

A&E Records

Dr M Ahmed
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date: 29/06/2014

Emergency Discharge Summary

Patient	Winifred Devers 5/18 Salamander Court Edinburgh Midlothian EH6 7HY	CHI	2605601188
Attendance Date	27/06/2014	Date of Birth / Age	26/05/1960 (54 years)
Attendance Time	19:26	UHPI	502000148M
Mode of Arrival	Private Transport	A&E Attendance Number	E2760690
Source of Referral	Self Referral to A&E	Contact	Devers Michael 555 2851
Discharge Date	27/06/2014		
Discharge To			

Dear Dr M Ahmed

Presentation: pain in left hand side

Clinical note: 54 year old female

PC - LUQ pain and bloating

HPC - 3 day history of left upper quad pain. Noticed when she woke up 3 days ago. 5/10 but has increased to 9/10 at times. worse on movement, comes in spasms. tried ibuprofen without benefit. today she had bilateral back pain at level of loins.

Urine - nil dysuria or frequency

Normal bowel habit although has been trying friends fybogel to try help with bloating feeling which has persisted for 2 years.

No recent injury

PMH
nil of note

DH
nil regular

SH
Works in care home
non smoker

OE
t36.2 p80 bp124/74 rr16 sats99% bm7.1
Looks well
Chest clear

HS pure nil added, calfs snt
ASNT bs present nil masses/organs, nil hernia, no loin tenderness

Urine - NAD

Bloods - NAD

ECG SR nil acute rate76

Imp - Mild non-specific abdo pain

Plan

D/c to GP care

Regular analgesia

Worsening statement

GP to consider CEA and CA125 (note done 4 years ago) ?worth repeating - she is very concerned about her bloating

A Lynch

GPST

Yours Sincerely,

Dr Alasdair James Lynch, Doctor

University Hospital Services
Department of Emergency Medicine



Clinical Director Dr. D. Caesar
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344



A/E no: E2760690

Previous no: 04112958

UHPI no: 502000148M

CHI no: 2605601188

PATIENT INFORMATION

Surname: Devers Date of Birth: 6/05/1960
Forenames: Winifred Age: Yrs Sex: F
Address: 5/18 Salamander Court
Edinburgh Midlothian
Postcode: EH6 7HY Telephone: _____
Contact: Devers, Michael Telephone: 055 2851
Address: _____ W
Complaint: pain in left hand side Allergies: _____
Attendances in last 12 months: 0 School: _____

General Practitioner

M Ahmed
Address: Dr J W Paterson & Partners
Links Medical Centre
EH6 8BW
Telephone: 0131 554 1036

Date and Time of Attendance

27/06/2014 19:26
Incident Date & Time:
Mode of Arrival: Private Transport
Source of Referral: Self Referral to A&E

TRIAGE

Presenting Complaint: *4/5 Jank pain*
History of Presenting Complaint: *3/7 hrs of 4/5 Jank pain. Slight nausea. Unhappy J + M.*
Assessment: *Wom, well appeared. Not distressed.*

OBSERVATIONS

Temp	Pulse Rate	BP	RR	Sats %	O2/air	BM	PF	best	Alcometer	GCS	SEWS
38.2°C	80	74	16	99	RA	7.1				15	0

7 SEPSIS temp >383 or <36 HR > 90 RR > 20 BM > 7 (+ not diabetic) age > 70 signs of infection
> 2 THINK SEPSIS AND TRIAGE UP Y / N

PAIN SCORE *S* / 10 Analgesia Time _____ **FAST** + / - (circle) Onset Time: _____
Stroke Test

Triaged no.: 1 2 **(3)** 4 7 (circle) Triaged to: HD / IC / exam / WR / GP (circle) Senior Doctor Informed? Y / N time _____

INTERVENTIONS & INVESTIGATIONS

Peripheral Venous Cannula Insertion *Complete all sections*
Date: _____ Time: _____
Size Position Standard technique
Blue LEFT Handwash
Pink RIGHT Gloves
Green Hand CHD skin prep
Orange Forearm Aseptic Insertion
Brown ACF Needle free port
Grey Foot Dressing labelled
Operator Signature: _____

BLOODS Routine Troponin Amylase
(Trop due _____)
TOX Other _____
(time of OD _____)
BTS SENT

ECG Required Done Time _____ **X-RAYS** CXR Other

URINALYSIS Required Done HCG: + / - (circle) MSU Sent: Y / N

BED REQUIRED YES / NO (circle) Time of Triage: *19.40*
Speciality Informed Time _____ Triaged by: (sign) *[Signature]*
(print) *[Signature]*
Care Provider: (print) _____

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY CARERS SAS PRF EPR ECS KIS GP PATIENT ALERTS

Good in care home

(L) addo persn

3/7

Felt sick

disturbed persn today

Spans 5/10 to 9/10

Blocked

no help from computer

Management course

Frogol 2 tablets

Hayler donec notes

piles - last week

Colon screening ok

urine and 9/10

feeling of incomplete voiding

TIME OF RECORDING		9:50	7:00																	
BLOOD PRESSURE	200																			
	190																			
	180																			
	170																			
	160																			
	150																			
	140																			
	130	124																		
	120	116																		
	110																			
	100																			
	90																			
	80																			
	70	74	79																	
	60																			
50																				
40																				
30																				
ENTER VALUE IF SYSTOLIC BELOW 30																				

1
2
3

PULSE RATE	180																			
	160																			
	140																			
	120																			
	100																			
	80	80																		
	60		69																	
	50																			
	40																			
	30																			
	ENTER VALUE ABOVE 180																			
	ENTER VALUE BELOW 30 BPM																			

3
2
1
3
2
3

RESPIRATORY RATE	40																			
	35																			
	30																			
	25																			
	20																			
	15	16	17																	
	10																			
	8																			
	ENTER VALUE ABOVE 40 RPM																			
	ENTER VALUE BELOW 8 RPM																			

3
2
1
3

TEMPERATURE	39°																			
	38°																			
	37°	37																		
	36°		36.4																	
	35°																			
	34°																			
	ENTER VALUE ABOVE 40 RPM																			

2
1
1
2
3

SAO2	>93	99	99																	
	90-92																			
	85-89																			
	<85																			
Inspired O2%	%	21	21																	

1
2
3

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	2035				
Clinical Area of ED	IC				
Initials of Care Round Leader	JK				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	10				
Cardiac monitoring required	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)	6				
Mobility					
Fully weight bearing	JK				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required	JK				
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	JK				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	JK	P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns	JK				
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
<input checked="" type="checkbox"/> PVC / Arterial Line / Central Line / PVC	JK				
<input type="checkbox"/> Urinary Catheter / Chest Drain					
<input type="checkbox"/> Infusion Device					
<input type="checkbox"/> NG tube / PEG tube / Tracheostomy					
<input type="checkbox"/> Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	N/A				
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction	N/A				

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

DEVERS, WINIFRED

ID:2605601188

27-JUN-2014 19:47:47

NHS Lothian-RIE_ED ROUTINE RECORD

26-MAY-1960 (54 yr)
Female Caucasian

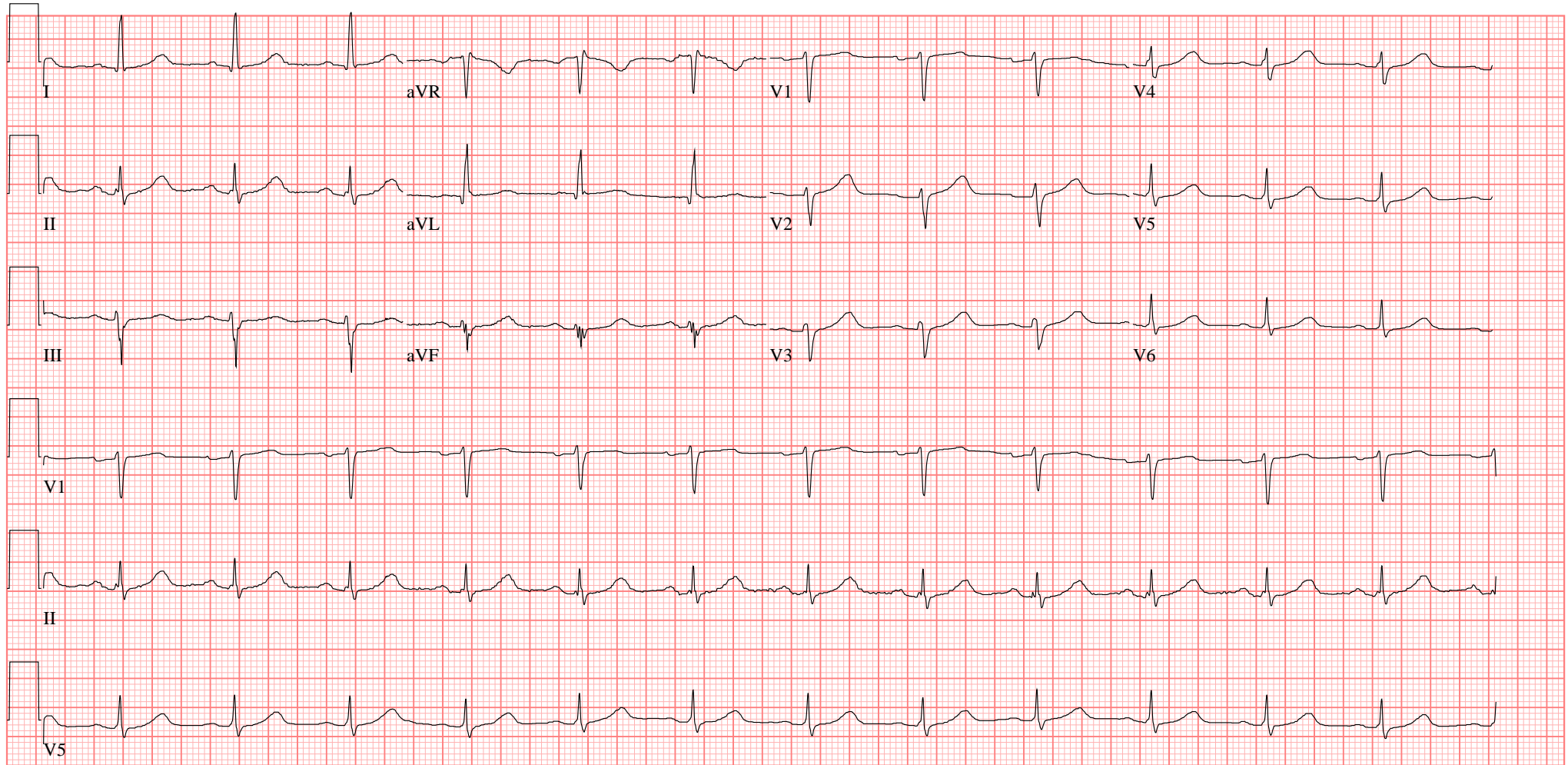
Vent. rate	76	BPM
PR interval	183	ms
QRS duration	97	ms
QT/QTc	423/476	ms
P-R-T axes	58 -15	44

Room:
Loc:40

Technician: ja24
Test ind:

Referred by:

Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 50515

SID: 1750752 EID: EDT: ORDER:

2605601188
Born 26/05/1960

27/06/2014 19:47:47
Female

Devers, Winifred
Race White

RIE (1)
Dept: Emergency Dept. (4)

Oper: ja24

Rate	76	. Sinus rhythm.....	normal P axis, V-rate 60- 99
PR	183	. Borderline left axis deviation.....	QRS axis (-15,-29)
QRSD	97	. Low voltage, precordial leads.....	precordial leads <1.0mV
QT	423		
QTc	476		

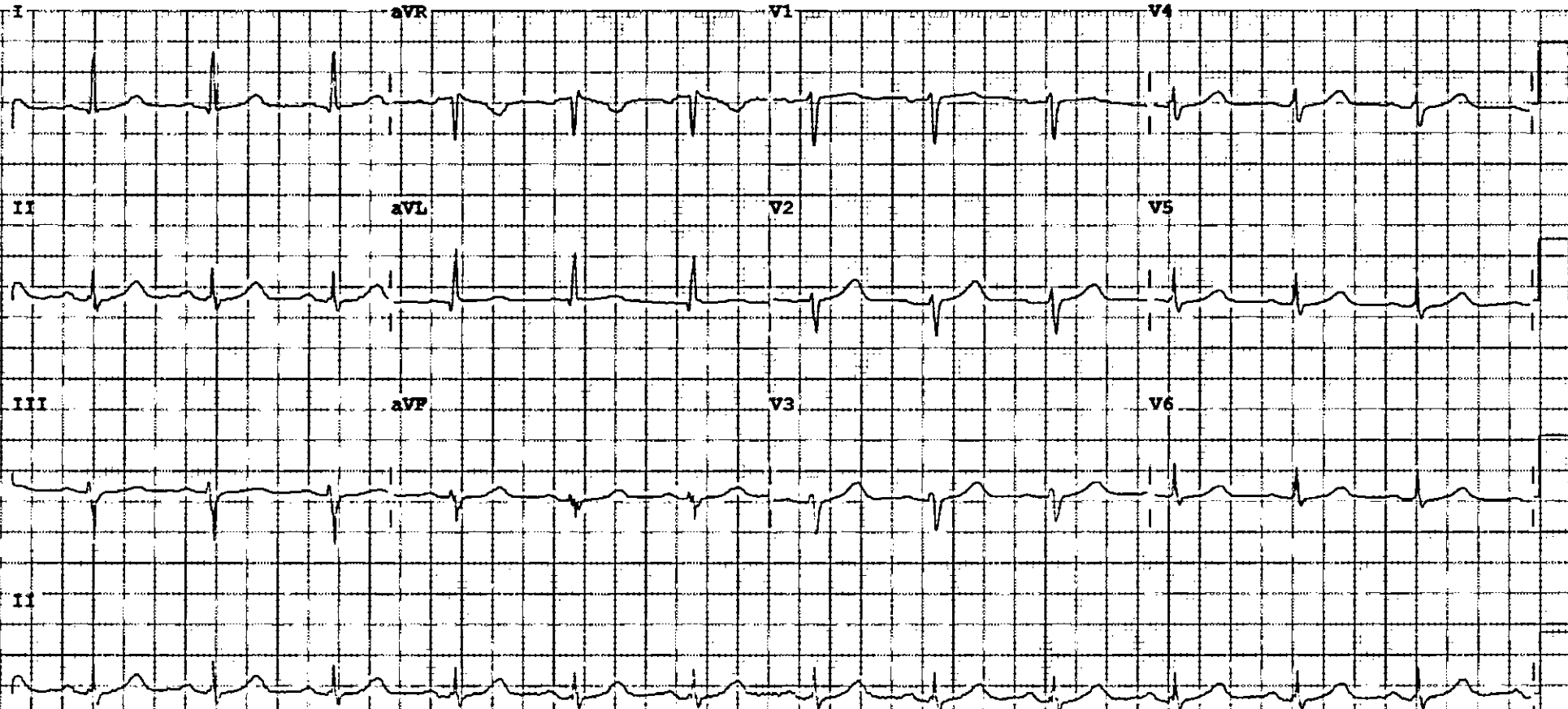
502000148M/E2760690 F 26/05/1960
 Devers, Winifred
 5/18 Salamander Court,
 Edinburgh,
 Midlothian,
 EH6 7HY
 CHI 2605601188
 70677 M Ahmed

--AXIS--
 P 58
 QRS -15
 T 44

SR 76
ml acute MI.

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Dev: 50515 Speed: 25 mm/sec. Limb: 10 mm/mV Chest: 10.0 mm/mV P 50-0.15-100 Hz PH100B CL P?

Patient:

Multistix® 10 SG
Test date 06-27-201
Time 9:27P
Operator
Test number 267
Color Not Entered
Clarity Not Entered

GLU Negative
BIL Negative
KET Negative
SG ≥ 1.030
BLO Negative
pH 5.5
PRO Negative
URO 0.2 E.U./dL
NIT Negative
LEU Negative

High SG may cause
falsely lowered LEU
results

HCG - Negative

University Hospital Services
Department of Emergency Medicine



Clinical Director Dr. Sara Robinson
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344



A/E no: E3661795

Previous no: E2760690

UHPI no. 502000148M

CHI no. 2605601188

PATIENT INFORMATION

Surname: Devers
Forename: Winifred
Date of Birth: 06/05/1960
Age: 56 yrs Sex: F
Address: 5/18 Salamander Court
Edinburgh
Midlothian
Postcode: EH6 7HY
Telephone: 07992760196
Contact: Sfyirs, Ms
Address: _____
Telephone: H _____ W _____
Complaint: Neck & shoulder pain after fall 6 months ago
Allergies: _____
Attendances in last 12 months: 0 School: _____

General Practitioner

Dr. Carty
Address:
Leith Mount Surgery
2 Lindsay Street
EH6 4EG
Telephone: 0131 554 2958

Date and Time of Attendance

19/09/2017 22:53
Incident Date & Time:
Mode of Arrival: Private Transport
Source of Referral: Self Referral to A&E

INITIAL ASSESSMENT

Presenting Complaint	Ⓛ Shoulder pain.								
History of PC	Ongoing for 6/12. Has been to GP but feels needs an xR.								
Assessment	Advised GP.								
PAIN SCORE	/ 10	ANALGESIA PRESCRIBED		YES	NO	FAST	+ / -	ONSET TIME	
Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
°C		/		%					
Frequency of Observations (Please Tick)			Cardiac Monitoring (Please circle)			SPECIAL INSTRUCTIONS			
Hourly		YES			Discussed with Dr Dever. Advised needs to see own GP.				
30 Minutes minimum		NO							
15 Minutes minimum									
10 Minutes minimum									
TRIAGED BY (SIGN)			TRIAGED BY (PRINT)						
Rog Murray			GARY MURRAY						

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)						BLOODS (Please tick)			
DATE :		TIME :		STANDARD TECHNIQUE		ROUTINE		CRP	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES	TROPONIN		COAG	
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION	AMYLASE		TOX SCREEN	
BROWN	GREY	ACF	FOOT	DRESSING LABELLED		BTS		OTHER	
OPERATOR SIGNATURE									

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)									
ECG	REQO	DONE	TIME DONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQO	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO	POS / NEG	

ON-GOING CARE PLAN										
SPECIALTY INFORMED		SLURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER	
BED REQUIRED	YES	NO	TRIAGE CAT. (Please Circle)	1	2	3	4	5	6	7
		TRIAGED TO	W/RM	RESUS	HD	IC	EXAM			

Clinical Notes

Patient & GP Information

UHPI Number	502000148M
CHI Number	2605601188
Episode Number	04112571
Surname/Forename	Devers, Winifred
Date of Birth	26/05/1960
Sex	Female
Patient Address.	5/18 Salamander Court Edinburgh EH6 7HY
Registered GP	VC Smith
GP Address.	Leith Mount Surgery, 2 Lindsay Street, Edinburgh, EH6 4EG

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

502000148M	502000148M
2605601188	2605601188
04112958	E2760690
Devers, Winifred	Devers, Winifred
26/05/1960	26/05/1960
Female	Female
5/18 Salamander Court Edinburgh EH6 7HY	5/18 Salamander Court Edinburgh EH6 7HY
VC Smith	VC Smith
Leith Mount Surgery,2 Lindsay Street,Edinburgh, EH6 4EG	Leith Mount Surgery,2 Lindsay Street,Edinburgh, EH6 4EG

Patient & GP Information

502000148M	502000148M
2605601188	2605601188
E3661795	E4571734
Devers, Winifred	Devers, Winifred
26/05/1960	26/05/1960
Female	Female
5/18 Salamander Court Edinburgh EH6 7HY	5/18 Salamander Court Edinburgh EH6 7HY
VC Smith	VC Smith
Leith Mount Surgery,2 Lindsay Street,Edinburgh, EH6 4EG	Leith Mount Surgery,2 Lindsay Street,Edinburgh, EH6 4EG

Patient & GP Information

502000148M	502000148M
2605601188	2605601188
I0000489791	I0000489792
Devers, Winifred	Devers, Winifred
26/05/1960	26/05/1960
Female	Female
5/18 Salamander Court Edinburgh EH6 7HY	5/18 Salamander Court Edinburgh EH6 7HY
VC Smith	VC Smith
Leith Mount Surgery,2 Lindsay Street,Edinburgh, EH6 4EG	Leith Mount Surgery,2 Lindsay Street,Edinburgh, EH6 4EG

Patient & GP Information

502000148M
2605601188
I0001210033
Devers, Winifred
26/05/1960
Female
5/18 Salamander Court Edinburgh EH6 7HY
VC Smith
Leith Mount Surgery,2 Lindsay Street,Edinburgh, EH6 4EG

Surname/Forename	Devers, Winifred
UHPI Number	502000148M

Episode Number	04112571
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
<p>A&E Notes Episode/Ref: E2760690 Dr Alasdair James Lynch</p> <p>27/06/2014 21:58 Dr Alasdair James Lynch</p>	<p>, Clinical note: 54 year old female,,PC - LUQ pain and bloating,,HPC - 3 day history of left upper quad pain. Noticed when she woke up 3 days ago. 5/10 but has increased to 9/10 at times. worse on movement, comes in spasms. tried ibuprofen without benefit. today she had bilateral back pain at level of loins. ,Urine - nil dysuria or frequency,Normal bowel habit although has been trying friends fybogel to try help with bloating feeling which has persisted for 2 years.,,No recent injury,,PMH,nil of note,,DH,nil regular,,SH,Works in care home,non smoker,,,,OE,t36.2 p80 bp124/74 rr16 sats99% bm7.1,Looks well,Chest clear ,HS pure nil added, calfs snt,ASNT bs present nil masses/organs, nil hernia, no loin tenderness,,Urine - NAD,,Bloods - NAD,,ECG SR nil acute rate76,,Imp - Mild non-specific abdo pain,,Plan,D/c to GP care,Regular analgesia,Worsening statement,GP to consider CEA and CA125 (note done 4 years ago) ?worth repeating - she is very concerned about her bloating,,A Lynch,GPST,</p>

Surname/Forename	Devers, Winifred
UHPI Number	502000148M

Episode Number	04112571
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Note Details	Clinical Notes
A&E Notes Episode/Ref: 04112571 Dr Andrew Frost 23/05/2004	This patient was cut with a knife to her R hand. ATTB UTD. „OE: 2.5cm cut between R thumb and index finger. FROM. NVI.,Wound cleaned, no injury to tendon/nerves. Wound closed with 4x 5/0 ethilon. GP ROS.

Surname/Forename	Devers, Winifred
UHPI Number	502000148M

Episode Number	04112571
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Note Details	Clinical Notes
<p>A&E Notes Episode/Ref: 04112958 Dr MT Lovegrove</p> <p>31/05/2004</p>	<p>HISTORY: 43 year old lady presents after suffering an injury to her right hand on glass yesterday evening. This happened whilst she was washing up. She suffered an injury between her thumb and index finger which was cleaned and sutured last night in A/E. Today, she has had increased swelling and redness. She has also had some discharge of pus from the wound itself, and 3 of the 4 stitches fell out apparently. The wound itself had opened up. NV exam was still normal.,,O/E: There was some cellulitis extending about 5 cms up the hand, and the wound had opened up. There was a very small amount of purulent discharge still present around the wound. ,,xray showed no evidence of glass in the wound.,,Plan; The wound was re opened fully and explored with Adrenaline. The stitch was removed, and the wound was irrigated with 120 mls of normal saline using a 20 ml syringe and a broken off 19 gauge needle. The wound cavity was cleaned with cotton swabs and the wound edges were bleeding slightly after this cleaning. All evidence of infection was removed. The wound was resutured with 4 x 4/0 ethilon. I have put her on a 7 day course of Augmentin and she will come back to the REVIEW CLINIC in 3 days' time to check that the infection is settling. If the hand gets more swollen before this time she will return and may need to be put on IV antibiotics. ,,31/05/04 Reg Review:,Patient attended for review today - no evidence of infection. Temp 36.6. ,,3 x stitches removed - one stitch had already come out. Small part of the wound not apposed - treated with kaltastat dressing into wound. For review by practice nurse at GP end of the week.</p>

Clinical Notes

Ear Nose and Throat

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 07/12/2000
Date/Time Printed: 28/04/2026 14:17
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Ear Nose and Throat	Consultant: Dr Alastair IG Kerr

Thank you for referring this 40 year old lady who has had a 4 month history of recurrent swelling of her right submandibular gland particularly when she eats. This is not particularly painful but is embarrassing from the size it becomes.

Examination today revealed her right submandibular gland to be twice the size of the left one and her submandibular duct is rather thickened but I could not feel a single stone.

In the first instance I have given Winifred instructions about sialogogues and hydration and have arranged a sialogram and we will see her again afterwards. I suspect we may come to the point when we may want to remove her submandibular gland.

Yours sincerely

K HADDOW
ENT SPECIALIST REGISTRAR

Gynaecology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 15/08/2001
Date/Time Printed: 28/04/2026 14:17
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	Gynaecology	Consultant:	Gynaecology Consultant

Many thanks for your very helpful letter concerning the above patient who attended the clinic this morning. As you are aware she is a 41 year old, para 3+3 who presents with a request for termination of an unplanned pregnancy which ,by ultrasound today, is just beyond the 12 week mark.

She is clearly very certain of her decision under these particular circumstances, and after discussion we have arranged to admit her tomorrow for suction termination of pregnancy.

I would be grateful if you could see her for post termination counselling and contraceptive advice.

Kind regards.
Yours sincerely

D. Stewart Irvine
CONSULTANT GYNAECOLOGIST

Ear Nose and Throat

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 19/12/2001
Date/Time Printed: 28/04/2026 14:17
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Ear Nose and Throat	Consultant: Dr Alastair IG Kerr

DIAGNOSIS: RIGHT SUBMANDIBULAR STONE

Mrs Devers was last seen in December 2000 with an enlarged right submandibular gland, thickened duct and was thought to be due to right submandibular stone. She failed to attend for 2 appointments for sialogram.

She has had continuing intermittent discomfort and pain with a swelling of this gland associated with eating. She also describes other neck stiffness and headache. When she gets this she manages to massage the gland down with some benefit.

I note she has recently seen the dentist who have given her advice regards her teeth. She also smokes 20-30 cigarettes per day and has done so for some years.

On examination today she has a reasonably healthy oral cavity with thickened submandibular duct that I was able to mild clear saliva from both sides. She has a slightly enlarged ptotic right submandibular gland. There is no other cervical lymphadenopathy noted.

We have discussed the stone and its treatment with surgical excision externally via the neck. We have organised a plain film to delineate this initially and if this is inconclusive a sialogram may also be of benefit. If she is still having ongoing problems which sound like the case then we will list her for submandibular gland excision. We have discussed the operation and risks and informed her of a 1-2% risk to her marginal mandibular nerve which she is not particularly keen on (understandably).

We will be in touch following the x-ray performance.

Yours sincerely

Ear Nose and Throat

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 25/01/2005
Date/Time Printed: 28/04/2026 14:17
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Ear Nose and Throat	Consultant: Prof RP Mills

Thank you for re-referral of this lady who in the past was consented for excision of right submandibular salivary gland stone but she failed to attend. She told me she has got a fear of anaesthetics. Recently her submandibular gland has swollen and painful.

On examination of the neck the right submandibular gland is enlarged and it is tender on palpation. There is no other lymph nodes palpable in the neck. Bimanual palpation of the submandibular duct and the gland I was not able to palpate any stone.

I am arranging for a sialogram and x-ray of the floor of the mouth before putting her on the list for a right submandibular excision. I am also giving her a course of broad spectrum antibiotics, painkillers and oral gargles for her acute inflammation of the submandibular gland. I will write once the investigations are to hand.

Yours sincerely

J SHAH
LOCUM ENT CONSULTANT

Ear Nose and Throat

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 18/05/2005
Date/Time Printed: 28/04/2026 14:17
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Ear Nose and Throat	Consultant: Dr GM MacDougall

This lady attended today for the result of her sialogram of her right submandibular duct. It showed evidence of peridental bone loss particularly in the right lower region for which she was advised to contact a dentist. There was some dilation of the duct although no obvious stone or stricture present. I reviewed her history with her and she certainly does appear to have recurrent right submandibular gland infections and the only way to proceed is to excision of the gland. She has obviously been through the process before but failed to attend, but she has assured me she will attend for the procedure on this occasion. I have reinforced the potential risk to her marginal mandibular nerve, and I will double check that she is on the waiting list. She will be sent for in due course.

Yours sincerely

Peter Ross
Specialist Registrar

Ear Nose and Throat

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 28/12/2005
Date/Time Printed: 28/04/2026 14:17
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	Ear Nose and Throat	Consultant:	Dr GM MacDougall

This lady was reviewed at the ENT clinic. Clinically at the time we removed Mrs Devers right submandibular gland we thought she had quite an inflamed gland but the pathologists tell us it was normal. Her pre-operative history was certainly very suggestive of submandibular gland problems but ultimately we may have made the wrong diagnosis here in which case a dental cause should be sought if her symptoms are ongoing.

Certainly at the current stage Ms Devers assures me that she feels very much better having had her submandibular gland removed, there are no complications and her wound is healing beautifully. She has been discharged but I will write to her in 6 months asking her to clarify if the operation was helpful or not.

Yours sincerely

DR G MACDOUGALL FRCS (ORL-HNS)
CONSULTANT ENT SURGEON

Dermatology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 10/10/2007
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Dermatology	Consultant: Dr GM Kavanagh

Many thanks for referring this 47 year old lady whose problem began about six weeks ago when she developed itchy, crusted lesions on her limbs and, to a lesser extent, on her trunk. Treatment with hydrocortisone cream apparently caused irritation and she described some associated blistering. They apparently started after she had an overnight stay with her daughter in the Sick Children's Hospital and, while the problem did clear temporarily, it has recurred in the last couple of weeks. She describes associated fatigue and vaguely unwell symptoms. Interestingly her son apparently now has developed a similar problem and she describes seeing lots of small insects in her flat which is apparently an old one.

On examination, Mrs Devers had small, non-specific, excoriated patches on her arms, legs, trunk and ankle. There was no evidence of scabies and I really have to say the appearances were very non-specific and clearly altered by scratching. I do wonder about the possibility of bites, particularly now that her son is developing a similar problem.

In the first instance, I have simply given her a supply of 2% Eosin paint to apply at night before showering off in the morning and then applying Elocon ointment. I have arranged to review her in two weeks.

Kind regards

Yours sincerely

Dr Gina Kavanagh
Consultant Dermatologist

Dermatology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 25/05/2010
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	Dermatology	Consultant:	Dr Stephen Alex Holme

Diagnosis: Possible dental sinus

Thank you for referring this 49 year old lady who does have a history of dental problems and gives a 6 month history of a tender papule developing in the midline of her neck which intermittently discharges blood and clear fluid. She has also previously had neck surgery with a thyroidectomy.

Clinically, there is a 3mm diameter papule with no obvious sinus and the appearance of central excoriation.

I have arranged for photography today and I will refer her for an MRI to exclude a dental or post-surgery sinus. If the MRI is negative, we will probably treat this by curettage and cautery.

With best wishes.

Yours sincerely

Dr S A Holme
Consultant Dermatologist

Dermatology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 06/07/2010
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	Dermatology	Consultant:	Dr Stephen Alex Holme

The CT scan of your neck has shown no abnormality. Please, therefore, find enclosed an appointment for Wednesday 04 August at 3.30pm so that we can remove the piece of skin in your neck under local anaesthetic. I hope this appointment is convenient, but if not please contact my secretary on the above number and we would be happy to re-arrange it for you.

With best wishes.

Yours sincerely

Dr S A Holme
Consultant Dermatologist

Copy to GP

Dr C Smith
West End Medical Practice
21 Chester Street
Edinburgh EH3 7RF

Dermatology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 23/08/2010
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Dermatology	Consultant: Dr Stephen Alex Holme

Correspondence: 17 August 2010

Diagnosis: Seborrhoeic wart

The piece of skin removed from your neck has been looked at under the microscope and shown to be a benign condition called a seborrhoeic keratosis, the other name for which is a seborrhoeic wart. I have attached an information sheet about this condition for you. I hope the area is healing well.

With best wishes.

Yours sincerely

Dr S A Holme
Consultant Dermatologist

copy to GP

Dr C Smith
West End Medical Practice
21 Chester Street
Edinburgh
EH3 7RF

Gastroenterology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 05/09/2014
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Gastroenterology	Consultant: Prof Charlie W Lees

CWL/AA
5th of September 2014

This 54 year old lady who works in a Care Home has several years of troublesome abdominal bloating. 3 months ago this was accompanied by severe LUQ pain which took her to A&E although she was discharged after reassuring bloods and examination. Typically her symptoms are worse after food about 20 minutes following a meal and her appetite is slightly variable as a result although her weight has only gone up by about 1 stone in the past few years. She gets some nausea but no vomiting. There is lethargy. Occasional dyspepsia and reflux, no dysphagia. Her bowels open 3 or 4 times a day with variable consistency although it sounds like she does tend to be constipation with incomplete emptying on every occasion. There is occasional outlet style rectal bleeding.

Anxiety and depression but no other significant past medical history. She takes Fluoxetine and Paracetamol and Ibuprofen about twice a week. No Codeine, no illicit drug use, no allergies. There is a sister with apparently a history of colon cancer. Miss Devers smokes about 10 cigarettes a day but does not drink alcohol.

On examination she does not look unwell, 84kgs. The abdomen is distended mostly with gas and fat. It is soft and non-tender, no mass and no organomegaly.

I am quite sure this is all IBS but I think there are enough symptoms here to merit investigation and I have therefore organised upper and lower scopes and a pelvic ultrasound.

Assuming this is all unremarkable I suggest that we treat with Movicol 2 sachets a day which I think will help some of the bloating. If she is still stuck after that then I think adopting a low FODMAP diet which our dietitians could help advise about would be appropriate and potentially very beneficial for her with a sustainable improvement in the long term.

Gastroenterology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 05/09/2014
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Yours sincerely

Dr Charles W Lees PhD, FRCP (Ed.)
Consultant Gastroenterologist

Any queries please contact Dr Lees Secretary: 0131-537-1755

IBD Nurse Specialist's number 0131-537-1272

Gastroenterology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 16/12/2014
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Gastroenterology	Consultant: Prof Charlie W Lees

CWL/AA

DATE DICTATED 1.12.14

DATE TYPED 16.12.14

She was being investigated for intermittent dyspepsia, altered bowel habit and abdominal pain with occasional outlet style rectal bleeding. The gastroscopy was normal. The unsedated colonoscopy attempt failed due to poor prep and discomfort. The patient therefore went on to have a CT colonography. This shows minor uncomplicated diverticular disease (wear and tear in the lower bowel) and 2 tiny polyps in the lower bowel.

We probably should go in and take these 2 small polyps off and this could be done via a simple flexible sigmoidoscopy with a smaller camera than is used for the colonoscopy. I would hope that this would be well tolerated with an alternative bowel prep (Picolax rather than Moviprep) and also with some sedation. I will ask that this is done on one of the lists at the Western or at the Royal in the next couple of months.

Yours sincerely

Dr Charles W Lees PhD, FRCP (Ed.)
Consultant Gastroenterologist

Any queries please contact Dr Lees Secretary: 0131-537-1755

IBD Nurse Specialist's number 0131-537-1272

Gastroenterology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 16/12/2014
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

cc -
Winifred Devers

Gastroenterology

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 24/02/2015
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Gastroenterology	Consultant: Prof Charlie W Lees

CWL/AA
24th of February 2015

She had a normal upper GI endoscopy with D2 biopsies in October last year. Because of recto-sigmoid polyps seen on a CT colonogram this year she has gone on to have a sigmoidoscopy. This just showed 2 sessile polyps in the sigmoid colon. These were histologically however just hyperplastic polyps. She does not need any further routine endoscopic surveillance and should just continue to participate in the Bowel Cancer Screening Programme.

Yours sincerely

Dr Charles W Lees PhD, FRCP (Ed.)
Consultant Gastroenterologist

Any queries please contact Dr Lees Secretary: 0131-537-1755

IBD Nurse Specialist's number 0131-537-1272

cc -
Winifred Devers

Breast Services

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 08/06/2018
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	Breast Services	Consultant:	Breast Surgery Consultant (New) OEY

I reviewed Winifred Devers in the clinic today who was worried about left breast pain. However she had left chest wall tenderness. She went on to have a mammogram today which was normal. She was delighted with the results and I am discharging her from the care.

Kind regards.

Yours sincerely,

Mr D Kulkarni
Consultant Surgeon

Plastic Surgery

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 09/07/2018
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: Plastic Surgery	Consultant: Mr P Addison(Mr R Almasharqah EX)

CLINIC 27/06/18.

Thank you for referring this lady, who I saw in the clinic today. She complains of triggering in her left thumb which has been present for a few months. It was painful but has recently improved slightly. She tells me that she has left rotator cuff problems and received a steroid injection into her left shoulder. She is also awaiting physio assessment. She has no significant past medical history is not on any medication and has no allergies.

On examination today she had a small, tender lump on the palmar aspect of her left 1st ray but no triggering.

I advised her to massage the area with moisturiser and try to use her hand freely. We could administer a steroid injection if the triggering recurs as it may improve her condition. I advised her to get in touch if the need arises..

Yours sincerely

Mr Riyadh Almasharqah
Specialist Doctor in Plastic Surgery

[Not checked/signed for expediency]

RA/KD

Orthopaedics

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 19/09/2018
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	Orthopaedics	Consultant:	Christine M Phillips

Diagnosis - Left shoulder rotator cuff tendinosis

Management - I have given her a subacromial steroid injection today and referred her to physiotherapy. I have not arranged to review her again in clinic but will happily do so if required.

This 58-year-old right-handed lady has always worked in Care Homes as a Housekeeper and with the residents. She describes feeling unwell about 11 months ago and being off work and shortly after this developing a spasm in her neck and left shoulder. Since then she has had a constant pain in the left shoulder area which can radiate down towards the elbow. She has a good range of movement and continues to be active with the shoulder. She does enjoy yoga and although she is currently not attending classes, she does the moves herself. She is currently taking Naproxen and Diazepam if required for the shoulder at night. It can wake her if she lies on the left side. She has had one steroid injection which helped for a short time.

On Examination - There is no evidence of muscle wasting. She has an excellent range of movement which was pain free today. She has no pain on resistance but she does have slight weakness on lateral rotation on the left side as compared to the right. She has an excellent range of neck movement which is pain free. On the left shoulder she has a positive Hawkins & Kennedy impingement sign and there is tenderness on palpation of the supraspinatus insertion.

Mrs Devers has had an x-ray of the shoulder showing no obvious abnormality.

This lady has a rotator cuff tendinosis of her left shoulder. She is very keen to return to work as soon as possible although I have suggested she should avoid heavy lifting and she is keen to do part-time hours which I agree would be a good idea. Due to her ongoing pain, I have given her a subacromial steroid injection today. Contraindications were checked and the left subacromial space was injected with 4 ml 1% Lidocaine hydrochloride (802506 expiry 01/21) followed by 20 mg of Kenalog 40 (AAX4409 expiry 03/2021). This was done under the appropriate PGD. I have asked her to rest the arm as far as possible for next week to 10 days and then gradually

Orthopaedics

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 19/09/2018
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

increase her activities as able but to avoid heavy lifting as discussed. I have given her a referral for physiotherapy at Leith Community Treatment Centre and asked that she be referred back if the pain does not settle. I have not arranged review her in clinic but will happily do so and as required.

She has been advised to contact her GP if there is any concern about the shoulder following the injection particularly any sign of heat or redness in the joint.

Yours sincerely

Christine Phillips
Extended Scope Practitioner
Consultant Led Upper Limb Clinic
Secretary 0131 242 1946

Accident and Emergency

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 03/11/2020
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	Accident and Emergency	Consultant:	Call Mia Near Me

CHI: 2605601188 CALL MIA VC with ENP Quinn.
60 YOF.

PC: Left Foot Wound : Winifred is currently having her bathroom replaced, and unfortunately today stood on a ? rusty nail that was exposed in floor, isolated injury, systemically well, No Covid symptoms.

Allergies: NK DA.

SH: Lives Independently. Unsure of Tetanus Status.

O/E Left Foot VIA VC Exam (Poor Visual Quality and Poor Handling)

Puncture wound to planter aspect of 2nd and 3rd MT, no obvious deformity, foot appears well perfused, no active bleeding, otherwise closed.

Denies BT.

Increased pain on WB, DN VI.

IMP : Puncture Wound from ? Rusty FB ? Requires Tetanus.

Plan:

- Appointment made for WGH MIU 4/11/20 @ 11:30 as closest MIU and Pt unable to attend today for +/- Revaxis.
- Advised Saline Bath soak, rest, elevation, analgesia before MIU attendance.
- Worsening statement given meantime, Pt happy with plan. Discharged.

GI Endoscopy

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 17/12/2021
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: GI Endoscopy	Consultant: Dr Alaa AH Shnien

Thank you for referring the lady above for a colonoscopy for her acute diarrhoea and abdominal pain for which she underwent the procedure on the 16th December. Up to the caecum there was two polyps, one of them of 12 mm in the proximal ascending which was removed by cold snare and another 15 mm lesion in the transverse colon which looked like a SSL and this was removed by hot and cold snare. There was an obvious diverticulosis which is the main reason for the change in bowel habit. The preparation was bad and this is the reason why I have booked the lady for another colonoscopy to be done in 6 months time with sedation and Buscopan as the colonic spasm was obvious and made the procedure very difficult.

I will keep you updated to the histopathology results of these polyps.

Yours sincerely

Mr Alaa Shnien
Locum Consultant Surgeon

Dictated 16.12.21
Typed 17.12.21

AS/RH

**Consent Form for a Colonoscopy
(with Moviprep)**

502000148M F
 DEVERS Winifred
 26-May-60 CHI: 260 560 1188
 71114 JM Gallagher
 5/18 Salamander Court Midlothian
 EH6 7HY



Name of procedure/investigation: Colonoscopy

Inspection of the colon using a flexible scope – with or without a biopsy and/or a polypectomy.
 Please read the patient information leaflet for further details: Colonoscopy with MOVIPREP version 4.0

This procedure will involve:

Intravenous analgesia Inhaled analgesia (Entonox) Sedation None

Following a request for further information: Statement of the healthcare professional

With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient, in particular:

The intended benefits of the procedure:

The possible risks involved. I have discussed and listed below the significant, unavoidable and/or frequently occurring risks, including any risks that may be of specific concern to the patient:

Risks specific to colonoscopy are bleeding, perforation, incomplete procedure, and missed pathology

The benefits and risks of alternative treatments that might be offered for this patient – including the option of no treatment:

Any extra procedure(s) that might become necessary during this procedure
 e.g. blood transfusion Other procedure (please state)

Healthcare Professional's signature:

Print name and job title:

Date:

__/__/__

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand

Signature:

Print name:

Or, please note the telephone interpreter ID number:

Date:

__/__/__

To the patient	
You have the right to change your mind at any time, including after you have signed this consent form.	
I have read and understood the information in the patient information leaflet.	
I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.	
I wish to proceed with the planned procedure.	
Signature: <i>X W. Devers</i> Print name: <i>W. Devers</i>	Date: <i>16/12/21</i>
If signing for a child or young person (<i>delete if not applicable</i>) I confirm that I am a person with parental responsibility for the patient named on this form:	
Signature: Relationship to the patient:	Date: <i>__/__/__</i>
If the patient is unable to sign but has indicated his/her consent, a witness should sign below:	
Signature (Witness) Print name: Address:	Date: <i>__/__/__</i>

Confirmation of Consent (where the procedure/treatment has been discussed in advance)	
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.	
Healthcare Professional's signature: <i>R Paulton</i> Print name and job title: <i>R PAULTON</i>	Date: <i>16/12/21</i>

Withdrawal of patient consent	
The option of withdrawing consent has been discussed and agreed by the team treating the patient.	
Signature: <i>X W. Devers</i> Print name:	Date: <i>16/12/21</i>
Healthcare Professional's signature: <i>R Paulton</i> Print name and job title: <i>R PAULTON</i>	Date: <i>16/12/21</i>

NHS Lothian
St Johns Hospital at Howden
COLONOSCOPY REPORT

Name: **Winifred DEVERS (F)**
Date of birth: **26/05/1960**
CHI No: **2605601188**
Case note no.: **S02000148M**

Address: **S/18 Salamander Court**
Edinburgh
Midlothian
EH6 7HY

GP: **Dr JM Gallagher**
Leith Mount Surgery,
2 Lindsay Street,
Edinburgh,
EH6 4EG

Procedure date: **16th December 2021 (13:25)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **GP-Direct to Test**
Referring Cons: **GP**

Indications

Acute diarrhoea and abdominal pain.

Report

Bowel preparation with Moviprep was inadequate.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified positively by the ileocecal valve, the appendicular orifice and the tri-radiate caecal fold.
There were no peri-operative complications.

Site c: Proximal ascending

Lesions: 1 probably benign sessile polyp (12mm) excised (removed piecemeal using cold snare), retrieved and sent to labs.
Specimens: Polyps.

Site d: Distal transverse

Lesions: 1 benign sessile polyp (15mm) excised (removed entirely using cold snare), retrieved and sent to labs.
Specimens: Polyps.

Diagnoses

Diverticulosis and Probable benign colonic polyp and Benign colonic polyp.

Advice/comments

Prep was bad , next colonoscopy patient needs better prep sedation and buscopan(severe contactation during the procedure)

Follow up

Awaiting pathology results. Further procedure(s): colonoscopy in 6 months.

Consultant/Endoscopist

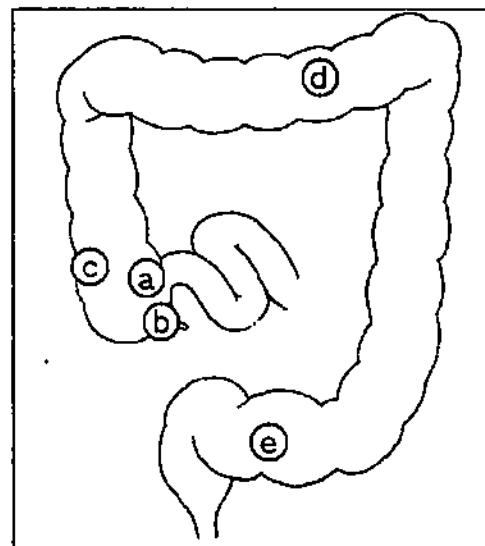
Mr Alaa Shnien
Nurses: S/N Robert Cowie
Suzanne Smith

Instrument

SJH PCF-H29DL 2030981

Premedication

Entonox (Inhaled)



a: Ileocecal valve (photographed)
b: Appendiceal orifice (photographed)
c: Proximal ascending (photographed)
d: Distal transverse (photographed)
e: Distal sigmoid (photographed)

Mr Alaa Shnien
Locum Consultant Surgeon



Covid 19: Lothian endoscopy strategy update 04/08/2020

Processes in endoscopy

Update to be read in conjunction with Endoscopy guidance issued 20/03/2020

Risk stratification

- A patient's risk of infection with Covid 19 can be described according to the table below:

Classification of potential Covid 19 infection risk in patients undergoing endoscopy	
Low risk	<input checked="" type="checkbox"/> No symptoms <input checked="" type="checkbox"/> No contact with someone who is Covid-19 positive
Intermediate risk	<input type="checkbox"/> Fever (temperature above 37.8) and/or persistent dry cough in the last 14 days with no contact with Covid-19 positive person <input type="checkbox"/> No symptoms but contact with Covid-19 positive person within the last 14 days
High risk	<input type="checkbox"/> Fever or persistent dry cough within the last 14 days and contact with Covid-19 positive person. <input type="checkbox"/> Any patient in an emergency situation in whom a history is not obtainable

Note in the UK a history of travel from a high-risk geographical area is no longer considered important in risk assessment.

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[ Cante]          RapidaER
[ Serial No       RAD576
[ - - - - - ]
[ Start          12h 16m
[ End            12h 38m
[ Date           16-12-2021
[ - - - - - ]
[ Cycle No       1055
[ - - - - - ]
[ Load Operator  11
[ Name           Jean Elrick
[ - - - - - ]
[ Unload Operator 13
[ Name           Lindsay Joyce
[ - - - - - ]
[           -- Hookup --
[ Hookup No      219
[ Serial No      219/351
[ GS1
[ - - - - - ]
[           -- Endoscope --
[ OLYM           PCF-H2900L
[ Serial No      2030981
[ GS1
[ Revision       a
[ - - - - - ]
[ INS Verify     Enabled
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[ Control        Pass
[ INS Verify     Pass
[ - - - - - ]
[ Contact Time   5 Minutes
[ - - - - - ]
[ Last SD        16-12-2021 at 06h 24m
[ - - - - - ]
[ Suction        Av Flow 840 ml
[ Biopsy         Av Flow 820 ml
[ Water          Av Flow 110 ml
[ Air            Av Flow 102 ml
[ Aux 1          Av Flow 117 ml
[ Aux 2          Not tested
[ RB             Not tested
[ Leak Test      Av Pres 193 ab
[ - - - - - ]
[           -- Conductivity --
[ Detergent      1473 uS
[ Disinfectant   1307 uS
[ Final Rinse    2 uS
[ - - - - - ]
[           -- Temperature --
[ Detergent      24.5 deg
[ Disinfectant   26.0 deg
[ Final Rinse    21.3 deg
[ - - - - - ]
[ -- Chemical Batch/Lot & Serial No --
[ Detergent      00072421/0000000876
[ Part B         00084221/8000000800
[ Part A         00091921/A000001130
[ - - - - - ]

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12/2021

Reprocessor

2

Cycle

43!

Washed

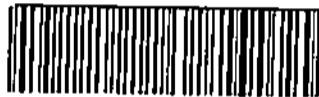
2021-12-16 12:21

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RE-ORDER CODE FPLB 378
Tel. +44 01454 322777

St John's Lothian Hospital
COLONOSCOPE FLEXIBLE VIDEO



Scope 50000011000065

User Code 2030981

Serial No

Lot No 00042

DO NOT USE IF PACKING IS DAMAGED OR OPEN
STORE IN A CLEAN DUST FREE ENVIRONMENT

Lumbra - Negative.

502000148M F 26/05/1960 or Devers, Winifred 5/18 Salamander Court, Edinburgh, Midlothian, EH6 7HY CHI CHI 2605601 188 [Barcode] 71114 JM Gallagher Preferred Name "Winnie" Tel. number Next of Kin: Name/address Selos Sfiri (son) Tel. number(s): home mobile 07772138827 ALLERGIES: NKDA document if pt has no known allergies/sensitivities	Arrived inunit for procedure Date: 16/12/2021 & time:
	GP Name Dr Gallagher Address Leith Mount Surgery Edinburgh.
	Religion RC. Ethnic Origin White Scottish.
	Consultant: ENT Proposed Procedure: with Sedation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Colonoscopy <input type="checkbox"/> Endoscopy <input type="checkbox"/> Flexible Sigmoidoscopy <input type="checkbox"/> Pouch Endoscopy <input type="checkbox"/> Other Other <input type="checkbox"/> Proposed date: & time: Date confirmed by patient as suitable <input type="checkbox"/>

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP				
Print name	Designation	Initials	Signature	date
1 R PAULTON	ON	RP	[Signature]	16/12/21
2 [Name]	SN	[Initials]	[Signature]	16/12/21
3 S SMITH	SN	SS	[Signature]	16/12/21
4 A COPELAND	SN	AC	[Signature]	16/12/21
5				
6				
7				
8				

- a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION:** eg Interpreter
 N , Y specify
- b) **OVERNIGHT CARE** N/A , or Escort N (who) Cousin - Patricia Transport Bus
 24hr Care Y / N (who) I/P bed required Yes , No
 PHONE NUMBER Patricia - 07734485292
- c) **MOBILITY:** Wheelchair Y Walking Aid Y / N requires: Hoist
 FALLS RISK ASSESSMENT REQUIRED Y
- d) **HOSPITAL TRANSPORT:** Required N , Y . If Yes, reason why
 If Ordered date: Type Ref No.....

An Integrated Care Pathway is intended as a guide to treatment & an aid to documenting patient's progress.
Clinicians are free to exercise their own professional judgements as appropriate.
 Alterations to the care noted is recorded as a Variance ['VAR'] & explained in Variance section at the end.

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severity, frequency, duration, recent changes : what where how etc

Patient to complete this Pre-Procedural Assessment
for information for the staff to know before the procedure
Clinical Assessment

Nar
Do, CHI 2605601188
Un, 71114 JM Gallagher

Have you ever had any of the following:

	No	Yes
1. Heart attack or Stroke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Angina / Chest Pains on exercise or at night	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Heart murmur	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Heart Valve replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Do you have a Pacemaker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. High Blood Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Asthma or Bronchitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shortness of Breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Epilepsy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Glaucoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Could you be pregnant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Do you use recreational drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Any noticeable weight loss over last 3-6 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been contacted as 'at risk of CJD' (CreutzfeldtJacob disease)for public health purposes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Nurse comments in shaded areas

Occasionally with pain on side.

If YES: Insulin ,
Diet , or Tablets

Nurse record of BM

If YES:
INR result

Are you taking any of the following medication:

	No	Yes
i) Clopidogrel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii) Warfarin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii) other anticoagulants (blood thinning drugs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, did you receive instructions about stopping?

What were they?.....

CURRENT MEDICATIONS - including complementary medicines / vitamins etc Tick if none

Drugs	dose	frequency	Drugs	dose	frequency
1 Fluoxetine	20mg	OD	7		
2			8		
3			9		
4			10		
5			11		
6			12		

* * Staff -be aware that 'Allergies & Sensitivities' are to be noted on front cover * *

Have you had previous operations (including what, where, dates etc) & were there any complications

IBS.

Previous polypectomy 2015

Please list any other health problems

Change in bowel habit - bright yellow/orange, smelly
occasional blood

Distended abdomen off and on for years

LIE pain, nausea

Would you like any information to be discussed in private YES NO

Mother - Diverticular
FH => Sister - Bowel Ca
Father - 3/4 of Stomach removed

Admitting Nurse initials RP date 16/12/21 time 1305

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PRE-PROCEDURE CHECKS

Na:
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PRE-PROCEDURE ONCE-ONLY MEDICATIONS on 'Prescription Administration chart - p.7

CHECKLIST	WARD		Endoscopy		notes
	Y	N	Y	N	
Orientation to the ward/dept./unit	<input checked="" type="checkbox"/>	N			
Patient identification checked & name band(s) applied	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	
ALLERGIES RE-CHECKED (same as on front cover)	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	
Correct procedure	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	
Pre, Peri and Post procedure care explained	<input checked="" type="checkbox"/>	N			
Explanation of withdrawing consent during procedure	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	<input checked="" type="checkbox"/>	N			
Last food: date 14/12/21 time 2300	<input checked="" type="checkbox"/>	N			
Last drink: date 16/12/21 time 1000	<input checked="" type="checkbox"/>	N			
Bowel prep taken / phosphate enema given or N/A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N	Y	N	Moriprep - Good result
Taken routine drug therapy	Y	<input checked="" type="checkbox"/>			
Any limitations to movement identified: If YES, Specify	Y	<input checked="" type="checkbox"/>	Y	<input checked="" type="checkbox"/>	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A <input checked="" type="checkbox"/>	Y	N	Y	N	
Belongings secured	<input checked="" type="checkbox"/>	N			with Patient
Hearing Aids in situ: L R or N/A <input checked="" type="checkbox"/>	Y	N	Y	N	
Dentures in situ: <u>Top</u> / Bottom / Full or N/A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N	Y	N	
Glasses sent with patient or N/A <input checked="" type="checkbox"/>	Y	N	Y	N	
Spare Stoma bag sent or N/A <input checked="" type="checkbox"/>	Y	N	Y	N	
Ask patients permission for presence of medical student / work experience student					
Consent signed	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	
Pre procedure Nurse check: initials* <i>PP</i>				date 16/12/21 time 1314	
Endoscopy Nurse initials* <i>M</i>				date 16/12/21 time 1304	

initials can be used IF the staff member has signed in on the 'Initial table' on page one otherwise, full name / print / designation is required.

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PRESCRIPTION & ADMINISTRATION RECORD

Clinical area I

CHI 2605601188
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ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	L	NASAL/ORAL			
16/12/21		Entonox	50/50	Inhale		1345	Self.

PERI-PROCEDURE CARE	time, initials
Cannula site _____ Size _____ Skin Prep <input type="checkbox"/> Handwash <input type="checkbox"/> Gloves <input type="checkbox"/> Aseptic Insertion <input type="checkbox"/> Dressing labelled <input type="checkbox"/> Difficulties/complication/deviation from standard technique Y <input type="checkbox"/> N <input type="checkbox"/>	N/A
BIOPSIES TAKEN OESOPHAGEAL <input type="checkbox"/> GASTRIC <input type="checkbox"/> DUODENAL <input type="checkbox"/> CLO TEST <input type="checkbox"/> COLON <input type="checkbox"/> POLYP/S <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	POTX. 2
Oral Suction required Y <input type="checkbox"/> or N/A <input checked="" type="checkbox"/>	
Diathermy: none required <input type="checkbox"/> Monopolar <input type="checkbox"/> Bipolar <input type="checkbox"/> site	
Patient Nurse: initials* RC date 16/12/21	
Endoscopy Nurse initials* DS date 16/12/21	

* initials if signed in on page 1 'Initials table'

POST-PROCEDURE:

Procedure performed Upper GI Endoscopy Colonoscopy Flexible Sigmoidoscopy
 ERCP Other (please specify) _____

PROCEDURE SUMMARY: procedure comfort mild , moderate , severe

Follow-up required: N/A , Yes If YES, specify _____

Please refer to discharge summary Y N/A

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK Y NO after 30 mins

Patient can EAT Y NO after 30 mins

Suitable for NURSE-LED DISCHARGE YES/NO

Endoscopist print MR SANIEN signature
 designation LCOM date 16/12/21 time _____

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Nam

Dob

Unit

CHI 2605601188

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POST PROCEDURE and DISCHARGE CRITERIA

POST PROCEDURE		initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	Y, N/A	initials
2	Observations recorded: on return <i>14.55</i> time	Y, N/A	initials
	at 30mins	Y, N/A	
	after 1 hour	Y, N/A	

NOTE: Obs regime to follow is O₂ sats, TPR, BP Sedation, Pain & Nausea scores (recorded on pg 4)

DISCHARGE CRITERIA		initials	Comment overleaf
1.	Discharged by Endoscopist	Y, N/A	initials
2.	Transport home arranged collection time:	Y, N/A	initials
3.	Vital signs stable & satisfactory	Y, N/A	initials
4.	Alert & orientated (as on admission)	Y, N/A	initials
5.	Pain controlled	Y, N/A	initials
6.	Nausea controlled, no vomiting	Y, N/A	initials
7.	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	Y, N/A	initials
8.	Mobilising as on admission	Y, N/A	initials
9.	Patient told if further pathological specimens will be available, from whom and when	Y, N/A	initials
10.	Discharge information given	Y, N/A	initials
11.	Out Patient appointment given	Y, N/A	initials
12.	IV cannula removed	Y, N/A	initials
13.	Has passed urine	Y, N/A	initials
14.	Identity bracelet removed	Y, N/A	initials
15.	Collected by a responsible adult	Y, N/A	initials
16.	Responsible adult at home for first 24h	Y, N/A	initials
Discharge Criteria met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (record as variance)		initials	
Patient discharged, or, back to Relative/Carer/Support person <input type="checkbox"/> or N/A <input type="checkbox"/>		initials	
Time patient left department <i>15.45</i>		initials	

If Overnight in hospital, record a Variance & start a new post-procedure care record.

VARIANCES: all staff to identify & record variances further Variance Sheet are available
note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance						
date	time	Description of issue	Reason	Action	Initials	Var. code
/	:					

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Interim Patient Handover

version 2 (Nov 19)

Circle: OGD **COLON** FLEXI

Xylocaine - Time Given: -----

Sedation

Entonox

OGD

Colon

Circle: CLO

Bx

Bx

Polyp

Any Special Instructions?

Chip applied to polyp site

OBS - On arrival into Recovery (for transfer to ICP)

Time: 14 55

Circle: **RA/2L** Other?

O2: 99 %

HR: 53

BP: 154

75

Surgical Safety Checklist

(adapted for Endoscopy Unit, SJH NHS Lothian)



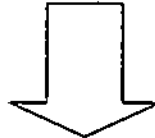
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DATE	16/12/2021
ROOM	1
SITE	ST JOHN'S
OPERATOR	Mr Jhmer
PROCEDURE	Colonoscopy

Please complete ALL boxes

SIGN IN (To be read out loud)		
Pre-procedure		
Member verbally confirms with the team:	YES	NO
Patient confirmed his/her identity, procedure and consent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ICP paperwork, patient labels checked & any relevant Pre-Procedural information passed to endoscopist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Entonox checklist completed and Endoscopist informed of any contraindications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Discussion with patient raising R. arm to withdraw consent during procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All staff followed hand hygiene protocol?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Confirmed scope number and label match	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Initial or Signature:	JJ	




SIGN OUT (To be read out loud)		
Post-procedure		
Member verbally confirms with the team:	YES	NO
All staff followed hand hygiene protocol?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have the specimens been labelled correctly and checked by endoscopist and nurse?	<input checked="" type="checkbox"/>	N/A
Is a follow up appointment required?	<input checked="" type="checkbox"/>	N/A
Initial or Signature:	JJ	

Please record any issues identified

Equanox Administration Sheet

The protocol must be available and adhered to at all times during the "self administration" of Equanox.

A Prescription chart must be completed unless administered under a

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 26-May-60 CHI: 260 560 1188
 71114 JM Gallagher
 5/18 Salamander Court Midlothian
 EH6 7HY


Date 16/12/21

Time 1335

Procedure Colonoscopy

Prescription chart completed by RU

Duration of self administration	Pulse	Respiratory rate	O ₂ Saturations
Start <u>1345</u>	<u>65</u>	<u>16</u>	<u>99%</u>
Finish <u>1435</u>	<u>57</u>	<u>16</u>	<u>98%</u>

Checklist for contra-indications:

(If yes to any question seek advice from medical staff)

Head injury or altered GCS

YES / NO

Maxillofacial injury

YES / NO

Alcohol intoxication

YES / NO

Pnuemothorax or Chest trauma

YES / NO

Respiratory Problems

YES / NO

Recent decompression illness or a recent dive (within 24hrs)

YES / NO

First sixteen weeks of pregnancy

YES / NO

Middle Ear Occlusion

YES / NO

Infection (see decontamination guidance)

YES / NO

Vitamin B12 deficiency

YES / NO

GI Endoscopy

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 03/02/2022
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient: Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI: 502000148M Date of Birth: 26/05/1960
Specialty: GI Endoscopy	Consultant: Dr Alaa AH Shnien

As you are aware the lady above underwent a colonoscopy on the 16th December for her acute diarrhoea and abdominal pain which confirmed diverticulosis and probable benign polyp of 12 mm in the proximal ascending and another one of 15mm in the distal transverse. I have booked her for another colonoscopy to be done in 6 months.

The histopathology of these lesions returned back as sessile serrated lesion on the ascending colon and hypoplastic polyp with no convincing sessile serrated features in the transverse colon and because of the bad preparation I have booked her for another colonoscopy to be done in 6 months and we will keep you updated.

Yours sincerely

Mr Alaa Shnien
Locum Consultant Surgeon

Dictated 3.2.22
Typed 14.2.22

AS/RH

GI Endoscopy

Dr Smith
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date First Created: 11/09/2025
Date/Time Printed: 28/04/2026 14:24
Our Ref: 502000148M
CHI: 2605601188

Patient:	Ms Winifred Devers 5/18 Salamander Court Midlothian Edinburgh EH6 7HY	UHPI:	502000148M
		Date of Birth:	26/05/1960
Specialty:	GI Endoscopy	Consultant:	Dr Alaa AH Shnien

I write on behalf of the waiting list initiative who performed your colonoscopy. The polyps removed at the time of endoscopy have all come back benign and show no cause for concern. The endoscopist has advised you to continue to take part of bowel cancer screening programme moving forward.

Yours sincerely

Dr Rahul Kalla
Consultant Gastroenterologist
Electronically checked and approved by Dr Kalla

Department of Gastroenterology
Royal Infirmary of Edinburgh
Tel. Secretary: 0131 242 2054

Typed: 11/09/25 RK/CC

Cc: GP

Bed 2 ✓

502000148M F
DEVERS Winifred
26-May-60 CHI: 260 560 1188
71114 AE Brimelow
5/18 Salamander Court Midlothian
EH6 7HY

Endoscopy Unit Integrated Care Pathway (ICP)

Pt preferred name: <u>Winnie</u>	Telephone no:
Arrived in unit. Date: <u>16/8/25</u> Time: <u>9:15</u> Consultant: <u>AC</u>	
NoK name and address: <u>Stacy Farrell</u>	Telephone no: <u>07845503 220</u>
Relationship to patient: <u>Daughter in law</u>	
GP name and address: <u>Leithmount Surgery Dr Carter</u>	
Allergies? None known <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (please detail):	
Proposed procedure: <input checked="" type="checkbox"/> Colonoscopy <input type="checkbox"/> Gastroscopy <input type="checkbox"/> Flexible sigmoidoscopy <input type="checkbox"/> Pouch endoscopy <input type="checkbox"/> Endoscopic Ultrasound (EUS) <input type="checkbox"/> Other: with sedation? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Proposed date/time:	Patient confirmed that date is suitable? YES <input type="checkbox"/>


KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

Print name	Designation	Initials	Signature	date
<u>Michelle Casick</u>	<u>SN</u>	<u>MC</u>	<u>[Signature]</u>	<u>16/8/25</u>
<u>CHAMILTON</u>	<u>SN</u>	<u>CH</u>	<u>[Signature]</u>	<u>16/8/25</u>
<u>A GALL</u>	<u>CON</u>	<u>AC</u>	<u>[Signature]</u>	<u>16/8/25</u>
<u>B ASHLASH</u>	<u>SN</u>	<u>BA</u>	<u>[Signature]</u>	<u>16/8/25</u>
5				
6				

Any difficulties with understanding and communication? e.g. interpreter, learning disabilities <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Specify if Yes:
Any mobility issues? <input type="checkbox"/> wheelchair user <input type="checkbox"/> walking aid(s) <input type="checkbox"/> hoist <input type="checkbox"/> Is there any limitation to patient's position? <u>NO</u>
Falls risk assessment required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Post-procedure care: 12 hr care? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Name: _____ Phone: <u>07845503</u>
Adult taking pt home? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Name: <u>Bus home</u> Phone: <u>220</u>
Hospital transport required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Hospital admission: I/P bed required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Reason(s):
Hospital/ward:

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**Endoscopy Unit
 Integrated Care Pathway (ICP)
 Pre-Procedure Assessment**

CHI 2605601188 

To the patient: please complete this assessment before you have your procedure.

Have you ever had any of the following?:	Tick No or Yes	Nurse's comments
Heart attack or stroke	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Heart problems – implant/stent	No <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
Do you have a pacemaker fitted?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
High blood pressure	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Respiratory (breathing) problems	No <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
Shortness of breath	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Diabetes	No <input checked="" type="checkbox"/> YES <input type="checkbox"/>	<input type="checkbox"/> Insulin <input type="checkbox"/> Diet <input type="checkbox"/> Tablets
Epilepsy	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	BM:
Glaucoma	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Could you be pregnant?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Do you use recreational drugs?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Any noticeable weight loss in the past 3-6 months?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Have you ever been contacted as at risk of Creutzfeldt Jakob disease (CJD) for public health purposes?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Are you taking any of the following medications?	Tick No or Yes	Nurse's comments
Clopidogrel	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Warfarin	No <input checked="" type="checkbox"/> YES <input type="checkbox"/>	INR: Date:
Aspirin	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Other anticoagulant(s) e.g. apixaban, Rivoroxaban, Dabigatran, Edoxaban, Daltaparin	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Proton pump inhibitor (PPI) e.g. Omeprazole, Lansoprazole, Esomeprazole, Pantoprazole	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Did you receive instructions about stopping the above medications? If Yes, what were they?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Current medications including 'Over the counter' and complementary medicines, vitamins & minerals. None <input type="checkbox"/>					
Medication name	Dose	Frequency	Medication name	Dose	Frequency
1. BUSCOPAN	5mg				7
2. FLONOXITINE	20mg				8
3.					9
4.					10
5.					11
6.					12

To staff – allergies/sensitivities to be noted on page 1

Reason(s) for procedure:
follow up Polyps.

Relevant past medical history including surgical operations:
Salivary gland removed Diverticular disease.

Would you like any information discussed in private? YES NO

Admitting nurse initials: *me* Date: *16/8/25* Time:

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Midlothian, EH6 7HY

**Endoscopy Unit
Integrated Care Pathway (ICP)
Pre-Procedure Checklist**

For pre-procedure ONCE ONLY medications – use the Presc...

CHI 2605601188

	On admission	Endoscopy PAUSE	Notes
Orientation to the ward/dept/unit	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Patient identification checked & name band(s) applied	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
ALLERGIES RE-CHECKED (same as on page 1)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Correct procedure	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Pre, Peri and Post procedure care explained	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Explanation of withdrawing consent during procedure	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Ensure baseline obs (Obs chart page 4)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Last food: date <u>15/8/25</u> time <u>10am</u>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Last drink: date <u>15/8/25</u> time <u>PM</u>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Bowel prep taken/phosphate enema given or N/A <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<u>Planti water</u>
Entonox checklist completed	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Taken routine drug therapy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Any other relevant issues identified (specify if Yes)			
Jewellery REMOVED/TAPED or N/A <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Belongings secured	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Hearing Aids in situ: <input type="checkbox"/> L <input type="checkbox"/> R or N/A <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Dentures in situ: <input checked="" type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Full or N/A <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Orthopaedic Metal Implants	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Glasses sent with patient	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Spare Stoma bag sent or N/A <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Patient's permission for presence of medical student / work experience student graded <u>n/a</u>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Consent form signed	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Pre-procedure nurse check initials: <u>me</u>			Date <u>16/8/25</u> time: <u>10:00</u>
Procedure room nurse initials: <u>CM SW</u>			Date: <u>16/8/25</u> time: <u>10:30</u>
PAUSE COMPLETED BY: <u>CM SW</u>			

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Endoscopy Unit Integrated Care Pathway (ICP) Pre, Peri and Post-Procedure Obs		Time			
		10:00	10:35	11:00	11:15
Respirations	≥25				
	18-20				
	15-17	15		16	16
	12-14				
	9-11				
Breaths/min	≤8				
	≥96	97	98	95	96
	94-95				
	92-93				
	≤91				
SpO2 (%)	A = Air	A	A	A	A
	O2 L/min				
Blood Pressure	≥220				
	201-219				
	181-200				
	161-180				
	141-160				
	121-140	120		123	139
	111-120				
	101-110				
	91-100				
	81-90	82		83	84
	71-80				
	61-70				
	51-60				
≤50					
Pulse	≥131				
	121-130				
	111-120				
	101-110				
	91-100				
	81-90				
	71-80	75		66	69
	61-70				
	51-60	57			
	41-50				
Sedation	0 (None, patient alert)	0	0	0	
	1- Mild, occasionally drowsy				
	2- Mild, frequently drowsy				
	3-severe, somnolent				
	S-Normal, sleep				
Temperature	≥39.1				
	38.1-39.0				
	37.1-38.0				
	36.1-37.0	36.0		36.0	
	35.1-36.0				
≤35					
Blood Glucose Level or N/A		N/A	N/A	N/A	
Pain score (0-10)		0	0	0	
Nausea score(0-3)		0	0	0	

ML JB JB

71114 AF Brimelow
 502000148M F 26/05/1960

Devers, Winifred
 5/18 Salamander Court,
 Edinburgh,
 Midlothian, EH6 7HY

CHI 2605601188 
 71114 AF, Brimelow

**Endoscopy Unit
 Integrated Care Pathway (ICP)
 Endoscope Tickets**

Nar

DOI

Hos

REF PT-01-04 E0420516
 LOT 24F002YF03
 2029-07-19

STERIS

REF 00711115

UDI (01)00724995182818



(17) 2028-03-24

(11) 2025-03-24

(10) 12137849 LOT

Single use medical equipment labels

502000148M F 26/05/1960
Devers, Winifred
5/18 Salamander Court,
Edinburgh,
Midlothian, EH6 7HY

**Endoscopy Unit
Integrated Care Pathway (ICP)**

CHI 2605601188
71114 AE Brimelow

MEDICATION PRESCRIPTION AND ADMINISTRATION

Date	Medication (Approved name)	Route	Dose	Time	Dose	Time	Dose	Time	Total	Prescriber (sign + print)	Given By
	Oxygen	Nasal/Mask	l/min	:	l/min	:	l/min	:			AC
16/8/25	Buscopan	✓	10mg	10:45							AC
	Entonox	50/50	0	10:30							CH

PERI-PROCEDURE CARE

Cannula site Dam, Size Blue. Skin Prep
 Handwash Gloves Aseptic Insertion Dressing labelled
 Difficulties/complication/deviation from standard technique? YES NO
 BIOPSIES TAKEN: OESOPHAGEAL GASTRIC DUODENAL
 CLO TEST COLON POLYP/S OTHER:
 Oral Suction required Yes or N/A
 Diathermy: none required
 Monopolar , Bipolar site
 Procedure Room Nurse initials* CH SW Date: 16/8/25

POST PROCEDURE

Procedure performed Upper GI Endoscopy Colonoscopy Flexible Sigmoidoscopy
 EUS Other (please specify):
 PROCEDURE SUMMARY: procedure comfort mild , moderate , severe
 Withdrawal time: (For colonoscopy only).....
 TREATMENT GIVEN:.. YES NO ... Specify:.....
 Follow-up required: N/A , YES If YES, specify
 Please refer to Discharge Summary Yes N/A
 SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE:
pt used entonox throughout procedure did experience moderate levels of pain, position changes and tolerated to completion
 Patient can DRINK Yes NO after Patient can EAT Yes NO after
 Suitable for NURSE-LED DISCHARGE? YES NO
 Endoscopist's signature: _____ Date and time: 16/8/25
 Print name: A. CAMILL Designation: CA

502000148M F 26/05/1960

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Edinburgh,
Midlothian, EH6 7HY

CHI 2605601188
71114 AE Brimelow

Endoscopy Unit
Integrated Care Pathway (ICP)
POST PROCEDURE AND DISCHARGE CRITERIA

POST PROCEDURE

1	Trolley lowered, bed rails in situ, buzzer given	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials
2	Observations recorded: on return <i>time 11:20</i>	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials
	at 30mins	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials
	after 1 hour	Y <input type="checkbox"/> N/A <input type="checkbox"/>	initials

NOTE: Obs regime to follow is O₂ sats, TPR, BP Sedation, Pain & Nausea scores [recorded on page 4]

DISCHARGE CRITERIA

			Initials	Comments p8
1	Discharged/Reviewed by Endoscopist	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
2	Transport home arranged Collection time: <i>self</i>	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
3	Vital signs stable and satisfactory	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
4	Alert and orientated (as on admission)	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
5	Pain controlled	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
6	Nausea controlled, no vomiting	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
7	Tolerating fluids/diet [If Throat Spray, drink at 30mins after receiving spray]	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
8	Mobilising as on admission	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
9	Patient told if further pathological specimens will be available, from whom and when	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
10	Patient informed when needs to restart anticoagulants	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
11	Discharge information given	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
12	IV cannula removed	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
13	Identity bracelet removed	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
14	Collected by a responsible adult	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
15	Responsible adult at home for first 24h	Y <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	initials	
DISCHARGE CRITERIA MET? YES <input checked="" type="checkbox"/> NO* <input type="checkbox"/> (*record as variance)			initials	
Patient discharged or back to relative/carer/support person <input type="checkbox"/> or N/A <input checked="" type="checkbox"/>			initials	
Time patient left the department: <i>11:20</i>			initials	

Equanox Administration Sheet

The protocol must be available and adhered to at all times during the "self administration" of Equanox.

A Prescription chart must be completed unless administered under a PGD.

502000148M F 26/05/1960
 Devers, Winifred
 5/18 Salamander Court,
 Edinburgh,
 Midlothian, EH6 7HY
 CHI 2605601188

Date 16/8/25

Time 10⁰⁰

Procedure Cannocopy

Prescription chart completed by _____

Duration of self administration	Pulse	Respiratory rate	O ₂ Sats

Checklist for contra-indications:

(If yes to any question seek advice from medical staff)

- Head injury or altered GCS YES NO
- Maxillofacial injury YES NO
- Alcohol intoxication YES NO
- Pneumothorax or Chest trauma YES NO
- Respiratory Problems YES NO
- Recent decompression illness or a recent dive (within 24hrs) YES NO
- First sixteen weeks of pregnancy YES NO
- Middle Ear Occlusion YES NO
- Infection (see decontamination guidance) YES NO
- Vitamin B12 deficiency YES NO

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Midlothian, EH6 7HY

CHI 2605601188 

Consent Form for a Colonoscopy (with Plenvu)

Name of procedure/investigation: **Colonoscopy**

Inspection of the colon using a flexible scope – with or without a biopsy and/or a polypectomy.
Please read the patient information leaflet for further details: **Colonoscopy with Plenvu version 1.0**

This procedure will involve:

Intravenous analgesia Inhaled analgesia (Entonox) Sedation None

Following a request for further information: Statement of the healthcare professional

With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient, in particular:

The intended benefits of the procedure:

Discussed.

The possible risks involved. I have discussed and listed below the significant, unavoidable and/or frequently occurring risks, including any risks that may be of specific concern to the patient:

Risks specific to colonoscopy are bleeding, perforation, incomplete procedure, and missed pathology

discussed

The benefits and risks of alternative treatments that might be offered for this patient – including the option of no treatment:

discussed

Any extra procedure(s) that might become necessary during this procedure

e.g. blood transfusion Other procedure (please state)

Healthcare Professional's signature: *Michelle Currah*

Print name and job title: *Michelle Currah*

Date:

16/8/25

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand

Signature:

Print name:

Or, please note the telephone interpreter ID number:

Date:

___/___/___

To the patient	
<p>You have the right to change your mind at any time, including after you have signed this consent form.</p> <p>I have read and understood the information in the patient information leaflet.</p> <p>I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.</p> <p>I wish to proceed with the planned procedure.</p>	
Signature: <i>x Winifred Devers</i> Print name: WINIFRED DEVERS	Date: <u>16</u> / <u>8</u> / <u>25</u>
If signing for a child or young person (<i>delete if not applicable</i>) I confirm that I am a person with parental responsibility for the patient named on this form:	
Signature: Relationship to the patient:	Date: ___/___/___
If the patient is unable to sign but has indicated his/her consent, a witness should sign below:	
Signature (Witness) Print name: Address:	Date: ___/___/___

Confirmation of Consent (where the procedure/treatment has been discussed in advance)	
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.	
Healthcare Professional's signature: <i>Michelle Cusick</i> Print name and job title: Michelle Cusick SN	Date: <u>16</u> / <u>8</u> / <u>25</u>

Withdrawal of patient consent	
The option of withdrawing consent has been discussed and agreed by the team treating the patient.	
Signature: <i>p Winifred Devers</i> Print name: Winifred Devers	Date: <u>16</u> / <u>8</u> / <u>25</u>
Healthcare Professional's signature: <i>Michelle Cusick</i> Print name and job title: Michelle Cusick	Date: <u>16</u> / <u>8</u> / <u>25</u>

Referrals

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Gastroenterology - Medical A9S1
L GI - Lower

Western General Hospital (S116H)
Crewe Road South
Edinburgh
EH4 2XU

Urgency of referral Routine
Date of referral 16/08/2010
Date submitted 17/08/2010
UCPN 1010008700218

PATIENT DETAILS

Surname
Forename(s)
Title Sex
Date of birth
CHI no.
Previous Surname

Address

6 Sutherland Street
EDINBURGH
EH12 5HP

Contact number(s)

Voice : 07954189850

REFERRING PRACTITIONER DETAILS

Name
GMC code GP code
Practice name
Practice code

Practice address

21 CHESTER STREET
EDINBURGH
EH3 7RF

Contact number(s)

Voice : 0131 225 5220

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Abdominal Bloating ? cause

Comment: Dear Colleague I would be grateful to you reviewing this 50 year old lady who is complaining of a few year history of abdominal bloating. She has occasional PR bleeding which is normally associated with symptoms of her pile and a bit of pruritis ani. It is always bright red and fresh and on wiping. She feels that she has also got increased flatus but no specific bowel changes. She has a regular cycle, no intermenstrual bleeding or post-coital bleeding and has not been treated for any abdominal problems in the past. She had an abdominal and pelvic ultrasound scan in 2006 which was normal and was referred for colonoscopy back in 2000 for painless rectal bleeding but failed to attend her appointment. Of note in her past medical history is anxiety and depression. She is currently taking Fluoxetine 20mg daily for that. Abdominal examination is unremarkable. Her abdomen is soft with no masses palpable and normal bowel sounds. I checked all her bloods the other day including thyroid function, coeliac screen, CEA and CEA125 but would be grateful to you reviewing her in clinic to see if she would be somebody suitable for further investigations. Many thanks for your help. Yours faithfully
DR CATHERINE SMITH

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Carer		for mother who has brain tumour		01/03/2009
Shoulder pain		Lt		01/09/2008
O/E - rash present		itchy, crusted rash on legs - all tests normal		01/09/2007
Change in bowel habit		Irregular- DNAs colonoscopy		01/05/2007
Neurotic depression reactive type				01/03/2006
Closed fracture nose		Lt side, paranasal sinuses clear		01/09/2005
Persistent mastalgia		Ref Breast clinic - DNA		01/06/2005
Anxiety with depression				01/01/2005
Painless rectal bleeding		Ref GI - DNA Colonoscopy		01/01/2000
Anxiety with depression				01/01/1999
Varicose veins of the legs		stripped, bilateral		01/01/1997
Female pelvic inflammatory diseases				01/01/1987

Past procedures (High priority - carried out within the last 12 months)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Other diagnostic ultrasound	Abdo and Pelvic - NAD			01/06/2006
Excision of submandibular gland	Rt- Pathology normal			01/12/2005

Termination of pregnancy NEC		01/01/2001
Colposcopy	and laser	01/01/1999
Colposcopy	fpr CIN II	01/01/1989
Termination of pregnancy NEC		01/01/1988
Termination of pregnancy NEC		01/01/1987
Termination of pregnancy NEC		01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Nitrofurantoin	05.01.13.0	CAPS 50MG	1 Cap	4 times daily	12/08/2010		12/08/2010
Trimethoprim	05.01.08.0	TABS 200MG	1 Tab	Twice daily	06/08/2010		06/08/2010
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	06/08/2010		06/08/2010
Paracetamol	04.07.01.0	TABS 500MG	2 Tabs	max 4 times daily prn	14/06/2010		14/06/2010
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	14/06/2010		14/06/2010

Additional relevant information

Smoking history (Encounters): Current smoker , Date recorded: 28-Sep-2009

Alcohol history (Encounters): , Date recorded: 28-Sep-2009

Exercise history (Encounters): Enjoys moderate exercise , Date recorded: 28-Sep-2009

Patient Weight in Kilograms:77

Patient Height in Metres:1.66

Patient BMI:27.94

Patient Blood Pressure (Systolic):135

Patient Blood Pressure (Diastolic):89

Signature of referring doctor (or other professional) **Date**

IMAGING REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO	
Clinical Radiology H1 L Radiology	
Western General Hospital (S116H) Crewe Road South Edinburgh EH4 2XU	
Urgency of referral	Routine
Date of referral	25/08/2010
Date submitted	25/08/2010

PATIENT DETAILS		Address
Surname	Devers	6 Sutherland Street EDINBURGH EH12 5HP
Forename(s)	Winifred	
Title	Miss Sex Female	
Date of birth	26/05/1960	
CHI no.	2605601188	Contact number(s)
Previous Surname		Voice : 07954189850

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Catherine Smith	21 CHESTER STREET EDINBURGH EH3 7RF
GMC code	6075177 GP code 46205	
Practice name	WEST END MEDICAL PRACTICE (70319)	
Practice code	70319	
		Contact number(s)
		Voice : 0131 225 5220

INVESTIGATION REQUESTED

Test Requested: Other - Specify below

Reason for Request:

REQUEST FOR PELVIC ULTRASOUND SCAN Dear Colleague I would be grateful to you arranging a pelvic ultrasound scan of this 50 year old lady who complains of long standing problems of abdominal pain and bloating. There is nothing abnormal to find on examination but due to her body habitus it was slightly difficult to palpate her uterus. A CA125 was normal but I am keen to exclude any underlying ovarian pathology. Many thanks for your help. Yours faithfully DR CATHERINE SMITH

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Other - Specify below

Comment: REQUEST FOR PELVIC ULTRASOUND SCAN Dear Colleague I would be grateful to you arranging a pelvic ultrasound scan of this 50 year old lady who complains of long standing problems of abdominal pain and bloating. There is nothing abnormal to find on examination but due to her body habitus it was slightly difficult to palpate her uterus. A CA125 was normal but I am keen to exclude any underlying ovarian pathology. Many thanks for your help. Yours faithfully DR CATHERINE SMITH

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Additional relevant information

Smoking history (Encounters): Current smoker , Date recorded: 28-Sep-2009

Alcohol history (Encounters): , Date recorded: 28-Sep-2009

Exercise history (Encounters): Enjoys moderate exercise , Date recorded: 28-Sep-2009

Patient Weight in Kilograms:77

Patient Height in Metres:1.66

Patient BMI:27.94

Patient Blood Pressure (Systolic):135

Patient Blood Pressure (Diastolic):89

Signature of referring doctor (or other professional) **Date**

Imaging Dept. Use Only

Radiographer

Room

No. of images

Dose/Exposure

Pregnant Yes/No

Allergies Yes/No

Previous
Reaction

Yes/No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT) C5
L Basic SIGN Referral

Lauriston Buildings (S374C)
Lauriston Place
Edinburgh
EH3 9EN

Urgency of referral Routine
Date of referral 21/10/2010
Date submitted 22/10/2010
UCPN 101001156218U

PATIENT DETAILS

Surname
Forename(s)
Title Sex
Date of birth
CHI no.
Previous Surname

Address

6 Sutherland Street
EDINBURGH
EH12 5HP

Contact number(s)

Voice : 07952 456 987

REFERRING PRACTITIONER DETAILS

Name
GMC code GP code
Practice name
Practice code

Practice address

21 Chester Street
Edinburgh
EH3 7RF

Contact number(s)

Voice : 0131 225 5220
Facsimile : 0131 226 1910

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: ? Meniere's disease

Comment: Dear Doctor I would be grateful if you would review this 50 year old female. She presents with right ear discomfort. She remembers removing wax from her ears with curby grips when a teenager. She describes some hearing loss from this ear and tinnitus which she describes as sounding like a 'washing machine in her ear'. She also has frequent episodes of feeling as if the room is spinning. This usually settles spontaneously within minutes. Examination today showed her cranial nerves to be intact. There were no cerebellar signs. She is Romberg's negative. In the right ear there is a small amount of otitis externa and I have given her some Otomize for this. I also wonder whether there is an old perforation of her tympanic membrane, which has healed. I wonder whether this lady has Meniere's disease and would be grateful for your assessment. Many thanks for your help in the management of this patient. With kind regards. Yours sincerely DR JANE SWEENEY GP REGISTRAR

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Carer		for mother who has brain tumour		01/03/2009
Shoulder pain		Lt		01/09/2008
O/E - rash present		itchy, crusted rash on legs - all tests normal		01/09/2007
Change in bowel habit		Irregular- DNAs colonoscopy		01/05/2007
Neurotic depression reactive type				01/03/2006
Closed fracture nose		Lt side, paranasal sinuses clear		01/09/2005
Persistent mastalgia		Ref Breast clinic - DNA		01/06/2005
Anxiety with depression				01/01/2005
Painless rectal bleeding		Ref GI - DNA Colonoscopy		01/01/2000
Anxiety with depression				01/01/1999
Varicose veins of the legs		stripped, bilateral		01/01/1997
Female pelvic inflammatory diseases				01/01/1987

Past procedures (High priority - carried out within the last 12 months)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Other diagnostic ultrasound	Abdo and Pelvic - NAD			01/06/2006
Excision of submandibular gland	Rt- Pathology normal			01/12/2005
Termination of pregnancy NEC				01/01/2001
Colposcopy	and laser			01/01/1999
Colposcopy	fpr CIN II			01/01/1989

Termination of pregnancy NEC	01/01/1988
Termination of pregnancy NEC	01/01/1987
Termination of pregnancy NEC	01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Otomize	12.01.01.0	Ear 5ml SPRAY	Apply	3 Times daily	19/10/2010		19/10/2010
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	19/10/2010		19/10/2010
Mebeverine Hydrochloride	01.02.00.0	TABS 135MG	1 Tab	3 Times daily	19/10/2010		19/10/2010
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	19/08/2010		19/08/2010
Mebeverine Hydrochloride	01.02.00.0	TABS 135MG	1 Tab	3 times daily	19/08/2010		19/08/2010
Nitrofurantoin	05.01.13.0	CAPS 50MG	1 Cap	4 times daily	12/08/2010		12/08/2010
Trimethoprim	05.01.08.0	TABS 200MG	1 Tab	Twice daily	06/08/2010		06/08/2010
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	06/08/2010		06/08/2010

Additional relevant information

Smoking history (Encounters): Current smoker , Date recorded: 28-Sep-2009

Alcohol history (Encounters): , Date recorded: 28-Sep-2009

Exercise history (Encounters): Enjoys moderate exercise , Date recorded: 28-Sep-2009

Patient Weight in Kilograms:77

Patient Height in Metres:1.66

Patient BMI:27.94

Patient Blood Pressure (Systolic):135

Patient Blood Pressure (Diastolic):89

Signature of referring doctor (or other professional) **Date**

~~June 23/8 10.30~~

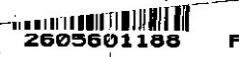


X-RAY REQ **NO CONTACT** (PATIENT REQUIRED)

Patient Details
Full (10 digit) CHI

Surname
Forename

DEVERS
Winifred Irene



5-18 Salamander Court

Address:

EDINBURGH EH6 7HY 07952456987 26/05/1960

Post Code

Dr Corinne Aitken



Links Medical Centre
Dr S.H. Trotter and Partners -mail)
0131 554 1036

Practice Tel. No.
Practice Fax
Practice e-mail

Referring GP
Practice Name
Practice Address

Examination Requested / Radiologist please advise appropriate exam (delete/complete as appropriate)

Ultrasound Pelvis

Clinical Problem

intermittent stabbing pains Left LF.
worse recently.

PV: tender Lt adnexal space
no mass felt - but large absds, difficult exam.
also otherwise soft, bowels regular.

Duration of symptoms

Relevant Previous History (including previous surgery)

periods were regular till
this month.
not pregnant.

? check re ovarian cyst.

LMP

(females aged 12-50 for X-Ray including Abdomen, Lumbar Spine or Pelvic area)

Is this patient diabetic?

YES NO

If Yes is the patient taking Metformin?

YES NO

Is there any history of allergy to iodinated contrast or other significant allergy/atopy?

YES NO

Is there a history of cardiac disease/ glaucoma?

YES NO

Does this patient weigh more than 20 stone?

YES NO

SIGNATURE

[Signature]

Date of Referral

4/8/11

Department Phone/Fax (Please phone to discuss urgent requests)

Chalmers 536 2941/ 536 2696

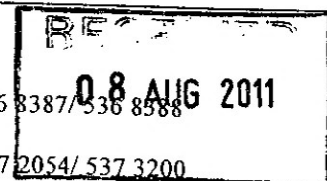
Leith CTC 536 6410/ 536 6407

RIE 242 3700/ 242 3702

Roodlands 536 8387/ 536 8588

WGH 537 2054/ 537 3200

St Johns 01506 419666 ext: 2196



NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology
Urgency of referral	Routine
Date of referral	13/10/2011
Date submitted	13/10/2011

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Home) : 07952456987
Name:	Miss Winifred Irene Devers	EDINBURGH	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Jennifer Dunlop (GMC: 6115423)	Links Medical Centre 4 Hermitage Place Edinburgh EH6 8BW
Practice:	Dr J W Paterson & Partners (70677)	
Phone:	Voice : 0131 554 1036	

INVESTIGATION REQUESTED

Test Requested: Ultrasound Gynaecology

Reason for Request: did not contact for appointment when previously referred, on going symptoms, would like to have scan done, see attached referral

CLINICAL INFORMATION

Additional information

Smoking history (Encounters):Current smoker Date recorded:4-Aug-2011
Alcohol history (Encounters):Teetotaller Date recorded:3-Mar-2011
Exercise history (Encounters):Enjoys light exercise Date recorded:3-Mar-2011
Patient Weight in Kilograms:80.7
Patient Height in Metres:1.65
Patient BMI:29.64
Patient Blood Pressure (Systolic):130
Patient Blood Pressure (Diastolic):70

NHS Lothian - Referral Letter

Referral To	Western General Hospital Gastroenterology - Medical L GI - Upper
Urgency of referral	Urgent
Date of referral	10/07/2014
Date submitted	11/07/2014
UCPN	101007535635F

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 SALAMANDER COURT	Voice (Home) : 07506066276
Name:	MISS WINIFRED DEVERS	EDINBURGH	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Kim Henry (GMC: 6128714)	Links Medical Centre 4 Hermitage Place Edinburgh EH6 8BW
Practice:	Dr J W Paterson & Partners (70677)	
Phone:	Voice : 0131 554 1036	

CLINICAL INFORMATION

Reason for Referral: Raised CEA level
Main Referral: KH/KL
Text: Dear Doctor,

This 54 year old lady attended a&e at the end of June with left upper quadrant pain and bloating. The pain had been present for several days and was about a 9/10 in severity at times. She has had worsening problems with bloating over the last two years and also an increase in problems with constipation. A&E advised blood tests be performed by her GP for CA125 and CEA levels. Unfortunately, her CEA level is raised at 13.4 with a normal CA125 level of 12. She has been given a trial of Movicol for her bowels. However, in view of her worsening constipation with a raised CEA level, i would be grateful if she could be given an appointment for further assessment.

Kind Regards,

Yours sincerely,

Dr K Henry

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Date records held from		12/07/1960	04/03/2011	04/03/2011
Notes summary on computer		SF	04/03/2011	04/03/2011
Closed fracture nasal bone		Left	09/09/2005	09/09/2005
Mammary duct ectasia			27/06/2005	27/06/2005
Sialoadenitis - submandibular		Right	07/12/2000	07/12/2000
Other face injuries		brusing below both eyes & cut lateral (R) eyebrow : ? assault	13/12/1999	13/12/1999
[X]Depressive episode			26/11/1998	26/11/1998
Spontaneous vaginal delivery		Son	13/07/1994	13/07/1994
[X]Depressive episode			17/03/1992	17/03/1992
Spontaneous vaginal delivery		Daughter	08/01/1992	08/01/1992

Peptic ulcer NOS		16/03/1988	16/03/1988
PID - pelvic inflammat disease		19/09/1986	19/09/1986
Varicose veins of legs	Bilateral	21/10/1985	21/10/1985
[X]Assault by sharp object	Right ; : 10cm laceration medial side of tibia	18/05/1985	18/05/1985
Spontaneous vaginal delivery	Son	26/12/1981	26/12/1981
History of viral hepatitis		17/08/1977	17/08/1977
Anxiety states		01/06/1973	01/06/1973
Pneumonia - mycoplasma pneumon		01/09/1967	01/09/1967
Open wound wrist unspecified	Right ; : cut from glass following fall	23/02/1966	23/02/1966

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Excision submandibular gland	Right		02/12/2005	02/12/2005
Termination of pregnancy NEC			16/08/2001	16/08/2001
Helicobact eradication therapy	HP +ve		17/09/1998	17/09/1998
OS combin op varicose vein leg	Bilateral ; : sclerotherapy & stab avulsion		13/05/1997	13/05/1997
Diagnostic laparoscopy			04/02/1997	04/02/1997
Reduction # nasal bones NEC			02/11/1992	02/11/1992
Dilation Cx & curettage ut NEC			30/10/1989	30/10/1989
Colposcopy of cervix			04/05/1989	04/05/1989
Termination of pregnancy NEC			09/12/1988	09/12/1988
Termination of pregnancy NEC			06/05/1987	06/05/1987
Termination of pregnancy NEC			02/12/1980	02/12/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Movicol Plain oral powder 13.7g sachets (Norgine Pharmace...	sachet	TAKE ONE AS NEEDED		02/07/2014		02/07/2014
Amoxicillin 500mg capsules	capsule	1 CAPSULE THREE TIMES A DAY		02/07/2014		02/07/2014

Additional information

Smoking history (Encounters):Current smoker Date recorded:16-Aug-2013
 Alcohol history (Encounters):Teetotaller Date recorded:03-Mar-2011
 Exercise history (Encounters):Enjoys light exercise Date recorded:03-Mar-2011
 Patient Weight in Kilograms:80.7
 Patient Height in Metres:1.65

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	22/09/2014
Date submitted	22/09/2014

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 SALAMANDER COURT	Voice (Home) : 07506066276
Name:	MISS WINIFRED DEVERS	EDINBURGH	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr Mehra Ahmed (GMC: 6100830)	LINKS MEDICAL CENTRE 4 HERMITAGE PLACE
Practice:	Links Medical Centre	EDINBURGH MIDLOTHIAN
Phone:	Voice : 01315541036	EH6 8BW

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: intermittent smoker. cough for 1 month. green sputum. no chest pain. chest - clear. Rule out lung pathology

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Chronic Cough :	true	
Please provide smoking status :	Smoker	
Could the patient be pregnant? :	Blank	

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	17/07/2015
Date submitted	17/07/2015

<u>PATIENT DETAILS</u>		Contact Details
CHI number:	2605601188	5-18 Salamander Court
Name:	MS Winifred Devers	Edinburgh
Date of birth:	26/05/1960	EH6 7HY
Sex:	Female	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr Stephen Carty (GMC: 4228789)	Leith Mount Surgery
Practice:	Leith Mount Surgery	2 Lindsay Street
Phone:	Voice : 0131 561 1900	Edinburgh EH6 4EG

INVESTIGATION REQUESTED

Test Requested: Ultrasound Upper abdomen

Reason for Request: persistent LUQ and left loin discomfort. Upper and lower GI examination normal Tender to deep palpation below left costal margin and over left kidney

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Duration of Symptoms :		months
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does this patient weigh more than 20 stone? :	No	
Any previous imaging? :	No	

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	22/05/2017
Date submitted	22/05/2017

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07879108669
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr Sara Hornibrook (GMC: 3002696)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Pelvic organs (Gynaecology)**

Reason for Request: Thank you for seeing this 56 year old, who has had suprapubic pain radiating to her back. She has a strong FH of ovarian cancer. On examination, urinalysis nad. Tender suprapubically. PV- difficult to assess ovaries and uterus due to adipose tissue. She is going to attend for bloods.

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result Date</u>
Duration of Symptoms :	2d
Is the patient diabetic? :	No
Is the patient allergic to Latex? :	No
Does this patient weigh more than 20 stone? :	No

Additional information

Patient Weight in Kilograms:80
Patient Height in Metres:163

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	01/08/2017
Date submitted	01/08/2017

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07879108669
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr Sara Hornibrook (GMC: 3002696)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Pelvic organs (Gynaecology)**

Reason for Request: Please see attached original referral. Unfortunately the appointment was delivered to her neighbour. She is still keen to have this undertaken. Thank you for sending another appt.

CLINICAL INFORMATION

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017

Patient Weight in Kilograms:80

Patient Height in Metres:163

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	22/05/2017
Date submitted	22/05/2017

PATIENT DETAILS

CHI number: 2605601188

Name: Ms Winifred Devers

Date of birth: 26/05/1960

Sex: Female

Contact Details

5-18 Salamander Court

Edinburgh

EH6 7HY

Voice(Mobile) : 07879108669

REFERRING PRACTITIONER DETAILS

Name: Dr Sara Hornibrook (GMC: 3002696)

Practice: Leith Mount Surgery

Phone: Voice : 0131 561 1900

Practice address

Leith Mount Surgery

2 Lindsay Street

Edinburgh

EH6 4EG

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Pelvic organs (Gynaecology)**

Reason for Request: Thank you for seeing this 56 year old, who has had suprapubic pain radiating to her back. She has a strong FH of ovarian cancer. On examination, urinalysis nad. Tender suprapubically. PV- difficult to assess ovaries and uterus due to adipose tissue. She is going to attend for bloods.

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result Date</u>
Duration of Symptoms :	2d
Is the patient diabetic? :	No
Is the patient allergic to Latex? :	No
Does this patient weigh more than 20 stone? :	No

Additional information

Patient Weight in Kilograms:80

Patient Height in Metres:163

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	08/09/2017
Date submitted	08/09/2017

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07879108669
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Andrew Brimelow (GMC: 2849089)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 554 2958	EH6 4EG

INVESTIGATION REQUESTED

Test Requested: Ultrasound Pelvic organs (Gynaecology)

Reason for Request: Ongoing suprapubic pain. DNAs x2. Very apologetic.

CLINICAL INFORMATION

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017

Patient Weight in Kilograms:80

Patient Height in Metres:163

②

MON 28/8 @ 1.45

NHS Lothian - Imaging Request**DNA**

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	01/08/2017
Date submitted	01/08/2017

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court Edinburgh EH6 7HY	Voice (Mobile) : 07879108669
Name:	Ms Winifred Devers		
Date of birth:	26/05/1960		
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Sara Hornibrook (GMC: 3002696)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

INVESTIGATION REQUESTED

Test Requested:	Ultrasound Pelvic organs (Gynaecology)	<i>Next FB</i>
Reason for Request:	Please see attached original referral. Unfortunately the appointment was delivered to her neighbour. She is still keen to have this undertaken. Thank you for sending another appt.	

CLINICAL INFORMATION

Additional information	<i>CA 125 = 11</i>	<i>20.6.17</i>
Smoking history (Encounters): Cigarette smoker, 5 Cigarettes/day Date recorded: 20-Jun-2017		
Patient Weight in Kilograms: 80		
Patient Height in Metres: 163		

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	22/05/2017
Date submitted	22/05/2017

<u>PATIENT DETAILS</u>		<u>Contact Details</u>	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07879108669
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		<u>Practice address</u>
Name:	Dr Sara Hornibrook (GMC: 3002696)	Leith Mount Surgery
Practice:	Leith Mount Surgery	2 Lindsay Street
Phone:	Voice : 0131 561 1900	Edinburgh
		EH6 4EG

INVESTIGATION REQUESTED

Test Requested:	Ultrasound Pelvic organs (Gynaecology)
Reason for Request:	Thank you for seeing this 56 year old, who has had suprapubic pain radiating to her back. She has a strong FH of ovarian cancer. On examination, urinalysis nad. Tender suprapubically. PV- difficult to assess ovaries and uterus due to adipose tissue. She is going to attend for bloods.

CLINICAL INFORMATION

<u>Investigations</u>	
<u>Description</u>	<u>Result Date</u>
Duration of Symptoms :	2d
Is the patient diabetic? :	No
Is the patient allergic to Latex? :	No
Does this patient weigh more than 20 stone? :	No
<u>Additional information</u>	
Patient Weight in Kilograms:80	
Patient Height in Metres:163	

(2) Fri 9/6 13 00.

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	22/05/2017
Date submitted	22/05/2017

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court Edinburgh EH6 7HY	Voice (Mobile) : 07879108669
Name:	Ms Winifred Devers		
Date of birth:	26/05/1960		
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Sara Hornibrook (GMC: 3002696)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

INVESTIGATION REQUESTED

Test Requested:	Ultrasound Pelvic organs (Gynaecology) <i>FB JS Next</i>
Reason for Request:	Thank you for seeing this 56 year old, who has had suprapubic pain radiating to her back. She has a strong FH of ovarian cancer. On examination, urinalysis nad. Tender suprapubically. PV- difficult to assess ovaries and uterus due to adipose tissue. She is going to attend for bloods.

CLINICAL INFORMATION

Investigations	
Description	Result Date
Duration of Symptoms :	2d
Is the patient diabetic? :	No
Is the patient allergic to Latex? :	No
Does this patient weigh more than 20 stone? :	No
Additional information	
Patient Weight in Kilograms: 80	
Patient Height in Metres: 163	

DNA

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	01/08/2017
Date submitted	01/08/2017

PATIENT DETAILS

CHI number: 2605601188

Name: Ms Winifred Devers

Date of birth: 26/05/1960

Sex: Female

Contact Details

5-18 Salamander Court

Edinburgh

EH6 7HY

Voice(Mobile) : 07879108669

REFERRING PRACTITIONER DETAILS

Name: Dr Sara Hornibrook (GMC: 3002696)

Practice: Leith Mount Surgery

Phone: Voice : 0131 561 1900

Practice address

Leith Mount Surgery

2 Lindsay Street

Edinburgh

EH6 4EG

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Pelvic organs (Gynaecology)**

Reason for Request: Please see attached original referral. Unfortunately the appointment was delivered to her neighbour. She is still keen to have this undertaken. Thank you for sending another appt.

CLINICAL INFORMATION

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017

Patient Weight in Kilograms:80

Patient Height in Metres:163

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	22/05/2017
Date submitted	22/05/2017

PATIENT DETAILS

CHI number: 2605601188

Name: Ms Winifred Devers

Date of birth: 26/05/1960

Sex: Female

Contact Details

5-18 Salamander Court

Edinburgh

EH6 7HY

Voice(Mobile) : 07879108669

REFERRING PRACTITIONER DETAILS

Name: Dr Sara Hornibrook (GMC: 3002696)

Practice: Leith Mount Surgery

Phone: Voice : 0131 561 1900

Practice address

Leith Mount Surgery

2 Lindsay Street

Edinburgh

EH6 4EG

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Pelvic organs (Gynaecology)**

Reason for Request: Thank you for seeing this 56 year old, who has had suprapubic pain radiating to her back. She has a strong FH of ovarian cancer. On examination, urinalysis nad. Tender suprapubically. PV- difficult to assess ovaries and uterus due to adipose tissue. She is going to attend for bloods.

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result Date</u>
Duration of Symptoms :	2d
Is the patient diabetic? :	No
Is the patient allergic to Latex? :	No
Does this patient weigh more than 20 stone? :	No

Additional information

Patient Weight in Kilograms:80

Patient Height in Metres:163

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	09/10/2017
Date submitted	09/10/2017

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07392760196
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr Hannah McCarthy (GMC: 7044606)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

INVESTIGATION REQUESTED

Test Requested: Shoulder left

Reason for Request: 10 month history of Left shoulder pain and clicking following an injury November 2016. She reports reduced activity, not managing with pain levels. Initially had worked through the pain - holding down several part time jobs. Now unable to cope. O/e no obvious asymmetry or deformity. Tender across posterior aspect. FROM Please arrange xray for further assessment.

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result Date</u>
Could the patient be pregnant? : Blank	

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	04/12/2017
Date submitted	04/12/2017

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07392760196
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Daniela Hofer (GMC: 6133497)	2 Lindsay Street
Practice:	Leithmount Surgery	
Phone:		

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: several weeks of coughing, occasionally productive. +++ mould in flat. Chest clear on auscultation. ? any pathology on CXR Many thanks,

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result Date</u>
Could the patient be pregnant? : Blank	

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Elbow & Shoulder L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	19/10/2017
Date submitted	19/10/2017
UCPN	101014718921M

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07392760196
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Hannah McCarthy (GMC: 7044606)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

CLINICAL INFORMATION

Reason for Referral: Left SHoulder Pain

Main Referral Text: This 57 year old Nursing home Manager reports a prolonged history of Left shoulder pain and limitation to her daily activities at work. She had an xray which confirmed signs of rotator cuff tendonitis. She is keen for further specialist review due to the prolonged nature of her symptoms and the impact on her work.
Many thanks

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed
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Movicol Plain Powder sachets 13.7 grams/sachet	60 sachet	ONE SACHET TWICE DAILY AS REQUIRED	01/05/2015	<u>Date</u> 10/03/2017
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Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diclofenac Diethylammonium Gel 1.16 %	40 gram	APPLY 3 X TIMES DAILY AS NEEDED		16/10/2017	42 Days	16/10/2017
Naproxen Tablets 500 mg	56 TABLET	1 BD		16/10/2017	42 Days	16/10/2017
Diclofenac Diethylammonium Gel 1.16 %	40 gram	APPLY 3 X TIMES DAILY AS NEEDED		09/10/2017	42 Days	09/10/2017
Diazepam Tablets 5 mg	14 tablet	ONE DAILY		09/10/2017	49 Days	16/10/2017
Diazepam Tablets 5 mg	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY		25/09/2017	2 Days	25/09/2017
Diazepam Tablets 5 mg	10 tablet	ONE TO BE TAKEN THREE TIMES A DAY		20/09/2017	3 Days	20/09/2017
Prochlorperazine Maleate Tablets 5 mg	10 TABLET	ONE TO BE TAKEN THREE TIMES A DAY FOR NAUSEA		20/09/2017	42 Days	20/09/2017
Fluoxetine Hydrochloride Capsules 20 mg	60 capsule	ONE TO BE TAKEN EACH DAY		01/08/2017	80 Days	08/09/2017

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017

Patient Weight in Kilograms:80

Patient Height in Metres:163

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Breast L Breast - Non Urgent
Urgency of referral	Routine
Date of referral	01/05/2018
Date submitted	01/05/2018
UCPN	101016020887F

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07938751110
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Julie Gallagher (GMC: 3684582)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 554 2958	EH6 4EG

CLINICAL INFORMATION

Reason for Referral: L breast tenderness in axillary tail

Main Referral Text: 2/52 Hx of L axillary tail tenderness, No lesions palpable,
No lymph nodes palpable and no skin lesions visible.
Currently suffering from L rotator cuff injury.

Pain could be due to this but as tender on palpitation of L axilla tail I would prefer secondary review

PMHx depression

Examinations and Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Unilateral Mastalgia :	true	
Main Lesion :	Left Breast	
Main Lesion :	(POSITION NOT SPECIFIED)	
Main Lesion :	(SIZE NOT SPECIFIED)	
Other Lesion :	(BREAST NOT SPECIFIED)	
Other Lesion :	(POSITION NOT SPECIFIED)	
Other Lesion :	(SIZE NOT SPECIFIED)	
Duration :	<1 month	
Previous Breast History :	None	
Menopausal Status :	Post	
Mammogram, if done - approx date and where done :	4 yrs ago. Routine screening	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Otomize Spray	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY		12/04/2018	42 Days	12/04/2018
Naproxen E/c tablets 500 mg	56 tablet	1 BD		06/03/2018	98 Days	01/05/2018
Fluoxetine Hydrochloride Capsules 20 mg	60 capsule	ONE TO BE TAKEN EACH DAY		06/02/2018	42 Days	06/02/2018
Naproxen E/c tablets 500 mg	56 tablet	1 BD		11/01/2018	54 Days	06/02/2018
Diazepam Tablets 2 mg	14 tablet	1 UP TO TDS OR MUSCLE SPASM		04/12/2017	190 Days	01/05/2018

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017

Patient Weight in Kilograms:80

Patient Height in Metres:1.63

NHS Lothian - Referral Letter

Referral To	St John's Hospital Plastic Surgery - Hands Service L Hand Clinic
Urgency of referral	Routine
Date of referral	10/05/2018
Date submitted	10/05/2018
UCPN	101016083933B

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07938751110
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Sara Hornibrook (GMC: 3002696)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 554 2958	EH6 4EG

CLINICAL INFORMATION

Reason for Referral: L trigger thumb

Main Referral Text: Thank you for seeing this 57 year old, who has L trigger thumb. She is a nursing home manager and has a job which involves heavy lifting. She is currently off work due to a L rotator cuff problem and is waiting for an orthopaedic opinion. Thank you for seeing her.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

Procedure	Comment	Laterality	Modifier	Date Performed	Date Recorded
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
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Otomize Spray	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	12/04/2018	42 Days	12/04/2018
Naproxen E/c tablets 500 mg	56 tablet	1 BD	06/03/2018	98 Days	01/05/2018
Diazepam Tablets 2 mg	14 tablet	1 UP TO TDS OR MUSCLE SPASM	04/12/2017	190 Days	01/05/2018

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017

Patient Weight in Kilograms:80

Patient Height in Metres:1.63

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Elbow & Shoulder L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	10/05/2018
Date submitted	10/05/2018
UCPN	101016083853B

<u>PATIENT DETAILS</u>		<u>Contact Details</u>	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07938751110
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		<u>Practice address</u>
Name:	Dr Sara Hornibrook (GMC: 3002696)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

CLINICAL INFORMATION

Reason for Referral: L rotator cuff

Main Referral Text: Please see attached- she was referred in October 2017 and has still not received an appointment. She is a nursing home manager and does heavy lifting. She is keen to return to work. I should be grateful if she could be seen soon please.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
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Otomize Spray	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY	12/04/2018	42 Days	12/04/2018
Naproxen E/c tablets 500 mg	56 tablet	1 BD	06/03/2018	98 Days	01/05/2018
Diazepam Tablets 2 mg	14 tablet	1 UP TO TDS OR MUSCLE SPASM	04/12/2017	190 Days	01/05/2018

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017

Patient Weight in Kilograms:80

Patient Height in Metres:1.63

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Orthopaedic - Elbow & Shoulder L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	19/10/2017
Date submitted	19/10/2017
UCPN	101014718921M

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice(Mobile) : 07392760196
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Hannah McCarthy (GMC: 7044606)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

CLINICAL INFORMATION

Reason for Referral: Left SHoulder Pain

Main Referral Text: This 57 year old Nursing home Manager reports a prolonged history of Left shoulder pain and limitation to her daily activities at work. She had an xray which confirmed signs of rotator cuff tendonitis. She is keen for further specialist review due to the prolonged nature of her symptoms and the impact on her work.
Many thanks

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Current medication(Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
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Movicol Plain Powder sachets 13.7 grams/sachet	60 sachet	ONE SACHET TWICE DAILY AS REQUIRED	01/05/2015	10/03/2017
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Recent medication(Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diclofenac Diethylammonium Gel 1.16 %	40 gram	APPLY 3 X TIMES DAILY AS NEEDED		16/10/2017	42 Days	16/10/2017
Naproxen Tablets 500 mg	56 TABLET	1 BD		16/10/2017	42 Days	16/10/2017
Diclofenac Diethylammonium Gel 1.16 %	40 gram	APPLY 3 X TIMES DAILY AS NEEDED		09/10/2017	42 Days	09/10/2017
Diazepam Tablets 5 mg	14 tablet	ONE DAILY		09/10/2017	49 Days	16/10/2017
Diazepam Tablets 5 mg	6 tablet	ONE TO BE TAKEN THREE TIMES A DAY		25/09/2017	2 Days	25/09/2017
Diazepam Tablets 5 mg	10 tablet	ONE TO BE TAKEN THREE TIMES A DAY		20/09/2017	3 Days	20/09/2017
Prochlorperazine Maleate Tablets 5 mg	10 TABLET	ONE TO BE TAKEN THREE TIMES A DAY FOR NAUSEA		20/09/2017	42 Days	20/09/2017
Fluoxetine Hydrochloride Capsules 20 mg	60 capsule	ONE TO BE TAKEN EACH DAY		01/08/2017	80 Days	08/09/2017

761152017-06-20801132017-03-10761402016-07-29163802016-07-29

Additional information

Smoking history (Encounters):Cigarette smoker, 5 Cigarettes/day Date recorded:20-Jun-2017
 Patient Weight in Kilograms:80
 Patient Height in Metres:163

Medical Report Consent Form (Occupational Health)

MEDICAL REPORT CONSENT FORM

Name: Winifred Devers

Date of Birth: 26.5.60

Address: 5/18 Salamander
Court, Edinburgh. EH6-7HY

Name of GP: Dr Carter

Address: heith mount medical centre

I hereby consent to a medical report being supplied in confidence to Claremont Park Nursing Home.

I understand my rights under the Access to Medical Reports Act 1988 and I have read the summary of my principal rights under the Act attached to this form.

I do ~~not~~* wish to have access to the medical report before it is supplied. (delete as appropriate)

Signed W. Devers

Winifred Devers

Date: 10.5.18

Please see the attached notes on the Access to Medical Reports Act

Claremont Park Limited. Registered Office 6 Claremont Park Edinburgh EH6 7PH. No.157926
Director: S. Ali

Tel: 0131 554 6868 Fax: 0131 555 0899

www.claremontparknursinghome.co.uk

info@claremontparknursinghome.co.uk

NHS Lothian - Referral Letter

Referral To	Western General Hospital Gastroenterology - Medical L GI - Lower
Urgency of referral	Routine
Date of referral	15/03/2019
Date submitted	15/03/2019
UCPN	101018264240R

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07500486601
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Sara Hornibrook (GMC: 3002696)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 561 1900	EH6 4EG

CLINICAL INFORMATION

Reason for Referral: Abdominal pain and distension. Previous colonic polyps.

Main Referral Text: Thank you for seeing this 58 year old, who has had abdominal swelling for 2w. Nausea and has vomited occasionally. BO normally x1-2 per day. She has had abdominal pain L flank for weeks. 2w ago saw blood in stool possibly. Previous polyps under WGH. Sister has had bowel cancer she will redo bowel screening test- I have given her tel no.

On examination, Temp 36.6 SpO2 99% HR 76/min BP 129/80 mmHg, Abdo distended. No localised tenderness. PR nad.

?Recurrence of polyps. Thank you.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diazepam Tablets 2 mg	14 tablet	1 UP TO TDS OR MUSCLE SPASM		15/03/2019	42 Days	15/03/2019
Naproxen E/c tablets 500 mg	56 tablet	1 BD		15/03/2019	42 Days	15/03/2019
Diazepam Tablets 2 mg	14 tablet	ONE TABLET PRN FOR EXCEPTIONAL CIRCUMSTANCES		06/02/2019	42 Days	06/02/2019
Otomize Spray	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY		06/02/2019	42 Days	06/02/2019

Additional information

Smoking history (Encounters):Cigarette smoker, 3 Cigarettes/day Date recorded:25-Feb-2019

Patient Weight in Kilograms:80

Patient Height in Metres:163

NHS Lothian - Referral Letter

Referral To	Western General Hospital Gastroenterology - Medical L GI - Lower
Urgency of referral	Routine
Date of referral	25/09/2019
Date submitted	25/09/2019
UCPN	101019667748S

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07500486601
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Catriona Gillespie (GMC: 6025174)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 561 1900	EH6 4EG

CLINICAL INFORMATION

Reason for Referral: Re-referral

Main Referral Text: Dear colleague,

Please find attached a copy of original referral and DNA letter received by patient. Our patient has advised us that they have never received an appointment letter and thus as they still have symptoms would like to be re-referred for investigations.

Many thanks.

Dr Catriona Gillespie

Sent on behalf of Dr Gillespie

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Otomize Spray	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY		24/09/2019	42 Days	24/09/2019
Diazepam Tablets 2 mg	14 tablet	1 UP TO TDS OR MUSCLE SPASM		08/05/2019	107 Days	12/07/2019

Additional information

Smoking history (Encounters):Cigarette smoker, 3 Cigarettes/day Date recorded:25-Feb-2019

Patient Weight in Kilograms:80

Patient Height in Metres:163

Patient Blood Pressure (Systolic):129

Patient Blood Pressure (Diastolic):80

NHS Lothian

East Lothian Community
Hospital
Alderston Road
Haddington
EH41 3PF

Dr Hornibrook
Leith Mount Surgery
2 Lindsay Street
Edinburgh
EH6 4EG

Date: 29/08/2019

Outpatient Clinic Letter

Patient	Winifred Devers 5/18 Salamander Court Edinburgh EH6 7HY	CHI	2605601188
		Date of Birth / Age	26/05/1960 (59 years)
		UHPI	502000148M
Specialty	Gastroenterology	Attendance Date	15/08/2019
Consultant	Dr I Penman (ELCH)		

Dear Dr Hornibrook

Your GP referred to see us back in March and you had an appointment at my clinic today but did not attend. I hope there has not been mix up and assume that all is well. If your symptoms are ongoing then please see your GP who can refer you back to us and we would be pleased to send you an appointment but for the time being we have not arranged one.

Yours sincerely

Dr ID Penman
Consultant Gastroenterologist

IDP/SJ

NHS Lothian - Referral Letter

Referral To	Western General Hospital Gastroenterology - Medical L GI - Lower
Urgency of referral	Routine
Date of referral	15/03/2019
Date submitted	15/03/2019
UCPN	101018264240R

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice(Mobile) : 07500486601
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Sara Hornibrook (GMC: 3002696)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 561 1900	EH6 4EG

CLINICAL INFORMATION

Reason for Referral: Abdominal pain and distension. Previous colonic polyps.

Main Referral Text: Thank you for seeing this 58 year old, who has had abdominal swelling for 2w. Nausea and has vomited occasionally. BO normally x1-2 per day. She has had abdominal pain L flank for weeks. 2w ago saw blood in stool possibly. Previous polyps under WGH. Sister has had bowel cancer she will redo bowel screening test- I have given her tel no.

On examination, Temp 36.6 SpO2 99% HR 76/min BP 129/80 mmHg, Abdo distended. No localised tenderness. PR nad.

?Recurrence of polyps. Thank you.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Recent medication(Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Diazepam Tablets 2 mg	14 tablet	1 UP TO TDS OR MUSCLE SPASM		15/03/2019	42 Days	15/03/2019
Naproxen E/c tablets 500 mg	56 tablet	1 BD		15/03/2019	42 Days	15/03/2019
Diazepam Tablets 2 mg	14 tablet	ONE TABLET PRN FOR EXCEPTIONAL CIRCUMSTANCES		06/02/2019	42 Days	06/02/2019
Otomize Spray	1 SPRAY	ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY		06/02/2019	42 Days	06/02/2019

Additional information

Smoking history (Encounters):Cigarette smoker, 3 Cigarettes/day Date recorded:25-Feb-2019

Patient Weight in Kilograms:80

Patient Height in Metres:163

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	12/10/2020
Date submitted	12/10/2020

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07500486601
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr Sara Hornibrook (GMC: 3002696)	Leith Mount Surgery 2 Lindsay Street Edinburgh EH6 4EG
Practice:	Leith Mount Surgery	
Phone:	Voice : 0131 561 1900	

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: Thank you for seeing this 60 year old, who has had a cough for 3w. She has had two courses of antibiotics. She is a smoker. She has COVID test every week because she works in a care home. Thank you.

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Chronic Cough :	true	
Please provide smoking status :	Smoker	
Could the patient be pregnant? :	Blank	

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Urgent - Suspected Cancer
Date of referral	11/11/2021
Date submitted	11/11/2021
UCPN	101024840709C

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07500486601
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Julie Gallagher (GMC: 3684582)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 561 1900	EH6 4EG

INVESTIGATION REQUESTED

Test Requested: Ultrasound Gynaecology (Pelvic Organs)

Reason for Request: Abdo swelling and LIF pain. PLEASE EXCLUDE OVARIAN / ENDOMETRIAL PATHOLOGY. Assoc nausea, tiredness and SOB

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result Date</u>
Duration of Symptoms :	2/12
Is the patient diabetic? :	No
Is the patient allergic to Latex? :	No
Does the patient have impaired renal function? :	No
Does this patient weigh more than 20 stone? :	No
Any previous imaging? :	No

Additional information

Patient Weight in Kilograms:80
Patient Height in Metres:163
Patient Blood Pressure (Systolic):128
Patient Blood Pressure (Diastolic):82
Smoking history (Screening):Ex smoker Date Recorded:27-Oct-2020
Smoking history (Encounters):Ex smoker Date Recorded:27-Oct-2020

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Colorectal LI GI - Colorectal
Urgency of referral	Urgent - Suspected Cancer
Date of referral	11/11/2021
Date submitted	11/11/2021
UCPN	101024840816F

PATIENT DETAILS		Contact Details	
CHI number:	2605601188	5-18 Salamander Court	Voice (Mobile) : 07500486601
Name:	Ms Winifred Devers	Edinburgh	
Date of birth:	26/05/1960	EH6 7HY	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Julie Gallagher (GMC: 3684582)	2 Lindsay Street
Practice:	Leith Mount Surgery (71114)	Edinburgh
Phone:	Voice : 0131 561 1900	EH6 4EG

CLINICAL INFORMATION

Reason for Referral: 2/12 Hx of altered bowels with marked distension over last week . Please exclude malignancy

Main Referral Text: 2/12 Hx of change in bowels. Difficult to pass motions and when she does they are orange , offensive, soft , small stool and now increased bowel pain in LIF and marked distension.
Feeling nauseous but no vomiting.
Opened bowels earlier today
PR tender and rectum an unusual angle. No PR masses palpated.
BS active and present.
abdo distended, soft and no obvious masses palpable

I have also referred for urgent Pelvic scan.

Please exclude bowel malignancy.

Bloods awaited.

Many thanks

Examinations and Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Distension :	true	
Abnormal PR exam :	true	

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Age :	More than 55 years	
Duration of symptoms :	1 to 2 months	
Suspicion of Bowel Cancer :	Yes	
Altered Bowel Habit - Diarrhoea :	true	
Altered Bowel Habit - Mucous :	true	
Bleeding PR :	None	
Obstructive Symptoms :	Bloating	
Abdominal Pain :	true	
Obstructive Symptoms :	Distension	
Hb result :	Result awaited	
Is the patient fit/co-operative to go 'direct to test' :	Yes	
eGFR >30 :	Unknown	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Irritable bowel syndrome			16/09/2014	16/09/2014
Neurotic depression reactive type			01/03/2006	01/03/2006
Closed fracture nose			01/09/2005	01/09/2005
Anxiety with depression			11/05/2005	11/05/2005
Single major depressive episode			01/01/1999	01/01/1999
Peptic ulcer NOS			01/01/1988	01/01/1988
Female pelvic inflammatory diseases			01/01/1987	01/01/1987
Pneumonia due to mycoplasma pneumoniae			01/09/1967	01/09/1967

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Colonoscopic polypectomy	2x			10/02/2015	10/02/2015
Excision of submandibular gland (Right)		Right		02/12/2005	02/12/2005
Termination of pregnancy NEC				16/08/2001	16/08/2001
Other operations on varicose vein of leg (Bilateral)		Right		01/01/1997	01/01/1997
Termination of pregnancy NEC				01/01/1988	01/01/1988
Termination of pregnancy NEC				01/01/1987	01/01/1987
Termination of pregnancy NEC				01/01/1980	01/01/1980

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Nitrofurantoin M/R capsules 100 mg	6 CAPSULE	ONE TO BE TAKEN TWICE A DAY (3 DAYS FEMALES AND 7 DAYS FOR MALES)		11/11/2021		11/11/2021
Paracetamol Tablets 500 mg	100 TABLET	ONE OR TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)		11/11/2021		11/11/2021
Fluoxetine Hydrochloride Capsules 20 mg	30 CAPSULE	ONE TO BE TAKEN EACH DAY		14/10/2021		14/10/2021
Amoxicillin Capsules 500 mg	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY		24/09/2021		24/09/2021
Diazepam Tablets 2 mg	28 tablet	ONE OR TWO TABS UP TO THREE TIMES A DAY FOR NECK SPASM		24/09/2021		24/09/2021

Additional information

Patient Weight in Kilograms:80

Patient Height in Metres:163

Patient Blood Pressure (Systolic):128

Patient Blood Pressure (Diastolic):82

Smoking history (Screening):Ex smoker Date Recorded:27-Oct-2020

Smoking history (Encounters):Ex smoker Date Recorded:27-Oct-2020

Radiology Reports

Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Devers Winifred MS	Report Date:	09-Jun-2010 16:15
Patient ID:	2605601188	Accession No.:	S310000444508
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	UNKNOWN	Reason For Study:	

Report

Clinical details

history of dental problems and thyroid surgery. 6 months tender discharging papule midline submandibular area

Report

Right submandibular gland not identified - ?surgically absent. No evidence of sepsis or focal collections within the scanned field particularly in relation to the presumed site of the clinical abnormality.

9mm low attenuation nodule within the right lateral lobe of thyroid gland. The thyroid gland otherwise appears normal. Where was the site of the previous thyroid surgery?

Normal appearances to the parotid and left submandibular glands. No evidence of cervical lymph node enlargement. No significant abnormality in relation to the visualised upper thorax.

DP/AB

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Western General Hospital

Radiology Report

Patient Name:	Devers Winifred MS	Report Date:	15-Nov-2010 11:55
Patient ID:	2605601188	Accession No.:	S110000766528
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	External Referrer	Reason For Study:	

Report

Clinical details

50 year old lady with long standing problems of abdominal pain and bloating. No abnormal finding on exam. CA 125 was normal. Please exclude any underlying ovarian pathology.

Report

Both ovaries appear ultrasonically normal. The right ovary has an overall volume of 2.8ccs and the left ovary has an overall volume of 3.5ccs. A normal anteverted uterus was identified. The endometrial echo appears normal measuring a maximum of 8.7mm. LMP 6 weeks ago. No adnexal cysts or masses or pelvic free fluid was identified.

Conclusion

Normal pelvic ultrasound.

Scanned and Reported by Jill Sinclair

Clinical Specialist II Sonographer

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Western General Hospital

Radiology Report

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Referring Physician:	External Referrer	Reason For Study:	

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Western General Hospital

Radiology Report

Patient Name:	Devers Winifred	Report Date:	23-Sep-2014 21:41
Patient ID:	2605601188	Accession No.:	S110004104809
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	RADEX External Referrer	Reason For Study:	

Clinical details

XR Chest

intermittent smoker. cough for 1 month. green sputum. no chest pain. chest - clear. Rule out lung pathology / Chest

Report

Heart and mediastinal contours normal.
Lungs clear. Normal pulmonary vasculature.

Reported by :

2nd Report by :

Verified by : *Dr Alan Simms*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Devers Winifred	Report Date:	28-Oct-2014 12:26
Patient ID:	2605601188	Accession No.:	S110004143594
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	CJRG Dr C JR Goddard	Reason For Study:	

Clinical details

CT Colonoscopy (Virtual)

Abdominal pain, bloating and rectal bleeding. Colonoscopy failed. To exclude major colonic pathology.

Report

Minor uncomplicated diverticular disease. 2 probable small polyps in the distal sigmoid/rectosigmoid measuring up to 5 mm. No other significant or sinister mucosal abnormality seen within the rectum or colon. Lung bases clear. Upper abdominal viscera are unremarkable. No significant nodal enlargement. No ascites. No pelvic masses. Scanned skeleton shows no destructive abnormality.

Comment:

Minor uncomplicated diverticular disease. 2 small sigmoid/rectosigmoid polyps as described.

Dr Simon Jackson

Reported by :

2nd Report by :

Verified by : *Dr Simon Jackson*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Devers Winifred	Report Date:	06-Oct-2017 14:41
Patient ID:	2605601188	Accession No.:	S110007065275
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	RADEX External Referrer	Reason For Study:	

Clinical details

US Gynaecology Pelvis
Ongoing suprapubic pain.DNAs x2. Very apologetic. / Ultrasound Pelvic organs (Gynaecology)

Report

The uterus and both ovaries appear normal.
No free fluid or adnexal masses seen.

Reported by :

2nd Report by :

Verified by : *Jacqueline Harkins*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Devers Winifred	Report Date:	10-Oct-2017 14:35
Patient ID:	2605601188	Accession No.:	S110007148433
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	RADEX External Referrer	Reason For Study:	

Clinical details

XR Shoulder Lt

"10 month history of Left shoulder pain and clicking following an injury November 2016. She reports reduced activity, not managing with pain levels. Initially had worked through the pain - holding down several part time jobs. Now unable to cope. O/e no obvious asymmetry or deformity. Tender across posterior aspect. FROM Please arrange xray for further assessment. " / Shoulder left

Report

A small focus of calcification is demonstrated adjacent to the greater tuberosity in keeping with rotator cuff tendinopathy. No other significant bone or joint abnormality.

Reported by :

2nd Report by :

Verified by : *Dr Peter MacLean*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Devers Winifred	Report Date:	04-Dec-2017 14:44
Patient ID:	2605601188	Accession No.:	S110007305077
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	RADEX External Referrer	Reason For Study:	

Clinical details

XR Chest

several weeks of coughing, occasionally productive. +++ mould in flat. Chest clear on auscultation.? any pathology on CXRMany thanks, / Chest

Report

Normal heart and mediastinal contours. Lungs clear with normal pulmonary vascularity.

Reported by Dr Domenyk Brown

Reported by :

2nd Report by :

Verified by : *Dr Domenyk Brown*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Devers Winifred	Report Date:	07-Jun-2018 09:13
Patient ID:	2605601188	Accession No.:	S110007817328
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	DK16 Dr Dhananjay Kulkarni	Reason For Study:	

Clinical details

XR Mammogram Both
left breast/ chest wall pain. sister had breast cancer

Report

Comparison made to the mammograms from 2015.
Mixed dense type breasts.
Benign calcifications only.
No suspicious lesions in either breast.

OPINION
RIGHT AND LEFT- BENIGN
R2

Reported by Dr.G.Babu
Consultant Radiologist, ext-31622

Reported by :

2nd Report by :

Verified by : *Dr Gauripriya Babu*

Produced by Carestream Health PACS

The Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Devers Winifred	Report Date:	24-Dec-2018 11:32
Patient ID:	2605601188	Accession No.:	S310008341764
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	MJ33 Dr Mairi Jamieson	Reason For Study:	

Non Standard Report Issued: No formal report

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

The Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Devers Winifred	Report Date:	24-Dec-2018 11:32
Patient ID:	2605601188	Accession No.:	S310008360314
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	MJ33 Dr Mairi Jamieson	Reason For Study:	

Non Standard Report Issued: No formal report

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

The Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Devers Winifred	Report Date:	09-Jan-2019 11:42
Patient ID:	2605601188	Accession No.:	S310008360676
Patient Birth Date:	26-May-1960	Report Status:	F
Referring Physician:	MJ33 Dr Mairi Jamieson	Reason For Study:	

Clinical details

US Salivary Glands (Submandibular)

3m history of persistent swelling right floor of mouth- swelling right floor of mouth region of sublingual gland. C/O discomfort and tightness right face around SM region, ear and temple. Reports R SMG removal 20 year ago.

Report

The swelling which the patient points to in the floor of the mouth on the right side is normal sublingual tissue. No evidence of a mass or obstruction.

The scan confirms that the right submandibular gland is absent.

Reported by :

2nd Report by :

Verified by : *Donald J Thomson*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Devers, Winifred (Ms)	Report Date:	12/10/2020 11:42:00
Patient ID:	2605601188	Accession No.:	S110010080860
Patient Birth Date:	26/05/1960	Report Status:	F
Referring Physician:	RADEX External Referrer	Reason For Study:	

Report

Clinical History

Thank you for seeing this 60 year old, who has had a cough for 3w. She has had two courses of antibiotics. She is a smoker. She has COVID test every week because she works in a care home. Thank you. / Chest

5156024 12/10/2020 XR Chest

Comparison with the film of 04/12/2017.
Normal heart size and mediastinal contours.
The lungs are clear.

Dr Fiona Ewing. GMC: 3542747
Consultant Radiologist. fiona.ewing@nhslothian.scot.nhs.uk

Reported by : *Dr Fiona Ewing*

2nd Report by :

Verified by : *Dr Fiona Ewing*

Produced by Carestream Health PACS

Order Summary for **Devers Winifred 502000148M**

Patient Name **Devers Winifred**
Accession Number **S110011199309**
Gender **F**

Procedure

Scheduled Date **19-Nov-2021**

Procedure Code **UPELD**

Clinical Info

Examination
Indication
Infection Risk
Referring Clinician
Consultant
Speciality
Allergy

Post Exam Documentation Info

Red Dot
Room Used
Contrast reaction
Reaction information
Operator
Exams/Operator Comments
Justified By
Justification Comment
Projections Sent
Dose information
Contrast
Contrast Volume

Clinical Question From Order Comms

Clinical Question