11.DEC.2013

...AMBURA Forename ROBERT Hospital No 02830 26

...tement of Patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of the page which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form. ☐

I understand that I will have the opportunity to discuss the details of anaesthesia with a Consultant Anaesthetist before the procedure, unless the urgency of my situation prevents this. ☐

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. ☐

I confirm I have received copies of information as listed. ☐

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion. ☐

I have provided a copy of of my advance directive/living will (e.g. Jehovah's Witness form), if applicable. ☐

Patient's signature [signature] Date 20 / 08 / 13

Name (PRINT) ROBERT WAMBURA

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signed _____ Date ____/____/____

Name (PRINT) _____

Pathology Specimens

I refuse permission for my tissue to be used for the purposes of research, education or training.

Signed _____ Date ____/____/____

Copy of form accepted by patient YES / NO

Consent Stage 2

Confirmation of consent

(to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that there has been no change in medical condition, ☑

The patient confirms they have discussed with the anaesthetist the risks/benefits and alternatives regarding the anaesthesia they are to receive. ☑

She/he has no further questions and wishes the procedure to go ahead. ☑

Signed [signature] Date 20 / 8 / 13

Name (PRINT) [illegible] Job title Sister

Important Notes *(tick if applicable)*

☐ Patient has withdrawn consent (ask patient to sign/date below)

Signed _____ Date ____/____/____

R.O.C.

DIAGNOSTIC IMAGING REPORT

The Berkshire Independent Hospital

Mr. Jark Bosma
Swallows Croft
Coley Park
Reading
Berkshire

6367251898 2283026
Robert, Wambura, Mr
20/04/1972
Male

Mr. Jark Bosma

Robert Wambura dob 20/04/1972, ID: 2283026
19 Barnwood Close, Reading, Berkshire RG30 1BY

Examination Date: 9/12/2013
Examination : MRI Cervical and Dorsal Spine

Indication
Left Side Pain upper limb, trunk, lower limb.

Weak triceps left, weak WF left.

Very brief reflexes lower limbs. ? cord compression.

Cervical Spine:
The cervical discs look in general maintained.

No cervical disc protrusions.

The mid and lower cervical neural foramina are clear.

No cervical cord compression.

No signal change seen in the cord.

Thoracic Spine:
There is some thickening of the ligamentum flavum at T3/T4, but well clear of the cord.

Touch of disc degeneration at T4/T5, but significant impact upon the cord.

Other thoracic discs well maintained.

No thoracic cord compression.

CL JB 9/12/13.

The Berkshire Independent Hospital

20/11/2013

~~Mr P Liss~~
NHS Choose and Book
Berkshire Independent Hospital
Swallows Croft, Wensley Road
Reading
Berkshire
RG1 6UZ

6367251898 2283026
Robert, Wambura, Mr
20/04/1972
Male

Dear ~~Pascal~~ JANE BASHA

Robert Wambura
24 Valentia Close READING RG30 1DQ
DOB: 20/04/1972
ID: 2283026

Examination Date: 19/11/2013

Examination: MRI Spine Lumbar With Gadolinium

Clinical details:
Previous L4/5 decompression in August 2013 with discectomy. ? Residual recurrent disc prolapse.

Findings:
Comparison is made with the pre operative MRI of 09/05/2013.

There is a small mid line residual disc bulge at L4/5 with a tiny annular defect, but no residual or recurrent disc protrusion is seen and there are no features of discitis. A wide L4 laminectomy is noted. There is enhancing granulation tissue extending from the skin surface to the spinal canal where the granulation tissue can be seen encasing the theca and filling both lateral recesses. The theca is not compressed, but the granulation tissue may be causing nerve root irritation. No disc protrusion seen at other lumbar levels.

Dr. Robert Robertson
Consultant Radiologist

Verified by Robert Robertson

Radiology Report

Mr Christopher Brown
The Berkshire Independent Hospital
Swallowscroft
Wensley Road
Reading

RG1 6UZ

6367251898 2283026
Robert, Wambura, Mr
20/04/1972
Male

Dear Mr Christopher Brown

Wambura, Robert Reuben DOB: 20/04/1972 2283026
335 London Road,Reading,Berkshire,RG1 3NZ

Thank you for referring this patient.

EXAMINATION DATE: 12/08/2021 Examination: MRI Lumbar Spine

EXAMINATION: MRI Lumbar Spine

Clinical history; to assess for a adjacent disc disease. Known L4-5 degenerative disc disease.

FINDINGS:

Technique; multiplanar unenhanced acquisition through the lumbar and lower thoracic spine, the lowest intervertebral disc space scanned in the axial plane is assumed as L5-S1.

Comparison MRI 22/08/2019.

There is a residual midline disc bulge/disc protrusion tending to the right in a degenerate intervertebral disc at L4-5 with an associated posterior annular tear. Wide L4 laminectomy. Bilateral neural foraminal and lateral recess narrowing at L4-5 for the exiting L4 and traversing L5 nerve roots comparable to the prior MRI.

At L2-3, L3-4 and L5-S1 the intervertebral discs are well hydrated. No loss of disc space height at these levels. Mild to moderate facet joint degeneration.

At the lumbosacral junction there is diffuse posterior disc bulging narrowing the lateral recesses/neural foramina without overt nerve root compression.

No sinister marrow signal.

The imaged terminal cord is unremarkable.

CONCLUSION:
Degenerate intervertebral disc, residual disc bulge/disc protrusion and a posterior annular tear at L4-5 comparable to prior MRI of 22/08/2019. The adjacent intervertebral discs show no evidence of degeneration. Mild posterior disc bulging and lateral recess/neural foraminal narrowing at L5-S1.

Reported by: Dr Elspeth Elson GMC: 3459906