

Urology Department, Westbrook University Hospital, Kingsway, KW2 5XT (01234)
556677 Dr. Michael Chen, Consultant Urologist urology@westbrookuh.nhs.uk

| Patient demographics | | Attendance details | |
|--------------------------|--|---|--|
| Patient name | Mr. Stephen (Steve) White | Date of appointment/contact | 11/06/2025 |
| Date of birth | 30/11/1955 | Contact type | First appointment |
| Gender | Male | Consultation method | Face-to-face |
| NHS number | 789123456 | Seen by | Dr. Michael Chen, Consultant |
| Hospital ID | UR33445 (01234) 556677 | Urologist | |
| Patient address | 25 Oak View, Kingsway, KW2 8TT | Outcome of patient attendance | |
| Patient email address | steve.white@email.com | Schedule transrectal ultrasound-guided prostate biopsy within 2 weeks. | |
| Patient telephone number | 077 9999 222 | GP Practice details | |
| | | GP practice identifier | K444444 |
| | | GP name | Dr. Anita Desai |
| | | GP details | Kingsway Family Practice, 102 Oak View, Kingsway, KW2 5TT, (01234) 445566 |

Dear Dr. Anita Desai,

Diagnoses:

Raised PSA (6.8 ng/mL)
Prostatic enlargement

History

Mr. White attended the urology outpatient clinic following a rise in PSA from 4.2 to 6.8 ng/mL over the past 12 months. He reports mild lower urinary tract symptoms including weak stream and nocturia twice nightly, which have been present for the last 18 months and have gradually worsened. He denies haematuria, bone pain, or weight loss. There is no family history of prostate cancer, and he has not had prior prostate investigations.

Examinations

Vital signs stable. Abdominal examination revealed no palpable bladder or masses. Digital rectal examination showed a moderately enlarged, firm prostate without discrete nodules. No evidence of neurological deficit on lower limb assessment.

Clinical summary

The gradual rise in PSA alongside prostate enlargement raises concern for underlying malignancy despite absence of suspicious nodules. In view of the PSA trajectory and age, TRUS-guided prostate biopsy is indicated to confirm diagnosis. Discussed risks including sepsis, haematuria, and erectile dysfunction. Patient agrees to proceed.

Investigations to date

PSA: 6.8 ng/mL (up from 4.2 ng/mL in 2024).

Renal function: eGFR 85 mL/min.

Urinalysis: Negative for infection.

Full blood count: Within normal limits.

Allergies and adverse reactions: No Known Drug Allergies.

Changes to medications and medical devices

- Commenced Ciprofloxacin 500 mg BD for 3 days as antibiotic prophylaxis pre- and post-biopsy.
- Prescribed Ibuprofen 400 mg TDS for 3 days for post-procedure pain relief.

Actions for healthcare professionals

Arrange TRUS biopsy within 2 weeks and forward histology results once available.

Actions for patient or their carer

Avoid strenuous activity for 48 hours post-biopsy and seek urgent care if fever, rigors, or heavy bleeding occur.

Information and advice given

Provided detailed information sheet about prostate biopsy, including risks and aftercare. Encouraged patient to maintain good hydration and to avoid aspirin/NSAIDs (except prescribed ibuprofen) one week prior to procedure.

Yours sincerely,

Dr. Michael Chen
Consultant Urologist

Date: 11/06/2025 Time: 15:40

Distribution list:

Mr. Stephen White (patient)

Dr. Anita Desai (GP)

Histopathology Department, Westbrook University Hospital