Patient name Mr. Alexander Bell **Date of Birth** 22/03/1970 **Gender** Male **NHS Number** AT17243 **Hospital ID** D3ADACC **Patient address**: 1876 Watson Way, Menlo Park, Auckland **Patient Email:** ahoy.not.hello@email.com **Patient telephone number:** (310) 555-1848	**Attendance Details** **Date of appointment/contact:** 24/08/2025 **Contact Type:** ED admission **Consultation method**: Face-to-face **Seen by** Dr. Anton Chekhov **Outcome of patient attendance** The patient was taken directly to the operating theatre for emergency surgical debridement (the removal of non-viable tissue). An urgent in-person referral was made to the on-call Plastic Surgery team to assist with ongoing complex wound management and to begin planning for future reconstructive surgery.
	GP Practice Details **GP practice identifier:** A99277 **GP name**: Alistair Yorick **GP Address:** 2B Elsinore Gardens, Kronborg Heights, Auckland

REFERRAL – FOR ON-CALL PLASTIC SURGERY CONSULTANT

Dear Colleague,

RE: Mr. Thomas Bell, DOB 22/03/1970

Diagnoses: Sepsis secondary to Polymicrobial Necrotising Soft Tissue Infection of the Perineum. Type 2 Diabetes Mellitus.

History I am writing to you about Mr. Bell, who was admitted today via the Emergency Department with a 24-hour history of rapidly progressing perineal pain and systemic illness. He has a known history of poorly controlled Type 2 Diabetes. He initially felt unwell with a fever, which progressed to severe scrotal and perineal pain and swelling, associated with increasing confusion.

Examinations On review, Mr. Bell was profoundly unwell. BP: 85/50 mmHg, Heart Rate: 130 bpm, Temp: 38.9◦C. He was disoriented. The perineum, scrotum, and suprapubic region were markedly oedematous, erythematous, and exquisitely tender to light palpation. More concerningly, there were large patches of violaceous, dusky

discolouration extending onto the inner thighs, with early bullae formation. Palpation of the scrotum revealed definitive subcutaneous crepitus.

Investigations to date Bloods show a picture of septic shock: profound leucocytosis with a left shift, acute kidney injury (Creatinine 210 umol/L), and severe metabolic acidosis. An immediate CT scan confirmed extensive inflammatory changes with significant subcutaneous gas extending along fascial planes from the perineum up the anterior abdominal wall.

Clinical summary and Plan The clinical and radiological findings are consistent with a rapidly spreading necrotising fasciitis originating in the perineum (Fournier's gangrene). He is currently in the operating theatre for aggressive, wide-ranging surgical debridement.

Given the anticipated extent of tissue loss, he will undoubtedly require complex wound management and staged reconstructive procedures. We would be grateful for your urgent review and input to assist in a multi-disciplinary approach to his care.

Yours sincerely,

Dr. Dr. Anton Chekhov Consultant Urologist