

**SAR Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER**



Private
MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 19 May 2026
Your Ref: 100848
Ref: SAR / ACCESS / CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: COLIN DONNELLY DOB: 09/04/1974

Thank you for your recent request in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

**GLASGOW ROYAL INFIRMARY RECORDS
GLASGOW DENTAL HOSPITAL RECORDS**

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email:

Yours sincerely

SAR Team

MANUAL PATIENT RECORDS

- ALL HOSPITAL RECORDS HELD NHSGGC
- ACS
- BEATSON HOSPITAL
- CANNIESBURN HOSPITAL
- DENTAL HOSPITAL
- GARTNAVEL GENERAL HOSPITAL
- GLASGOW ROYAL INFIRMARY
- INVERCLYDE ROYAL HOSPITAL MATERNITY
- NEW VICTORIA ACH
- PRINCESS ROYAL MATERNITY
- QUEEN ELIZABETH UNIVERSITY HOSPITAL MATERNITY
- ROYAL ALEXANDRA HOSPITAL MATERNITY
- ROYAL HOSPITAL FOR CHILDREN
- STOBHILL HOSPITAL
- VALE OF LEVEN MATERNITY
- WEST CARE AMBULATORY HOSPITAL
- WESTERN INFIRMARY RECORDS

Including:

- BADGERNET
- CAREVUE
- MEDICAL ILLUSTRATION
- METAVISION
- PHYSIOTHERAPY
- RADIOLOGY
- WEST MARC
- LABS

Adult Treatment Centre

Dear Oral Surgeon,

14 Feb 2011

Patient Name: Mr Colin Donnelly

Address: 2/1 202 Earl Street, ,
Glasgow

Post Code: G14 0BY

Date of Birth: 09/04/1974

Tel No.: Home ice - 07806585692
Mobile

GDP (if any)

**The above patient requires the following treatment: UR8 REQUIRES
EXTRACTION**

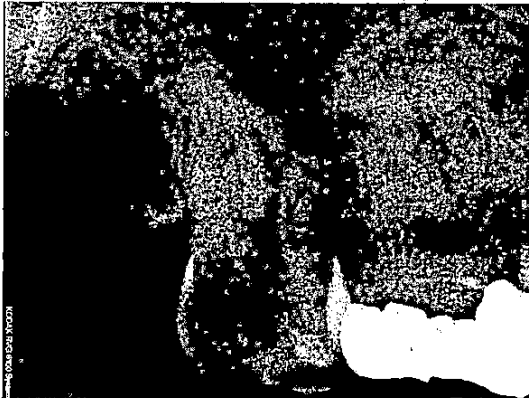
**I feel this would be best carried out within the Glasgow Dental Hospital. Thank
you for seeing this patient for treatment.**

Yours sincerely,



Ms Jennifer McCallum

Salaried General Dental Practitioner.



Primary Care Adult Treatment Centre
Glasgow Dental Hospital 378 Sauchiehall Street, Glasgow, G2 3JZ

Tel: Fax:

Code: 1064212
 Name: Mr Colin Donnelly
 Address
 2/1 202 Earl Street
 Glasgow
 G14 0BY

Date of Birth: 09/04/1974 (Age: 36 years, 10 months)
 Type: Occasional registered with another dentist
 Tel: ice - 07806585692
 Gender: Male

Dentist: Ms Jennifer McCallum (Code: JM1)

Date	Provider	Tooth	Description
14/02/2011 09:20	JM1		Appointment (duration: 00:05) with Ms Jennifer McCallum (In Surgery)
14/02/2011 09:42			Course of Treatment 1 Created
14/02/2011 09:42			Diagnosis
14/02/2011 09:55			Treatment (Plan 1 Accepted)
14/02/2011 09:55	JM1		Assessment Fee
14/02/2011 09:55	JM1		Small Films
14/02/2011 09:55			Course of Treatment 1 Completed
14/02/2011 09:56	JM1		c/o pain from UR8 o/e UR8 canous and TTP sleep loss PA referred to PD to assess root morph (eval 1) pa showed curved apex sent OSTA for xla UR8 JMCC

CONFIDENTIAL

DENTAL DIRECTORATE
GLASGOW DENTAL HOSPITAL
FLOOR 1, 378 SAUCHIEHALL STREET
GLASGOW, G2 3JZ

Title M/Ms/Miss/Mrs (delete as applicable)
First name: Gina
Surname: Donnelly
Address: Flat no. (if applicable)
FLAT 211 202
Earl St Glasgow
Postcode: G4 0B4
Occupation: BANKSMAN - Singer
Date of birth: 09.04.1974

Gender: Male/Female (delete as applicable)
Home tel no:
Business tel no:
In case of emergency contact tel no
Gina Hamilton
07806585692
Expectant mother? Yes/No
(delete as applicable)

	Yes	No	Details
1. Do you feel generally healthy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Do you have or have you had - rheumatic fever, a heart murmur, or a replacement heart valve? You may require antibiotics before treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Do you carry a medical warning card?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are you receiving or have you had treatment for high blood pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Have you had hepatitis, jaundice, or tuberculosis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Do you suffer from bronchitis, asthma, or any other chest conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Do you have diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Do you have arthritis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Do you suffer from hayfever or eczema?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. (a) Are you receiving any tablets, creams, or ointments from your doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. (b) Do you take or have taken steroids in the past two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Are you allergic to any foods, medicines or materials?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Do you suffer from epilepsy or are you prone to fainting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Have you ever bled excessively e.g. following a cut, tooth extraction or operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Have you been hospitalised? If yes what for and when?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>hernia Repair over 5 YRS AGO</u>
15. Have you had a joint replacement or any other implants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Are you attending any other hospital clinics or specialists?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17. Do you suffer from any infectious diseases, including HIV or hepatitis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18. Did you have growth hormone treatment before the mid 1980s?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19. Do you smoke or use tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Smoke About 15 A day</u>
20. Do you pay for treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If not give reason why:
21. Have you been diagnosed with or are suspected of having H1N1 influenza A (swine flu) at the present time? If you answered yes to the above question are you currently receiving medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Dentist's name and address Colin Galbraith Crow Rd Perth

Doctor's name and address Broomhill Practice Broomhill Rd Glasgow

Signature G. Donnelly Patient/Parent/Guardian (delete as appropriate) Date

TH

HOSPITAL AND SCHOOL

ORAL SURGERY DEPT.

SUR

50899397K

DONNELLY

COLIN

272 202 EARL STREET

GLASGOW

CHI-0904746151

09/04/1974

G14 0BY

CHRISTIAN NAME(S)

UNIT NUMBER

CON

REFERRED BY

14/2/11.

Oral Surgery TA -

CO - Sore for the past week

HPC - Mostly At night, hot + cold, sensitive
Pain

Shooting pain, kept awake

taking Co-Codamol

DH - Registered w/ dentist
Havent been at dentist for 2 weeks
floss sometimes
Brushes twice a day

MA - No none Allergies

Remains extraction under GA

SH - IS a day smoker

EO - lymph nodes
symmetryMS - unilateral click (RHS)
no pain

DEPARTMENT OF ORAL SURGERY

tho - tongue.
hard palate.
soft palate.
soft tissues.


R. Green
BDS

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

ACS

BEATSON HOSPITAL

CANNIESBURN HOSPITAL

DENTAL HOSPITAL

GARTNAVEL GENERAL HOSPITAL

GLASGOW ROYAL INFIRMARY

INVERCLYDE ROYAL HOSPITAL

MATERNITY

NEW VICTORIA ACH

PRINCESS ROYAL MATERNITY

QUEEN ELIZABETH UNIVERSITY HOSPITAL

MATERNITY

ROYAL ALEXANDRA HOSPITAL

MATERNITY

ROYAL HOSPITAL FOR CHILDREN

STOBHILL HOSPITAL

VALE OF LEVEN

MATERNITY

WEST CARE AMBULATORY HOSPITAL

WESTERN INFIRMARY RECORDS

Including:

BADGERNET

CAREVUE

MEDICAL ILLUSTRATION

METAVISION

PHYSIOTHERAPY

RADIOLOGY

WEST MARC

LABS

General Surgery-Pancreatic/Biliary
Alexandra Parade
Glasgow
G31 2ER

09/10/2020

Dr AJ Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Dear Dr AJ Marshall

Patient Name: Colin Donnelly
CHI Number: 0904746151
Referral Date: 05/10/2020

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

Please refer to the referral guidance directory for referral criteria for this service.

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGC%20Referral%20Guidance/Pages/GGCReferralGuidance.aspx>

Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

Other

Your patient was referred to the pancreatic team at Glasgow Royal Infirmary by Mr K Qureshi, Consultant Surgeon at Gartnavel General Hospital. The referral was vetted by Mr N Jamieson, Consultant Pancreatic Surgeon as outlined below. This outcome will be relayed to the referring team.

Vetting Outcome

46 year referred from Urology. EUS has been performed by Lyn smith. Pseudocyst. No further intervention required. Abstinence from smoking and alcohol advice given by Dr Smith. NBJ

Yours sincerely

User ID Karen Burns

SCGC Opwl Rem Ref Hosp Req V1

Donnelly Colin

CHI: 0904746151

Clinical letter - Others: (Draft)



Gartnavel General Hospital
1053 Great Western Road
Glasgow

(Emailed)

Euan Dickson
Surgery and Anaesthetics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

0141 211 3000

Urology

0141 211 0128

Janice.Craven@ggc.scot.nhs.uk

KQ/LW

18/02/2020

21/02/2020

Dear Euan,

**Colin Donnelly; D.O.B: 09/04/1974; CHI: 0904746151
FLAT 2-1, 202 EARL STREET, Glasgow, Lanarkshire, G14 0BY**

Diagnosis - Alcohol Excess.

Cystic lesion arising from posterior pancreatic tear, which has increased in size to 2.6cm

Left Renal lesion, MRI scan organised

Outcome - Request Pancreatic Opinion.

I would appreciate your opinion with regards the above gentleman. He has insight but is dependant on alcohol and he is seeking help for this. Imaging has revealed a cystic lesion from the posterior pancreatic tear which is increasing in size and I would appreciate your opinion with regards to this.

I am organising an MRI scan in view of his indeterminate lesion affecting his left kidney. I thank you in anticipation.

Kind Regards,

Yours Sincerely,

Khaver Qureshi

Consultant Urological Surgeon

Electronically Signed: ,

cc. Dr Marshall
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Review images at MDT

Performed	01-Apr-2020 10:56	Received	02-Apr-2020 13:47
Reported	02-Apr-2020 13:45	Order Number	G107H36157266
Status	Final	Source System	MiSys

Review images at MDT

Final

Colin Donnelly

Clinical History : L. renal lesion. Peri-pancreatic cystic lesion April 2019. Alcohol dependency

Review images at Pancreatic MDT on 02.04.20:

=====

This is a radiology review report. This report contains information pertinent to the patient's current management and may not document all pathology or incidental non contributory minor abnormality.

It is strongly advised that this report is interpreted in conjunction with the original radiology report for this examination, which may have been performed at another hospital.

In constructing this report, additional clinical information may have been available to the review radiologist that was not available at the time of the original report.

=====

CT CAP 30/01/2020 CT AP 29/04/2019 and regional MRI 20/03/2020

Lobulated exophytic cystic lesion demonstrated in contact with the superior aspect of the tail of pancreas, slowly increased in size since April 2019. No visible communication with the undilated pancreatic duct. Left renal mass under review.

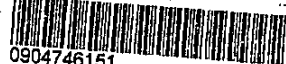
Offered an EUS twice previously which patient DNA-ed
EUS currently v high risk in COVID pandemic.

Plan:

No further intervention or F/U needed from Panc MDT although happy to be re-referred.

Reported by: Dr Abdullah Al-Adhami

Verified by: Dr Abdullah Al-Adhami



0904746151
DONNELLY M
Colin 09/04/1974
FLAT 2-1
202 EARL STREET
Glasgow, Lanarkshire
G14 0BY
T - 0141 954 3682
M 07494 928 004

Date: 29-9-20 Consultant / Endoscopist: SMITH

Patient liked to be known as:

Procedure

- Gastroscopy E.R.C.P EBUS
 Colonoscopy E.U.S FNAB Enteroscopy
 Sigmoidoscopy Bronchoscopy Thoracoscopy

Discharge Arrangements

COVID - 26/9/20 -

Name of Escort /contact <u>① GINA HAMILTON</u> <u>② LAURA HAMILTON (STEP DAUGHTER)</u>	Escort Required Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Overnight supervision arranged Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relationship <u>PARTNER</u>	Escort to be contacted Yes <input type="checkbox"/> No <input type="checkbox"/>	Overnight stay in ward Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact tel no <u>① 079160 677 264</u> <u>② 07470 607 210 (STEP DAUGHTER)</u>		

Have you received Patient Information and understood it: Yes No

Medical History and Pre Procedure check

Condition	Yes	No	Details
Diabetes		/	Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>
Angina/ Ischaemic heart Disease		/	
Hypertension		/	
Myocardial Infarction		/	Date:
Artificial valves		/	
Pacemaker		/	
CABG		/	
Coronary artery stent		/	
Stroke/TIA		/	
Asthma		/	
COPD		/	
Epilepsy		/	
Liver disease		/	
Arthritis		/	
Orthopaedic implants		/	Specify:
Glaucoma		/	
Anaemia		/	
Recent surgery	/		CT GUIDED BIOPSY SEPT 2020 - RENAL MASS (L)
Previous endoscopy		/	
CJD/VJD risk		/	
Other		/	

0904746151
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Presenting complaint	Yes	No	Detail other illness or complaint
Reflux			
Dysphagia			
Barretts			
Oesophageal/Gastric Varices			
Gastric ulcer			
Altered bowel habit			
PR bleeding			
Crohns disease			
Ulcerative colitis			
Surveillance colonoscopy			
Screening programme			
Other:	/		CT GUIDED BX OF L RENAL MASS.

Mobility Assessment

Independent Yes No If No, complete all questions
 Aids and/ or assistance required Yes No
 Walking stick Zimmer Wheelchair Other Specify
 Sight impairment Yes No if yes specify

Communication Needs (answer only applicable question)

Hearing impairment Yes No
 Hearing aid Yes No right ear left ear both ears
 Sign Interpreter required Yes No
 Lip reads Yes No
 Interpreter Required Yes No Language
 Interpreter present Yes No
 Relative / friend present Yes No

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them.

Learning Disability Yes No Carer present Yes No
 Dementia Yes No Incapacity form completed Yes No

Current Medication (list below and tick those taken today)

NONE					

ANTICOAGULANT THERAPY Yes No If yes current medication
 When was this medication last taken Specify
 INR Result



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Admission Observations

BP 120/80 Pulse 86 Oxygen Saturation 96%

BM (if applicable) Respirations (if applicable)

Fasted since Est. 2100 8/5/9 H2O 800ml 8/9/9

Bowel Prep	Klean Prep	Moviprep	Picolax	Enema / home	Enema / dept	Other
No. of sachets						
Result - Good / Poor						

Patient Requests

Throat Spray IV Sedation No Sedation Not Applicable

IV Cannulation

R Hand	L Hand	R Arm	L Arm	Other	Time	Inserted by (please print)
<input checked="" type="checkbox"/>						R KERR

Dentures removed (if applicable) Yes No TOP + BOTTOM

Crowns Yes No upper lower front back R side L side

Bridgework Yes No upper lower front back R side L side

Identiband details checked Yes No

Consent form signed Yes No

Consent form countersigned Yes No

Underwear removed (if applicable) Yes No

Jewellery removed Yes No

ALLERGIES Yes if yes detail below No

Details NKOA

Name of Admission Nurse (Print) PRE-ADMIT
S. BAKER

Signature of Admission Nurse [Signature]

Patient's Declaration

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature [Signature]



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Intra Procedure

Endoscopist (print) DR C SMITH
 Endoscopy Room Nurses (print) BARROED SMYER KEY
 Surgical Pause carried out Yes No

Medication Administered Pre, Intra and Post Procedure

Drug	Yes	No	Time	Dose	Route	Given/Sign/Dr/Nurse
Xylocaine spray	/		15 ⁵⁵	10 PUFF	TOPICAL	
Midazolam	/		15 ⁵⁷	4 mg	IV	
Midazolam				mg		
Midazolam				mg		
Pethidine				mg		
Pethidine				mg		
Pethidine				mg		
Fentanyl	/		15 ⁵⁷	75 mcg		
Fentanyl				mcg		
Fentanyl				mcg		
Buscopan				mg		
Buscopan				mg		
Buscopan				mg		
Antibiotics				mg		
				mg		
				mg		
Reversal Agents				mg		
				mg		
Local anaesthetic				mg		
				mg		
Other				mg		
Botox				mg		
JENOVUE	/		16 ⁰⁷	Swabs		
Prescribed by						

Endoscopist Signature.....
 Start Time 15⁵⁵ Finish Time 16⁰⁷
 Patient position Left Lateral Supine Prone All
 Oxygen therapy Yes No nasal sponge cannula mask rate 2l



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Observations during procedure

Time						
Pulse						
SpO2						
BP						
Resps						

Procedure (please tick all relevant)

Gastroscopy		Biopsy		Varices		Adrenaline	
Colonoscopy		Hot Biopsy		Gastric Ulcer		Spot Dye	
Sigmoidoscopy		Snare Polypectomy		Duodenal Ulcer		Indigo Carmine	
E.R.C.P.		Balloon dilatation		Oesophagus		Gelofusine	
E.U.S	<input checked="" type="checkbox"/>	Injection		Duodenum		Normal Saline	
Bronchoscopy		Laser		Biliary		Haemospray	
E.B.U.S		Heater Probe		Pancreatic			
Thoracoscopy		Endo clip		Haemorrhoids			
Enteroscopy		Insertion of Stent		Rectum			
		EMR		Sigmoid			
		PEG		Descending			
		Needle Aspiration		Splenic flexure			
		Brushings		Transverse			
		Washings		Hepatic flexure			
		Banding		Ascending			
		Insert of NJ tube		Caecum			
		Gastric Pacing Wire		Terminal Ileum			

Other

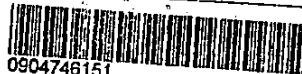
Sedation score	Tick	Comfort Score	Tick
Asleep		None, resting comfortably	
Drowsy	<input checked="" type="checkbox"/>	One or two episodes of mild discomfort, well tolerated	<input checked="" type="checkbox"/>
Awake		More than two episodes of discomfort, adequately tolerated.	
		Significant discomfort experienced several times	
		Extreme discomfort frequently during procedure	

Comments

REASSURANCE GIVEN

Specimens Yes No

Pathology No of pots H pylori test bacteriology cytology mytology



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Diathermy Yes No Type mono Argon
 Site of diathermy pad leg back R side L side Upper Lower
 Other
 Condition of skin post diathermy normal other comment below

Recovery Room Instructions (if applicable)

Oxygen 4 litres per minute if SpO2 drops below 95%
 Oxygen 4 litres per minute until fully awake
 Oxygen per minute via until
 Normal Diet Fluids only Soft Diet Nil orally till further medical instructions

To be seen by endoscopist before discharge

Further Instructions *nil by mouth 16:25*

Endoscopy Room Nurse Signature *[Signature]*

Recovery care

Post endoscopy observations

Time	16:00	16:35	16:45						
Blood pressure	125/83	111/81	114/67						
Pulse	84	74	84						
O2 Saturation	96	95%	96%						
Respiratory Rate	13	16 Reg	13						
Sedation score	0	0	0						
Pain score	0	0	0						
Oxygen	↓	AM	↑						
IV Cannula	✓	✓	✓						
BM		-							
Nurse initials	DN	MS	MA						

Pain score 0 = no pain, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe

Sedation score A - Asleep 0 - Alert 1 - Responds to verbal command

2 - Responds to painful stimuli 3 - Unresponsive

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Discharge Criteria

	Yes	No
Stable vital signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alert and Orientated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pain score is 2 or below	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diet and fluids taken	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Cannula removed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Received written instructions regarding sedation	<input type="checkbox"/>	<input type="checkbox"/>
Received verbal and written aftercare instructions	<input type="checkbox"/>	<input type="checkbox"/>
Patient Advice Leaflet given (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Received Endoscopy Report/ Patient letter Yes No

If no
 Verbal report by endoscopist

Follow up appointment indicated on report Yes No

Follow up appointment (if given in department)time

Comments.....

I confirm patient is satisfactory for discharge

Print Name Rosamary Kane Signature [Signature]

Discharged at 1740 to care of [Signature]

Irregular discharge Reason

Patients' Signature Nurses Signature

Name of Procedure

Endoscopic Ultrasonography +/- Gastroscopy +/- Dilatation and/or Stent Insertion.

Inspection and ultrasound of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy, needle aspiration, photography). Biopsy samples and images taken will be retained.

Statement of Patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in this booklet including the benefits and any risks.

I agree/disagree to any information/images/surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education, audit, and research with ethical approval, to improve the quality of patient care.

Agree Disagree (Please tick box)

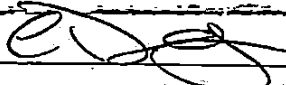
I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I agree to have sedation

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes Yes No

Signed  Date 29-9-20

* Name (print in capitals) Colin Donnelly

Please sign here if you refuse to consent to the emergency administration of blood or blood products:

Signed _____ Date _____

Staff Only

Confirmation of consent (to be completed by a healthcare professional when the patient is admitted for the procedure).

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed  Date 29-9-20

Consent Form

It is important that you feel you have all the information that you require about Endoscopic Ultrasonography. Once you are happy that you have enough information about this test you should sign this form to indicate that you consent to undergo the procedure.

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to a member of the healthcare staff.

EUS HPB report

Performed	29-Sep-2020 16:10	Received	29-Sep-2020 16:16
Reported	29-Sep-2020 16:16	Order Number	UNI176037-0904746151
Status	Final	Source System	MasterLab

UGI G1

Final

**NHS Greater Glasgow and Clyde
EUS HPB REPORT**

Name:	Colin DONNELLY (M)	Address:	Flat 2-1
Date of birth:	09/04/1974		202 Earl Street
NHS-No:	0904746151		Glasgow
Case Note No:	0904746151		Lanarkshire
			G14 0BY

GP: **MARSHALL, ANDREW**
The Broomhill Practice
41 Broomhill Drive
Glasgow
G11 7AD

Procedure date: **29th September 2020 (16:**
Attachments: Elective
Tail_1 Outpatient/NHS
Head_1 GRI
Tail_2 Ward - Not specified
Mr Qureshi (Urology)

Priority:
Status:
Hospital:
Ward:
Referring Cons:

Indications

CT imaging revealed pancreatic mass.

Consultant/Endo

Dr

Report

Visualisation: The biliary system was not visualised but the whole pancreatic system was. There were no peri-operative complications.

Inst

SC

Diagnoses

PANCREAS. Pseudocyst.

Premec

Fentanyl (I
Midazolam
Xylocaine (Spr

Advice/Comments

Referral from Urology. Under work up for renal lesion. Noted biopsied at start of the month and due to attend clinic tomorrow to discuss results. CT imaging has demonstrated cystic lesion tail of pancreas. EUS arranged for further assessment.

EUS - the entire pancreatic parenchyma is abnormal in keeping with minimal change / early chronic pancreatitis. There is a solid / cystic lesion measuring 22mm arising in the pancreatic tail. No clear communication with the PD. It does NOT enhance with Sonovue. Appearances in keeping with a pseudocyst / inflammatory lesion. No need to aspirate.

Summary - chronic pancreatitis (min change) with pseudocyst. No follow up of this lesion is required. Patient should abstain from alcohol and smoking.

Dr Lyn Smith

Consultant Gastroenterologist

c.c.-Mr Qureshi (Urology)

Donnelly, Colin

Produced by Unisoft's GI Reporting Tool

Compiled on 29/09/2021