

Flexi Cystoscopy - Modified

Name: **Mary Banktest (Female)**

Address: **PS20 9HT**

Date of birth: **02/06/1975 (49)**

NHS No:

Hospital no: **XX00000150**

GP: **Dr AW FOSTER**
27 BEAUMONT STREET 27 BEAUMONT
STREET,
OXFORD,
OX1 2NR

Procedure Date: **22 Aug 2024 (17:24 - 18:24)**

Priority: **Routine**

Status: **Outpatient**

Referring Hospital: **Another Hospital**

Referring Cons: **ADJOGATSE**

Indications

Dribbling, Incomplete emptying, Bladder thickening on CT and Macroscopic haematuria

Co-morbidity: Deep vein thrombosis

Anti-Coagulant drug(s): Acenocoumarol

Potentially Significant drugs(s): Aspirin and an unspecified NSAID

Allergies: none

ASA Status: ASA 1 - Patient is normally healthy

Family history: No risk

LUTS/IPSS symptom score: Incomplete emptying(Score:3), Nocturia(Score:2)

Total Score :5

Consultant/Endoscopist

List Consultant: mr Huss Dow

Endoscopist No1: Dr Duncan Stanyon

Nurses: . Jerry Bohun

mr Huss Dow

Mr Administrator Full Access

Drugs

No sedation/premedication

Urine Dipstick And Cytology: Glucose Negative

Report

Pre-procedure checklist completed

The patient has given consent

1

Procedure Type: Flexi

Patient Sedation - Drowsy.

Procedure discomfort - Mild: More than 2 episodes of discomfort without distress.

Site 1: Bladder

- Bladder: 1 Tumour, Flat.

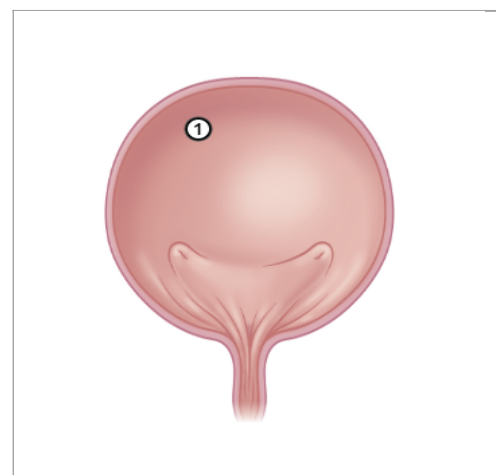
- **Specimens taken:** Cystoscopy specimen: 4 to Histology and 5 to Cytology.

Diagnoses

Cystoscopy normal

Follow up

Awaiting pathology results.



Dr Duncan Stanyon
 Consultant Physician

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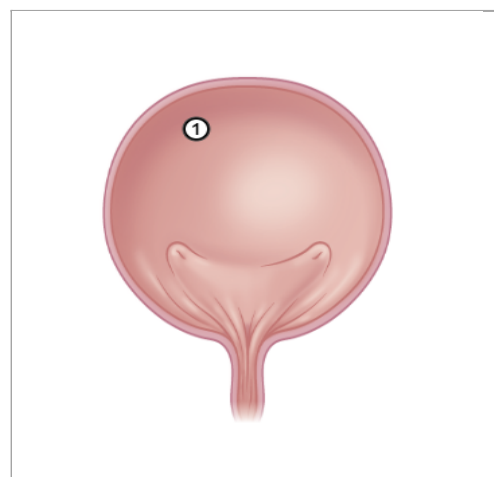
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Patient Report

Procedure: Cystoscopy

Procedure Date: 22 Aug 2024 (17:24 - 18:24)

Procedure Completed: Yes

Medication:

Results:

Follow-Up:

Clinical: _____

Date & Time of appointment: _____/_____/_____

☐ No further followup or procedure required☐ Follow up to follow in the post

☐ Discharge to GP

If you have any questions please ask the nursing staff who will be happy to explain anything you are unclear about. If you have any further concerns please phone QLQLQLQLQLQLQLQL

Signature

Name and Designation

☐ You have been given an information leaflet

☐ You have been referred to a Clinical Nurse Specialist

☐ You have been spoken to by the Endoscopist regarding your diagnosis

☐ A clinical appointment with your consultant has been made for you

Hospital no
XX00000150
NHS No

Request for examination

HISTOLOGY

My Hospital Name reasonable length

Date/Time Collected
22 Aug 2024 (17:24 - 18:24)

Laboratory Number

This request is;
Urgent pathway;
Routine;
Urgent;
2 WW;

Patient Category

NHS or PP IP or OP or DC

Name: Mary Banktest Address: PS20 9HT

Date of birth (age): 02/06/1975 (49)

Gender: Female

Referring Consultant: Outpatient (Not Available)

GP Practice: ADJOGATSE

Dr AW FOSTER

27 BEAUMONT STREET27 BEAUMONT STREET,

OXFORD,

OX1 2NR

Investigations Required

Container ID Specimens

4 biopsies from (1) Bladder

Clinical Findings

Indications

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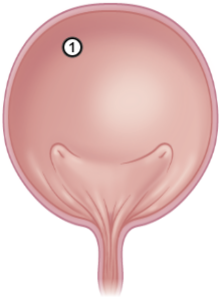
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Follow up

Awaiting pathology results.

Previous biopsy numbers



<i>For Lab Use</i>	

<i>Date/time rec'd</i>	COPY TO
<i>Date Reported</i>	

Hospital no
XX00000150
NHS No

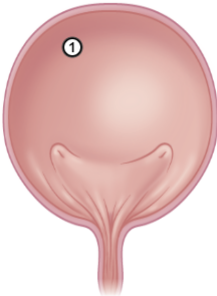
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Address: **PS20 9HT**

Investigations Required
Container ID Specimens
5 biopsies from (1) bladder



Clinical Findings
Indications
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