:** 3306

Discharged by: [redacted] **Bleep No:** 3306

Elliott, Noleen

From: O'Brien, Aidan
Sent: 01 June 2020 14:47
To: Elliott, Noleen
Subject: [redacted]

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: [redacted]

[redacted]

Dear [redacted]

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

I last wrote to you on the 07th March 2020, requesting that [redacted] 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 05th March 2020. I also requested that he would have his serum PSA level repeated prior to his intended further review on the 27th 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 14th April 2020. Regrettably, it was not possible to review [redacted] on the 27th April 2020 as intended due to the corona viral pandemic.

I have since learned that [redacted] began to experience increasing difficulty in passing urine, requiring him to attend the Emergency Department at South West Acute Hospital on the 23rd March 2020. When he attended again on the 07th 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 [redacted] by telephone on Monday 01st June 2020. I have also had the opportunity of speaking with your colleague, requesting that he be prescribed Leuprorelin 3.75mgs to be administered sub-cutaneously once monthly, during the first week of each new calendar month. I do hope that it will be possible for [redacted] 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.

I have also advised [redacted] 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, [redacted] 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 USI HOSPITAL NO: Personal Information redacted by the USI

Dear 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, 01st 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.

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

Personal Information redacted by the USI

PSA

23 MAR 2020

Patient: [redacted]
Date Of Birth: [redacted]
HCN: [redacted] Recipient GP: [redacted]
Status: Filed Viewed: [redacted]

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: Personal Information redacted by the USI
E mail:
Secretary: Mrs N. Elliott

Personal Information redacted by the USI

Dear [redacted]

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

Date/Time of Clinic: 27/01/20	**Follow Up:** Review 27/4/20

I last wrote to you on the 2nd of January 2019, requesting that [redacted] have a serum PSA level repeated prior to his further review on the 27th of January 2020. I was delighted to find that his serum PSA level had decreased to 2.23ng/ml by the 7th of January 2020. I found [redacted] to remain very well at review on the 27th 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 5th 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 Personal Information redacted by the USI on the 27th 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