

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



**Private**

MMA Legal  
43-59 Princes Street  
Stockport  
SK1 1RY

Date: 15 May 2026  
Your Ref: 100164  
Ref: SAR / ACCESS /CD  
Enquiries to: Catrina  
Direct Line: 0141 201 3381  
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

**Re: Subject Access Request under the General Data Protection Regulation**

**Patient: MARY WATSON DOB: 06/03/1954**

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

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

**GLASGOW ROYAL INFIRMARY RECORDS  
STOBHILL HOSPITAL RECORDS**

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

**SAR Team**

## ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☒

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

### Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☒

WEST MARC

☐

LABS

☐

## MRI Parotid

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 29-Oct-2022 09:34 | Received      | 28-Nov-2022 20:54 |
| Reported  | 28-Nov-2022 20:49 | Order Number  | G107H38821904     |
| Status    | Final             | Source System | MiSys             |

**MRI Head****Mary Watson**

Final

SEE REPORT FOR CLINICAL INFORMATION

Date:29/10/2022 09:34

Title:MRI Head

Clinical Indication:Increasing headaches. Known right Wharton's tumour

**Findings:**

Scattered white matter lesions are seen within both cerebral hemispheres in keeping with moderate small vessel ischaemia. No intra or extra-axial space-occupying lesion. No hydrocephalus. Normal pituitary fossa and craniocervical junction.

Conclusion: Findings as described.

4Ways Reporting Radiologist: Dr Sukhdev Singh - GMC 4621038 on 28/11/2022 20:48

Date:29/10/2022 09:34

Title:MRI Parotid

Clinical Indication:Increasing headache. Known Warthin's tumor.

**Findings:**

There is a 13 mm nodule within the poster aspect of the tail of the right parotid gland which I presume is the known Whartin's tumour. There may be a similar lesion on the left which is under 10 mm. This is unlikely to be contributing to the patient's headaches. The upper aerodigestive tract is normal and there is no evidence of pathological cervical lymphadenopathy. The salivary glands are otherwise unremarkable.

Conclusion: Findings as described.

4Ways Reporting Radiologist: Dr Sukhdev Singh - GMC 4621038 on 28/11/2022 20:49

**Reported by:** Dr Sukhdev Singh**Verified by:** Dr Sukhdev Singh



## MRI Head

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 29-Oct-2022 09:34 | Received      | 28-Nov-2022 20:54 |
| Reported  | 28-Nov-2022 20:48 | Order Number  | G107H38821903     |
| Status    | Final             | Source System | MiSys             |

### MRI Head

Mary Watson

Final

SEE REPORT FOR CLINICAL INFORMATION

Date:29/10/2022 09:34

Title: MRI Head

Clinical Indication: Increasing headaches. Known right Wharton's tumour

#### Findings:

Scattered white matter lesions are seen within both cerebral hemispheres in keeping with moderate small vessel ischaemia. No intra or extra-axial space-occupying lesion. No hydrocephalus. Normal pituitary fossa and craniocervical junction.

Conclusion: Findings as described.

4Ways Reporting Radiologist: Dr Sukhdev Singh - GMC 4621038 on 28/11/2022 20:48

Date:29/10/2022 09:34

Title: MRI Parotid

Clinical Indication: Increasing headache. Known Warthin's tumor.

#### Findings:

There is a 13 mm nodule within the poster aspect of the tail of the right parotid gland which I presume is the known Whartin's tumour. There may be a similar lesion on the left which is under 10 mm. This is unlikely to be contributing to the patient's headaches. The upper aerodigestive tract is normal and there is no evidence of pathological cervical lymphadenopathy. The salivary glands are otherwise unremarkable.

Conclusion: Findings as described.

4Ways Reporting Radiologist: Dr Sukhdev Singh - GMC 4621038 on 28/11/2022 20:49

Reported by: Dr Sukhdev Singh

Verified by: Dr Sukhdev Singh

## MRI Head

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 07-Sep-2022 16:24 | Received      | 09-Sep-2022 12:37 |
| Reported  | 09-Sep-2022 12:35 | Order Number  | G107H38453837     |
| Status    | Final             | Source System | MiSys             |

### MRI Head

Mary Watson

Final

### Clinical History :

Known right sided warthian's tumour. Increasing pain in right side of head and mandible. ? secondary to parotid lesion

### MRI Head :

The patient was claustrophobic and no imaging acquired. A further appointment will be given and the patient will seek oral sedation from their GP.

### MRI Parotid :

See above.

**Reported by:** Dr Alasdair McCafferty

**Verified by:** Dr Alasdair McCafferty

## CT Head

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 29-May-2021 05:38 | Received      | 29-May-2021 10:19 |
| Reported  | 29-May-2021 10:17 | Order Number  | G107H37300764     |
| Status    | Final             | Source System | MiSys             |

### CT Head

Mary Watson

Final

#### Clinical History :

67 year old, presented with sudden onset right sided numbness and weakness. Felt unsteady on her feet with confused speech. Symptoms lasted 10 minutes. Self resolved. D/w stroke reg who advised for CT head + carotids ?stroke

#### CT Head :

Unenhanced CT head. Comparison to 25/03/21.

No acute haemorrhage, extra-axial collection or space-occupying lesion.

No convincing evidence of acute ischaemia.

Background involutional change and periventricular low attenuation in keeping with small vessel ischaemic disease.

No bony abnormality demonstrated.

**Impression:** No acute intracranial abnormality.

Sticky on PACS.

**Reported by:** Dr Laura Paul (SpR) and Dr Annemarie Sinclair

**Verified by:** Dr Annemarie Sinclair

## CT Angio aortic arch and carotid Both

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 29-May-2021 05:38 | Received      | 07-Jun-2021 10:52 |
| Reported  | 07-Jun-2021 10:50 | Order Number  | G107H37300765     |
| Status    | Final             | Source System | MiSys             |

### CT Angio aortic arch and carotid Both

Final

Mary Watson

#### Clinical History :

67 year old, presented with sudden onset right sided numbness and weakness. Felt unsteady on her feet with confused speech. Symptoms lasted 10 minutes. Self resolved. D/w stroke reg who advised for CT head +carotids ?stroke

### CT Angio aortic arch and carotid Both :

Incidental 13 x 9 mm enhancing lesion in the right parotid gland, this could be a Warthin's tumour, pleomorphic adenoma or intraparotid lymph node. Consider ultrasound parotid +/- biopsy/FNA.

No significant atheroma affecting the carotid bulbs. Otherwise normal vessels.

Minor degenerative changes noted in the cervical spine. No other significant findings.

Reported by: Dr Oliver Cram

Verified by: Dr Oliver Cram

## Skin Punch/Incision (B)

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 14-May-2025 13:27 | Received      | 15-May-2025 09:34 |
| Reported  | 11-Aug-2025 15:27 | Order Number  | D,25.0034709.C    |
| Status    | Final             | Source System | Telepath          |

### Pathology

Final

NHS GREATER GLASGOW AND CLYDE

PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 14.05.2025

Date received : 15.05.2025

Date reported: 11.08.2025

Reporting Pathologist : Amy Young

Consultant Pathologist: Amy Young

C&amp;C CENTRAL FOREHEAD

### CLINICAL HISTORY

2 year history of nodular lesion on central forehead.  
Telangiectasiae present. ?intradermal naevus ??BCC

### MACRO

Skin 8 x 6 x 1 mm

### MICROSCOPY

Microscopy shows a curette of skin with a benign seborrhoeic  
keratosis which appears narrowly excised in the plane of section  
examined.

Dr A Young, Consultant

Report written: 11/08/25

Authorised: 11/08/25 by Dr Amy Young

Reported via digital pathology (validated but currently out of scope  
for UKAS)

## Previous Patient Notes for Ear, Nose & Throat (ENT) (newest at the top).

**Note:** Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

| Patient Note                               |                                                                       | Outpatient Note    |
|--------------------------------------------|-----------------------------------------------------------------------|--------------------|
| Date/Time: 29-Aug-2023 11:19               | Created By: Consultant Rhinologist Head and Neck Surgeon - Omar Hilmi | Role: Doctor - GGC |
| Specialty: Ear, Nose & Throat (ENT)        | Organisation:                                                         | Sensitive          |
| <b>Note:</b><br>no clinical change, advice |                                                                       |                    |

| Patient Note                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    | Outpatient Note    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|
| Date/Time: 29-Nov-2022 11:47                                                                                                                                                                                                                                                                                                                                                                                                                      | Created By: ST7 ENT - Tom Paterson | Role: Doctor - GGC |
| Specialty: Ear, Nose & Throat (ENT)                                                                                                                                                                                                                                                                                                                                                                                                               | Organisation:                      | Sensitive          |
| <b>Note:</b><br>68yo with known Warthin's tumours. R>L. MRI Parotid/Head 29/10/22: Left 1.0cm, Right 1.3cm. Feels can increase/decrease in size. Nil pain. Headaches related to assault - MRI Head normal otherwise. Nil issues otherwise. O/e: VII intact bilaterally, oral cavity & ducts normal. Left parotid - nil obv lump felt. Right tail of parotid - lump felt - smooth. Plan: Conservative Mx. FU 6-12 months. Worrying signs provided. |                                    |                    |

| Patient Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | Outpatient Note    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|
| Date/Time: 19-May-2022 11:37                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Created By: Consultant - Constantina Yiannakis | Role: Doctor - GGC |
| Specialty: Ear, Nose & Throat (ENT)                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Organisation:                                  | Sensitive          |
| <b>Note:</b><br>Known right sided warthian - discharge May 2021<br>Recent increasing right sided headaches and facial pain<br>Describes aching pain in the top of her head on the right. No obvious ppt. Intermittent. No aggravating/relieving factors. No associated symptoms<br>Pain in face - feels like tooth ache in right upper jaw. Intermittent, short lived. No obvious ppt. Wears dentures - no concerns, but haven't been checked in several year<br>Denies ENT red flags |                                                |                    |

o/e tiny lump right tail of parotid  
 Oral cavity NAD  
 FNE NAD

P: OP MRI  
 Telephone f/up 6/12

| Patient Note                                                                                                                                                                                           | Created By: ENT - Anton Alatsatianos | Outpatient Note    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|
| Date/Time: 11-May-2021 10:22                                                                                                                                                                           | Organisation:                        | Role: Doctor - GGC |
| Specialty: Ear, Nose & Throat (ENT)                                                                                                                                                                    | Sensitive                            |                    |
| Note:                                                                                                                                                                                                  |                                      |                    |
| 15mm warthins right parotid. Pain improving. Facial nerve intact. No LN. Non-tender parotid tail mass on palpation. Restarted smoking, but now stopped for 6/52. P: Reassurance. Discharged. (D/W OH). |                                      |                    |

| Patient Note                        | Created By: Consultant ENT Surgeon 20240520 MJ - RITM0554686 - Lynn Cooke2 | Other              |
|-------------------------------------|----------------------------------------------------------------------------|--------------------|
| Date/Time: 30-Dec-2020 18:14        | Organisation: Gartnavel General Hospital                                   | Role: Doctor - GGC |
| Specialty: Ear, Nose & Throat (ENT) | Sensitive                                                                  |                    |
| Note:                               |                                                                            |                    |
| FNA = warthins tumpour              |                                                                            |                    |

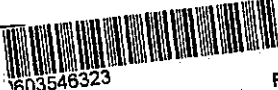
| Patient Note                                                                                                 | Created By: Consultant ENT Surgeon 20240520 MJ - RITM0554686 - Lynn Cooke2 | Other              |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|
| Date/Time: 24-Dec-2020 17:46                                                                                 | Organisation: Gartnavel General Hospital                                   | Role: Doctor - GGC |
| Specialty: Ear, Nose & Throat (ENT)                                                                          | Sensitive                                                                  |                    |
| Note:                                                                                                        |                                                                            |                    |
| USS lesions both parotids ? warthins or PSA<br>Await FNA result then Karen to arrange telephone consultation |                                                                            |                    |

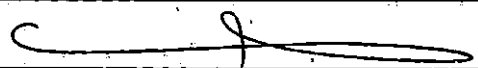
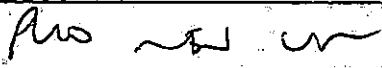
|                                                                  |                                                                                   |                           |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------|
| <b>Patient Note</b>                                              |                                                                                   | <b>Outpatient Note</b>    |
| <b>Date/Time:</b> 11-Nov-2020 14:06                              | <b>Created By:</b> Consultant ENT Surgeon 20240520 MJ - RITM0554686 - Lynn Cooke2 | <b>Role:</b> Doctor - GGC |
| <b>Specialty:</b> Ear, Nose & Throat (ENT)                       | <b>Organisation:</b> Gartnavel General Hospital                                   | <b>Sensitive</b>          |
| <b>Note:</b><br>clotting result abnormal, WC 11 and neurophils 8 |                                                                                   |                           |



# Patient Agreement to Investigation or Treatment Consent Form



|                                                                   |                                                                                                                                                                                                                  |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Patient details (or pre-printed label)</b>                     |                                                                                                                                                                                                                  |
| Hospital / clinic / GP practice                                   |                                                                                                                                                                                                                  |
| Patient's surname / family name                                   |                                                                                                                                                                                                                  |
| Patient's first name                                              |                                                                                                                                 |
| Date of birth                                                     | <div> <div> 1603546323<br/>NATSON<br/>Mary<br/>28 KENDON AVENUE<br/>Glasgow, Lanarkshire<br/>G15 8A </div> <div> 06/03/1954<br/>F </div> </div> er Male <input type="checkbox"/> Female <input type="checkbox"/> |
| CHI number                                                        |                                                                                                                                                                                                                  |
| Special requirements (e.g. other language / communication method) |                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Statement for practitioner</b><br><b>(to be filled in by practitioner with appropriate knowledge of proposed procedure)</b>                                                                                                                                                                                                                                                                                                                                                                                         |
| Describe proposed operation, investigation or other treatment.<br>Where appropriate specify site or side (write in full).<br><br><p style="text-align: center;">CSC FOREHEAD</p>                                                                                                                                                                                                                                                                                                                                       |
| <b>Specific risks / complications</b><br>Please detail any specific risk/complications related to the procedure that were discussed.<br><br><div style="text-align: center;"> Wound infection, Scarring,<br/> Burst stitches, Bleeding<br/> (during/after)<br/> Incomplete Removal Nerve<br/> Damage/Injury,<br/> Alternative options discussed </div>                                                                                                                                                                 |
| I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself. |
| Signature of practitioner                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name / Designation (print)                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date 19/2/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Statement to be completed by patient / parent\***  
**(\*parental responsibility for a minor without capacity)**

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

**I understand**

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

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

**I agree**

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

**Additionally you have to agree or disagree to the following**

**Agree    Disagree**

to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.

☐☐

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

☐☐

**Patient / parent agreement to treatment**

Signature

*Mari Watson*

Date

Name (print)

MARI WATSON

**Patient refusal for blood products**

Please sign here if you refuse to consent to the emergency administration of blood or blood products, even if this results in death.

Signature

Date

Signature of practitioner

Date

## Dermatological Surgery

Pre-operative Risk Assessment (Complete at biopsy booking)

|                              |                              |                                          |                               |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> GRI | <input type="checkbox"/> STB | <input checked="" type="checkbox"/> WACH | <input type="checkbox"/> QEUH | <input type="checkbox"/> VIC | <input type="checkbox"/> RAH | <input type="checkbox"/> IRH | <input type="checkbox"/> VOL |
|------------------------------|------------------------------|------------------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|

|                                                                                         |                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: <u>19 / 3 / 2015</u><br>Consultant: <u>NACIM FERGUSON</u><br>Requestor: <u>um</u> | <br>0603546323<br>NATSON<br>Mary 06/03/1954<br>28 KENDON AVENUE<br>Glasgow, Lanarkshire<br>G15 8A |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Bleeding Risk</b><br><input checked="" type="checkbox"/> Anti platelet drugs ie: Aspirin <u>clopidogrel</u> continuing/stopped ____ days<br><input type="checkbox"/> Anticoagulants ie: Warfarin/apixaban continuing/stopped ____ days<br><input type="checkbox"/> Bleeding disorder _____ <input type="checkbox"/> For pre-op INR = ____                             | YES / NO |
| <b>Anaphylaxis Risk</b><br><input type="checkbox"/> latex/rubber allergy <input type="checkbox"/> H/O anaphylaxis<br><input type="checkbox"/> H/O local anaesthetic reaction <input checked="" type="checkbox"/> other allergy <u>stomach</u>                                                                                                                            | YES / NO |
| <b>Cardiovascular/respiratory Risk</b><br><input type="checkbox"/> pacemaker <input type="checkbox"/> defibrillator <input type="checkbox"/> valve defect/prosthetic valve<br><input type="checkbox"/> severe cardiovascular/respiratory impairment<br><b>◆ Antibiotic prophylaxis required:</b>                                                                         | YES / NO |
| <b>Medications</b> (relevant: MAOI, phenothiazines, tricyclics, beta-blockers..)                                                                                                                                                                                                                                                                                         |          |
| <b>Infective Risk</b><br><input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> MRSA<br><input type="checkbox"/> other _____                                                                                                                                                                    | YES / NO |
| <b>Risk of poor wound healing/ wound infection</b><br><input type="checkbox"/> systemic steroids <input type="checkbox"/> immunosuppressants <input checked="" type="checkbox"/> diabetes mellitus<br><input type="checkbox"/> peripheral vascular disease <input type="checkbox"/> ulcerated/infected lesion<br><input type="checkbox"/> Smoker: YES / NO <u>NO</u> cpd | YES / NO |
| <b>Operative risks discussed with patient</b><br><input checked="" type="checkbox"/> infection <input checked="" type="checkbox"/> bleeding <input type="checkbox"/> nerve damage<br><input type="checkbox"/> scarring <input type="checkbox"/> wound dehiscence <input type="checkbox"/> incomplete excision                                                            | YES / NO |

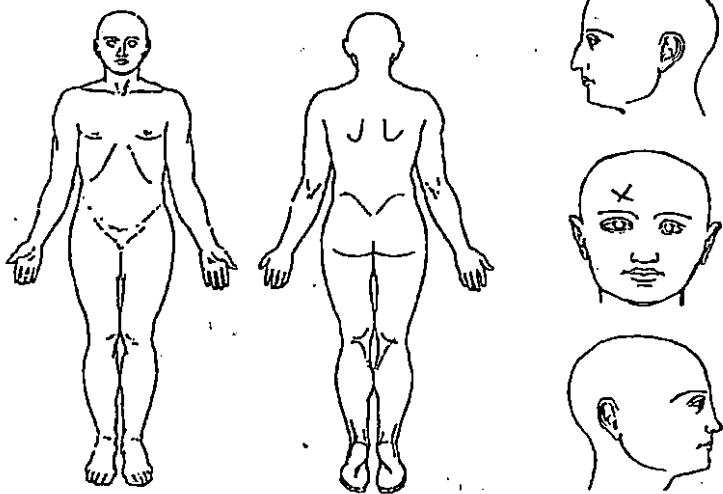
Biopsy request (Please mark site overleaf)

|                                         |                                      |                                               |                                |
|-----------------------------------------|--------------------------------------|-----------------------------------------------|--------------------------------|
| <input type="checkbox"/> incisional     | <input type="checkbox"/> excisional  | <input checked="" type="checkbox"/> curettage | <input type="checkbox"/> shave |
| <input type="checkbox"/> punch _____ mm | <input type="checkbox"/> elliptical  |                                               |                                |
| <input type="checkbox"/> flap/graft     | <input type="checkbox"/> other _____ |                                               |                                |

|           |                                                  |                                          |                                                     |
|-----------|--------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| Follow up | <input type="checkbox"/> appointment _____ weeks | <input type="checkbox"/> discharge to GP | <input checked="" type="checkbox"/> pending results |
|-----------|--------------------------------------------------|------------------------------------------|-----------------------------------------------------|

# Operation notes \*\*Please complete fully\*\*

|                 |                                  |                                 |                                      |
|-----------------|----------------------------------|---------------------------------|--------------------------------------|
| <b>Consent:</b> | <input type="checkbox"/> written | <input type="checkbox"/> verbal | <input type="checkbox"/> other _____ |
|-----------------|----------------------------------|---------------------------------|--------------------------------------|

|                                                                                                          |                                       |
|----------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Site:</b> _____<br> | <b>Maximum diameter</b><br>= ..... mm |
|----------------------------------------------------------------------------------------------------------|---------------------------------------|

CSC CENTRAL FOREHEAD

|                     |                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Biopsy type:</b> | <input type="checkbox"/> incision <input type="checkbox"/> excision<br><input type="checkbox"/> shave <input checked="" type="checkbox"/> curettage: single/double/triple<br><input type="checkbox"/> punch [ 2mm   3mm   4mm   5mm   6mm ] Please circle<br><input type="checkbox"/> elliptical <input type="checkbox"/> circular <input type="checkbox"/> flap/graft <input type="checkbox"/> other _____ |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |                                                                                                                                                                                                                                                                                                          |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Anaesthetic:</b><br>(Local) | <input type="checkbox"/> 0.5% lignocaine <input checked="" type="checkbox"/> 1% lignocaine <input type="checkbox"/> 2% lignocaine<br><input checked="" type="checkbox"/> with adrenaline <input type="checkbox"/> no adrenaline <input type="checkbox"/> other _____<br>♦ Total amount used <u>1</u> mls |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                     |                                                                                                                                                                              |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Haemostasis:</b> | <input type="checkbox"/> chemical <input checked="" type="checkbox"/> hyfrecator <u>14</u> high/low <input type="checkbox"/> sutures _____ <input type="checkbox"/> pressure |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Closure:</b> | <input type="checkbox"/> glue <input type="checkbox"/> steristrips <input type="checkbox"/> sutures <input type="checkbox"/> secondary intention<br><div style="border: 1px dashed black; padding: 2px;">         subcuticular   number _____ size _____ type _____<br/>         cuticular   number _____ size _____ type _____       </div> ♦ Removal of sutures _____ days – GP / Dermatology unit / District Nurse |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                          |                                                                                                                                                                                                                             |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Excision Margins:</b> | a) Lateral = _____ mm<br>b) Deep = <input type="checkbox"/> intradermal <input type="checkbox"/> just below dermis <input type="checkbox"/> cuff of s/c fat <input type="checkbox"/> fascia <input type="checkbox"/> deeper |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                          |
|--------------------------|
| <b>Additional notes:</b> |
|--------------------------|

|                        |                                                                                                                                                                        |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Investigations:</b> | <input checked="" type="checkbox"/> H&E <input type="checkbox"/> IMF <input type="checkbox"/> culture <input type="checkbox"/> EM <input type="checkbox"/> other _____ |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                    |                                                                                                                                           |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sharps bin:</b> | <input checked="" type="checkbox"/> Needles <input checked="" type="checkbox"/> Scalpel blade <input checked="" type="checkbox"/> Sutures |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

Surgeon (Print) Soukup Position Spec Assistant NOLAN

Date completed: 14/5/25

# Surgical Safety Checklist

## GG&C Dermatology Directorate

0603546323  
WATSON  
Mary

F  
06/03/1954

Date: 14/5/25

**Before lying on bed** (all boxes must be ticked before proceeding)

- identity** ask the patient their name and date of birth. ☒
- procedure** 'do you know what you are having done today?' does this agree with the clinical notes? ☒
- site** ask patient to point to lesion, does this agree with clinical notes, photos and/or diagrams? ☒  
 \* mark the site at this stage \* e.g. circle or arrow - *Patent* **this is not the surgical margin** show the patient the marked site to confirm (may need mirror) ☒
- check** the pre-assessment form in particular - allergies, pacemaker / implant, defibrillator ☒
- ensure **informed** consent has been gained ☒

**Before incision**  
(to be read out loud)

☒ patient's **identity**

☒ **procedure** to be carried out

☒ **site** of the lesion

is there an **allergy**? *Septin* Yes ☒ No ☐

is there a **pacemaker/ICD**? Yes ☐ No ☒

To assistant - any concerns?

**Before patient leaves**  
(to be read out loud)

operator - **'sharps** have been disposed'

assistant - **'specimen** is in pot'

assistant - **read** patients name from; Label Form

I confirm each of the above steps have been checked and read out loud.

**Operator**  
Signature: D. Bouhef  
Print Name: Soukol

**Assistant**  
Signature: L. Nolan  
Print Name: L. NOLAN

Date

Hospital

GRI

Clinic

ENT OPD

0603546323  
WATSON  
Mary 06/03/1954 F  
28 KENDOON AVENUE  
Glasgow, Lanarkshire  
G15 8AX

Covid Checklist

In the Last 14 days have you, or anyone living with you, had:

- High temperature ☒ Y ☐ N
- New, continuous cough  
(coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours) ☒ Y ☐ N
- Loss or change of sense of smell or taste ☒ Y ☐ N  
(Most people with coronavirus have at least 1 of these symptoms)

Date 11/5/21

Hospital GRI

Clinic ENT MR L

|                                                                                   |            |
|-----------------------------------------------------------------------------------|------------|
|  |            |
| 0603546323                                                                        | F          |
| WATSON                                                                            |            |
| Mary                                                                              | 06/03/1954 |
| 28 Kendoon Avenue                                                                 |            |
| Glasgow, Lanarkshire                                                              |            |
| G15 8AX                                                                           |            |

Covid Checklist

In the Last 14 days have you, or anyone living with you had:

- High temperature Y(N)
  - New, continuous cough  
(coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours) Y(N)
  - Loss or change of sense of smell or taste Y(N)
- (Most people with coronavirus have at least 1 of these symptoms)

Scope Checklist

- Did this patient undergo nasendoscopy/laryngoscopy Y(N)

If so, did they:

- Cough
- Sneeze

Y/N

Y/N

**Clinical letter - GP:**



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER

Dr. SC Lyon  
Garscadden Burn Medical Practice  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

0141 211 4000  
ENT  
0141 242 9788  
Ann.McNaughton@ggc.scot.nhs.uk  
11/09/2023  
OH/ES  
29/08/2023  
11/09/2023

Dear Doctor Lyon,

**Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323**  
**28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX**

I saw Ms Watson in the ENT clinic today. Clinically and radiologically there is no change in the Warthin's tumour that she has on the right side indeed on the basis of the last scan it is actually smaller than when first identified in 2020.

Given the fact this appears to be a Warthin's tumour these are entirely benign and do not need any active intervention unless they got to be a significant size. Obviously if this was the case I would be more than happy to see her back. Failing that I have discharged her back to your care.

Yours sincerely

**Mr Omar Hilmi**

**Consultant ENT Surgeon**

Electronically Signed: Mr. Omar Hilmi, Consultant

cc.



**Clinical letter - GP:**



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G3 7ER

0141 211 4000

ENT

0141 242 9788

Ann.McNaughton@ggc.scot.nhs.uk

03/02/2023

TP/NM

29/11/2022

25/01/2023

Dr. SC Lyon  
Garscadden Burn Medical Practice  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

Dear Dr Lyon,

**Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323**  
**28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX**

**Situation:**

Known Warthin's tumours, right greater than left.

MRI head & salivary glands 29/10/22 - left 1 cm parotid lesion, right 1.3 cm parotid lesion in keeping with Warthin's tumours.

**Background:**

I reviewed this 68 year old lady who has known Warthin's tumours which is felt worse on the right than the left. I was pleased to inform her that the MRI scan was reassuring with no problems with her head or brain. This did reveal bilateral parotid lesions with a 1.3 cm one on the right parotid and 1 cm on the left. She does feel that the lump particularly on the right side can increase and decrease in size but there is no pain. She attributes her headaches, which the MRI was completed for, to an assault. Otherwise she has had no issues.

**Assessment:**

On examination her facial nerve was intact and mobile bilaterally. The oral cavity and salivary ducts were normal. On the left side there was no obvious parotid lumps felt. On the right there was a lump which was smooth at the tail of the parotid on the right side. The remaining neck was unremarkable.

**Recommendation:**

I am happy with Mrs Watson's progress and there are no worrying features of her Warthin's tumours. We will continue to conservatively manage this and see her back in the next 6-12 months.

Kind regards,

**Mr Tom Paterson**

**ST7 Specialist Registrar in ENT Head & Neck Surgery**

**to Mr Hilmi**

Electronically Signed: Dr Tom Paterson, Doctor

cc.

**Clinical letter - GP:**

Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000  
ENT

Dr. SC Lyon  
Garscadden Burn Medical Practice  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

0141 242 9788  
Ann McNaughton  
13/07/2022  
CY/MS  
19/05/2022  
12/07/2022

Dear Dr Lyon,

**Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323  
28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX**

**Diagnosis:**

- 1. 15mm Warthin's tumour, right parotid just inferior to right pinna**
- 2. Intermittent headaches**

**Management plan: Outpatient MRI****Follow up: Telephone clinic in 6 months**

Thank you for referring this 68 year old lady who has been known to ENT with a right sided benign, Warthin's tumour. She was discharged from ENT in May last year due to the stability of the lesion. However, more recently Ms Watson has developed right sided headaches and facial pain.

She describes the headaches as being in the top part of the right hand side of her head. These come on suddenly and she cannot recall any obvious precipitant to them. The pain lasts for several hours and then self-resolves. She is unaware of any obvious aggravating or relieving factors. The headaches themselves are not associated with any other symptoms, such as visualise disturbance, nausea, vomiting, or focal neurological weakness. She has never lost consciousness.

The other symptom is of facial pain. She describes it as toothache in the upper part of her jaw on the right. Again, the pain is intermittent and moderate in nature. It lasts for a few minutes to an hour or so and then self-resolves. Again, there are no precipitants, aggravating or relieving factors. Ms Watson has worn dentures since having her chemotherapy for breast cancer in the late 90s. Her dentures

generally fit well and she denies any oral cavity lesions. However, she has not seen her dentist in several years and is awaiting follow up with them.

With regards to the lump itself, if anything, she thinks that it has gotten a bit smaller. The lump remains asymptomatic. She denies any new neck lumps. She also denies any ENT red flag signs or symptoms.

On examination, she did have a tiny lump in the left parotid region. This was non-tender and immobile. Examination of the oral cavity, as well as fibre optic nasolaryngoscopy, were both unremarkable. She did have an area of bruising just on the left lateral side of her nose. This was also non-tender and there was no asymmetry to the nasal bones themselves.

I have explained to Ms Watson that I do not think that her headaches are arising from the lump itself. I am happy that she is arranging to see her dentist with regards to the facial pain, however, for completeness I will arrange for an outpatient MRI scan of her and parotid region, and arrange telephone follow up with the results.

Kind regards,

Yours sincerely,

**Ms Constantina Yiannakis**

**ST8 in ENT**

**To Mr Omar Hilmi**

Electronically Signed: Dr Constantina Yiannakis, Doctor

cc.

|                   |        |          |      |              |
|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

|  |                                                        |                    |
|--|--------------------------------------------------------|--------------------|
|  | <b>REFERRAL LETTER</b><br><b>MEDICAL IN CONFIDENCE</b> | <b>Attachments</b> |
|--|--------------------------------------------------------|--------------------|

**Additional Support Needs:**  
**No known ASN requirements**

|                                                                                                                          |                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REFERRAL TO</b>                                                                                                       |                                                                                                                                                                      |
| Ear, Nose & Throat (ENT)<br>GGC General Referral<br><br>Glasgow Royal Infirmary<br>84 Castle Street<br>Glasgow<br>G4 0SF | <b>Consultant / receiving practitioner and/or specialty clinic</b><br><br><b>Hospital and hospital address</b><br>Hospital location code:<br>G107H<br>Email address: |
| <b>Urgency of referral</b> Urgent<br><b>Date of referral</b> 22-Feb-2022<br><b>Date sent</b> 22-Feb-2022                 |                                                                                                                                                                      |

|                        |             |                                                                                                     |
|------------------------|-------------|-----------------------------------------------------------------------------------------------------|
| <b>PATIENT DETAILS</b> |             | <b>Patient's address</b>                                                                            |
| Surname                | Watson      | 28 Kendoon Avenue<br>Glasgow<br>G15 8AX<br><br>Contact number(s)<br><br>Voice: 07504693894 390 6900 |
| Forename(s)            | Mary        |                                                                                                     |
| Title                  | Miss        |                                                                                                     |
| Sex                    | Female      |                                                                                                     |
| Date of birth          | 06-Mar-1954 |                                                                                                     |
| CHI no.                | 0603546323  |                                                                                                     |
| Area of Residence      |             |                                                                                                     |

|                 |                                           |
|-----------------|-------------------------------------------|
| *101025634482M* | Unique Care Pathway Number: 101025634482M |
|-----------------|-------------------------------------------|

|                              |                                  |                                                                                                                                                                                          |
|------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REGISTERED GP DETAILS</b> |                                  | <b>Practice address</b>                                                                                                                                                                  |
| Name                         | Dr SC Lyon                       | Garscadden Burn Medical Practice<br>80-90 Kinfauns Drive<br>Drumchapel<br>Glasgow<br>G15 7TS<br><br>Contact number(s)<br><br>Voice: 041 211 6100<br>E-mail: ggc.gp40436clinical@nhs.scot |
| GMC code                     | 3298581      GP code      06084  |                                                                                                                                                                                          |
| Practice name                | Garscadden Burn Medical Practice |                                                                                                                                                                                          |
| Practice code                | 40436                            |                                                                                                                                                                                          |

|                             |                 |                         |
|-----------------------------|-----------------|-------------------------|
| <b>REFERRING GP DETAILS</b> |                 | <b>Practice address</b> |
| Name                        | Dr. Sasha Sadiq | Contact number(s)       |

**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: Warthin's tumour

Comment: Dear doctor,

I would appreciate your re-review of Mary, she is a 67 year old lady with a diagnosis of a 15mm right sided Warthin's tumour. She was discharged from the care of ENT in May 2021 following discussion with her and decision not to proceed with further intervention at that point.

Mary has presented to ourselves with increased pain on the right side of her face/head and increased size of her facial swelling. This has progressed over the last 6 weeks or so. She is keen to be re-assessed to explore possible interventions as feels her symptoms are not manageable now.

I note from the letter on clinical portal it was mentioned that ENT would be happy to review again if these symptoms became an issue.

Many thanks,

Dr. Sasha Sadiq (GPST1)

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history****Pre-existing conditions** (High & medium priority - all)

| <u>Description</u>                                      | <u>Comment</u> | <u>Date of onset</u> | <u>Date recorded</u> |
|---------------------------------------------------------|----------------|----------------------|----------------------|
| Essential hypertension                                  | -              | 22-Jun-2021          | 22-Jun-2021          |
| Warthin's tumour                                        | -              | 11-Jun-2021          | 11-Jun-2021          |
| [D]Impaired glucose tolerance                           | -              | 20-May-2019          | 20-May-2019          |
| Peripheral vascular disease NOS                         | -              | 04-Nov-2016          | 04-Nov-2016          |
| Acquired hypothyroidism                                 | -              | 08-Dec-2003          | 08-Dec-2003          |
| Chest pain                                              | MI -ve         | 02-Jan-2002          | 02-Jan-2002          |
| [D]Chest pain                                           | -              | 30-Jul-2001          | 30-Jul-2001          |
| [D]Chest pain                                           | -              | 12-Oct-2000          | 12-Oct-2000          |
| Chest infection                                         | -              | 16-Jan-1998          | 16-Jan-1998          |
| Alopecia                                                | -              | 11-Feb-1997          | 11-Feb-1997          |
| Malign neop of bone, connective tissue, skin and breast | Left BREAST    | 21-Oct-1996          | 21-Oct-1996          |
| H/O: depression                                         | -              | 01-Jan-1996          | 01-Jan-1996          |
| Cervical intraepithelial neoplasia                      | -              | 30-Sep-1991          | 30-Sep-1991          |
| [V]Sterilisation                                        | -              | 05-Dec-1985          | 05-Dec-1985          |

**Past procedures** (High and medium priority - all)

| <u>Description</u>               | <u>Comment</u>                             | <u>Date performed</u> | <u>Date recorded</u> |
|----------------------------------|--------------------------------------------|-----------------------|----------------------|
| Computerised tomograph scan      | BRAIN- old infarcts                        | 29-May-2021           | 29-May-2021          |
| Angiogram                        | CT angiogram of neck- mild stenosis of ICA | 28-May-2021           | 28-May-2021          |
| Mammography normal               | -                                          | 20-Nov-2018           | 20-Nov-2018          |
| Continence care                  | -                                          | 08-Oct-2018           | 08-Oct-2018          |
| Ultrasound of kidneys            | Normal                                     | 20-Feb-2013           | 20-Feb-2013          |
| Helicobacter blood test positive | -                                          | 05-Sep-2012           | 05-Sep-2012          |
| Lumpectomy of breast             | -                                          | 21-Dec-1996           | 21-Dec-1996          |
| No smear - benign hysterectomy   | -                                          | 30-Sep-1991           | 30-Sep-1991          |

**Family conditions** (All priorities)

| <u>Description</u> | <u>Comment</u> | <u>Date of Onset</u> |
|--------------------|----------------|----------------------|
|--------------------|----------------|----------------------|

FH: Ischaemic heart disease (Mother, Father, Sister) discussed chol. . back on chol tab. dietary changes to make. not eating breakfast or lunch. will start and inc fruit and veg. recheck chol 3/12. need to tackle smoking when feeling better 28-Sep-2012

FH: Neoplasm - \* 14-Mar-1995

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

| <u>Drug name</u>                            | <u>Quantity</u> | <u>Formulation</u> | <u>Dosage</u>                                                                               | <u>Frequency</u> | <u>Date started</u> | <u>Date last issued</u> |
|---------------------------------------------|-----------------|--------------------|---------------------------------------------------------------------------------------------|------------------|---------------------|-------------------------|
| Clopidogrel Tablets 75 mg                   | 28              | 28 tablet          | TAKE ONE TABLET ONCE DAILY                                                                  | -                | 02-Jun-2021         | 27-Jan-2022             |
| Ketoconazole Shampoo 2 %                    | 120             | 120 ML             | FOR TREATMENT APPLY TWICE WEEKLY FOR 2-4 WEEKS (FOR PROPHYLAXIS APPLY ONCE EVERY 1-2 WEEKS) | -                | 18-Jul-2018         | 23-Dec-2021             |
| Ezetimibe Tablets 10 mg                     | 56              | 56 tablet          | ONE DAILY                                                                                   | -                | 19-Apr-2018         | 27-Jan-2022             |
| Levothyroxine Sodium Tablets 25 micrograms  | 56              | 56 TABLET          | ONE TO BE TAKEN EACH DAY                                                                    | -                | 13-Sep-2016         | 23-Dec-2021             |
| Dihydrocodeine Tablets 30 mg                | 224             | 224 TABLET         | 2 TAB FOUR TIMES A DAY IF REQUIRED                                                          | -                | 10-Jun-2016         | 27-Jan-2022             |
| Atorvastatin Tablets 80 mg                  | 56              | 56 TABLET          | ONE TO BE TAKEN EACH DAY                                                                    | -                | 19-Mar-2013         | 21-Sep-2021             |
| Levothyroxine Sodium Tablets 100 micrograms | 56              | 56 TABS            | 1 Tab In the morning                                                                        | -                | 12-May-2011         | 27-Jan-2022             |

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

No recent medications recorded

**Blood Pressure**

| <u>Date Recorded</u> | <u>Systolic</u> | <u>Diastolic</u> |
|----------------------|-----------------|------------------|
| 21-Feb-2022          | 164             | 95               |
| 15-Jul-2021          | 116             | 63               |
| 22-Jun-2021          | 133             | 73               |
| 16-Mar-2021          | 141             | 88               |
| 24-Feb-2021          | 130             | 82               |

**Body Measurements**

| <u>Date Recorded</u> | <u>Height</u> | <u>Weight</u> | <u>BMI</u> |
|----------------------|---------------|---------------|------------|
| 29-Aug-2019          | -             | 58            | -          |
| 20-May-2019          | 152           | 59            | 25.54      |
| 02-Oct-2018          | 152           | 57            | 24.67      |
| 23-Nov-2017          | 152           | 59            | 25.5       |
| 08-Sep-2016          | 152           | 60            | 25.97      |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| <u>Description/Question</u>          | <u>Result/Comment</u> | <u>Date</u> |
|--------------------------------------|-----------------------|-------------|
| Trying to give up smoking:           |                       | 02-Oct-2018 |
| Cigarette smoker, 20 cigarettes/day: |                       | 02-Oct-2018 |
| Current smoker:                      |                       | 02-Oct-2018 |
| Cigarette smoker:                    |                       | 23-Nov-2017 |
| Current smoker:                      |                       | 23-Nov-2017 |
| Alcohol consumption, 0 units/week:   |                       | 02-Oct-2018 |

|                                    |             |
|------------------------------------|-------------|
| Teetotaler:                        | 23-Nov-2017 |
| Teetotaler :                       | 23-Nov-2017 |
| Alcohol consumption, 0 units/week: | 08-Sep-2016 |
| Alcohol consumption, 0 units/week: | 18-Apr-2016 |
| Aerobic exercise 0 times/week:     | 02-Oct-2018 |
| Takes inadequate exercise:         | 02-Oct-2018 |
| GPPAQ physical act ind: active:    | 23-Nov-2017 |
| Aerobic exercise 0 times/week:     | 08-Sep-2016 |
| Aerobic exercise 0 times/week:     | 18-Apr-2016 |

**Clinical warnings****Allergies**

| <u>Description</u>               | <u>Date recorded</u> |
|----------------------------------|----------------------|
| Adverse reaction to trimethoprim | 26-Jun-2002          |

**Additional Support Needs**

No known ASN requirements.

**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

**Social circumstances**

Ethnic Origin: (White) Scottish

---

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



**Clinical letter - Others:**

Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G3 7ER

Mrs L D Cooke  
Consultant Otolaryngologist  
Gartnavel General Hospital:  
1055 Great Western Road:  
Glasgow:  
G12 0XH

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

0141 211 4000  
ENT  
0141 242 9788  
Ann.McNaughton@ggc.scot.nhs.uk  
07/06/2021  
AA/JW  
11/05/2021  
26/05/2021

Dear Mrs Cooke,

**Mary Watson; D.O.B: 06/03/1954; CHI: 0603546323**  
**28 KENDOON AVENUE, Glasgow, Lanarkshire, G15 8AX**

Diagnosis: Right 15 mm Warthin's tumour

Management: Reassurance

Follow up: Discharged from ENT

Ms Watson was reviewed in the ENT clinic today. Many thanks for your referral. As I note from your letter, Ms Watson has been suffering with discomfort at tail of the parotid gland just inferior to the external auditory canal. This has been going on for a number of years, with no particular resolution.

Many thanks for organising an ultrasound and FNAC which confirms a 15 mm Warthin's tumour, after which Ms Watson noticed that the discomfort became a lot worse. Since then however things have started to settle.

She has quite an extensive history of cervical and breast carcinomas for which she had been treated, and is currently awaiting vascular intervention.

She was a smoker and had managed to stop about 8 months ago, however unfortunately has re-started smoking again.

Examination today reveals a 2 cm lump in the tail of the right parotid. There is no associated facial nerve weakness or external auditory canal bulging. There is no further lymphadenopathy in the neck.

I have explained the findings to Ms Watson today. Moving forward we have discussed the pathology of a Warthin's tumour, and at this point as she is coping well with the discomfort further intervention would not be advisable. Mr Hilmi has also seen Ms Watson and agrees with this management.

I have explained to her that should she have any further issues in the future with regards to an increase in size, or worsening of the pain that is persistent, we would be more than happy to review her again.

Yours sincerely

Anton Alatsatianos

ST7 in ENT

Electronically Signed: Dr Anton Alatsatianos, Doctor

cc. Dr S Lyon  
Garscadden Burn Medical Practice  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

|                   |        |          |      |              |
|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

|  |                                                 |             |
|--|-------------------------------------------------|-------------|
|  | <b>REFERRAL LETTER</b><br>MEDICAL IN CONFIDENCE | Attachments |
|--|-------------------------------------------------|-------------|

|                                                        |
|--------------------------------------------------------|
| Additional Support Needs:<br>No known ASN requirements |
|--------------------------------------------------------|

|  |
|--|
|  |
|--|

|                                                                                                       |         |                         |                                                                                                 |
|-------------------------------------------------------------------------------------------------------|---------|-------------------------|-------------------------------------------------------------------------------------------------|
| <b>REFERRAL TO</b>                                                                                    |         |                         |                                                                                                 |
| Omar Hilmi (Consultant)<br>Ear, Nose & Throat (ENT) - Head and Neck<br>GGC General - ACUTE STAFF ONLY |         |                         | Consultant / receiving practitioner and/or specialty clinic                                     |
| Glasgow Royal Infirmary<br>84 Castle Street<br>Glasgow<br>G4 0SF<br>Telephone: 0141 242 9788          |         |                         | <b>Hospital and hospital address</b><br>Hospital location code:<br>G107H<br>Email address:<br>- |
| <b>Urgency of referral</b>                                                                            | Routine | <b>Date of referral</b> | 27-Jan-2021                                                                                     |
|                                                                                                       |         | <b>Date sent</b>        | 27-Jan-2021                                                                                     |

|                          |             |                                                                                                         |
|--------------------------|-------------|---------------------------------------------------------------------------------------------------------|
| <b>PATIENT DETAILS</b>   |             | <b>Patient's address</b>                                                                                |
| <b>Surname</b>           | WATSON      | 28 Kendoon Avenue<br>Glasgow<br>Lanarkshire<br>G15 8AX<br><br>Contact number(s)<br>Voice: 07504 693 894 |
| <b>Forename(s)</b>       | MARY        |                                                                                                         |
| <b>Title</b>             | MRS         |                                                                                                         |
| <b>Sex</b>               | Female      |                                                                                                         |
| <b>Date of birth</b>     | 06-Mar-1954 |                                                                                                         |
| <b>CHI no.</b>           | 0603546323  |                                                                                                         |
| <b>Area of Residence</b> | -           |                                                                                                         |

|                 |                                           |
|-----------------|-------------------------------------------|
| *101022519711V* | Unique Care Pathway Number: 101022519711V |
|-----------------|-------------------------------------------|

|                              |                                  |                         |
|------------------------------|----------------------------------|-------------------------|
| <b>REGISTERED GP DETAILS</b> |                                  | <b>Practice address</b> |
| <b>Name</b>                  | Dr. S. C. Lyon                   | Contact number(s)<br>-  |
| <b>GMC code</b>              | -                                |                         |
| <b>GP code</b>               | -                                |                         |
| <b>Practice name</b>         | Garscadden Burn Medical Practice |                         |
| <b>Practice code</b>         | -                                |                         |

|                              |                   |                                                                   |
|------------------------------|-------------------|-------------------------------------------------------------------|
| <b>REFERRING HCP DETAILS</b> |                   | <b>Organisation address</b>                                       |
| <b>HCP Name</b>              | Lynn Cooke        | SCI Gateway Virtual Location<br>G12 0YN<br>Contact number(s)<br>- |
| <b>HCP code</b>              | 2570570           |                                                                   |
| <b>HCP Position</b>          | Consultant        |                                                                   |
|                              | ENT Services GG&C |                                                                   |

**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: Warthin's tumour right parotid

Comment: Diagnosis: Warthin's tumour right parotid

This 66-year-old lady presented to the ENT clinic with a 2 year history of right ear ache and a slight swelling below her ear. She has a past history of cervical cancer in 1991, and breast cancer in 1996. She has had a cholecystectomy. She takes a statin, 75 mg of aspirin, and a GTN spray.

On examination her ear drums and ear canals were normal. There was a fullness behind the angle of the mandible. An ultrasound scan of her parotid has shown a 15 mm hypoechoic lesion in the lateral mid-to-lower right parotid gland, and there is a small similar-appearing lesion measuring 9 mm at a similar location in the left parotid gland. The Radiologist commented that there was a coincidentally fibrotic-appearing thyroid, presumed chronic Hashimoto's thyroiditis. Her FNA is reported as showing appearance in keeping with a Warthin's tumour, with no evidence of malignancy.

I have had a telephone consultation with this lady to discuss the scan results. The lump is intermittently painful, and has been painful again since the FNA. She also is concerned about the presence of a lump.

I would be grateful if you could discuss with her whether surgery is indicated.

Yours sincerely

Mrs L D Cooke  
Consultant Otolaryngologist

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Advise

**Past medical history****Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

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

No recent medications recorded

**Blood Pressure**

No Blood Pressures Recorded

**Body Measurements**

No Body Measurements Recorded

**Clinical warnings****Additional Support Needs**

No known ASN requirements

**Additional relevant information****Administrative information**

Please select appropriate 18 Week RTT option: Onward referral same condition

OK to send correspondence to home address?: Yes

Patient will accept any site: Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
Referred By:Consultant  
Electronic Attachment Present:No

\_\_\_\_\_  
**Signature** of referring doctor (or other professional) **Date** .

## ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

☐

BEATSON HOSPITAL

☐

CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☐

INVERCLYDE ROYAL HOSPITAL

☐

MATERNITY

☐

NEW VICTORIA ACH

☐

PRINCESS ROYAL MATERNITY

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

☐

ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☒

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

### Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☒

WEST MARC

☐

LABS

☐

**Clinical letter - Others:**



Mr David Clark  
Locum Urological Surgeon  
Stobhill Hospital

Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW

Main Switchboard: 0141 201 3000

Department: Urology

Tel: 0141 355 1799

Enquiries to: Karen Johnstone

Letter Date: 18/09/2013

Reference: CO'C/MM

Dictated Date: 10/09/2013

Transcribed Date: 12/09/2013

Dear Mr Clark,

Name: **Watson Mary**  
CHI: **0603546323**  
DOB: **06/03/1954**  
Address: **28 Kendoon Avenue**  
**Glasgow**  
**Lanarkshire**  
**G15 8AX**

Mrs Watson was referred for urodynamic assessment and possible intermittent self catheterisation. Unfortunately this lady had cancelled her appointment to attend for this and failed to attend a second date given to her. I have therefore not arranged any further appointments for her. She does have an appointment to attend your clinic already arranged. Should you wish to re-refer at that point then I will make further arrangements to see her.

Kind regards  
Yours sincerely

Sister Carol O'Connell  
**Urological Nurse Practitioner**

Electronically Signed: Nurse Carol O'Connell, Nurse

## Acute Services Division

### DEPARTMENT OF UROLOGY

Mr D Clark  
Mr A James  
Mr J Crooks

Secretary: Sharon Napier (08.45-14.45 Mon-Fri)  
Tel: 0141 201 3617  
Fax: 0141 201 3779

Outpatient Appointments/Enquiries: 0141 355 1404



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW

PR/AK

Dictated: 20/02/2013

Typed: 20/02/2013

Mrs Mary Watson  
28 Kendoon Avenue  
Glasgow  
G15 8AX

Dear Mrs Watson

**Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H**  
**28 Kendoon Avenue, Glasgow, G15 8AX**

I now have the results of the ultrasound scan which I arranged for you from clinic. I am pleased to report that this shows your kidneys are completely normal. We will see you following Sister O'Connell has had an opportunity to discuss intermittent catheterisation.

Many thanks.

Yours sincerely

**MR P RAJAN**  
ST4 in Urology

Dr Susan Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

**SISTER C O'CONNELL**  
Urology Nurse Practitioner  
Urology Suite  
Area H - Level 2  
ACH Stobhill



## Acute Services Division

### DEPARTMENT OF UROLOGY

Mr D Clark  
Mr A James  
Mr J Crooks

Secretary: Sharon Napier (08.45-14.45 Mon-Fri)  
Tel: 0141 201 3617  
Fax: 0141 201 3779



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW

Outpatient Appointments/Enquiries: 0141 355 1404

PR/SN – Clinic Letter

Dictated: 29/01/2013

Typed: 05/02/2013

Dr Susan Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow G15 7TS

Dear Dr Lyon

**Mary Watson** - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H  
28 Kendoon Avenue, Glasgow, G15 8AX

Diagnosis: Previous breast cancer  
Previous hysterectomy for cervical cancer aged 37  
"Hindgut neuropathy"  
Urinary incontinence and bowel incontinence  
Outcome: Urodynamics  
Intermittent self catheterisation

Thank you for referring the above patient to Mr Clark's clinic. Her urological problems date back to age 37 when she had a hysterectomy for cervical cancer. Since then she has been struggling with significant urinary incontinence. She feels that she has no sensation to void and wets herself all the time. As a result she has to wear pads constantly which she changes six times a day. If she does not empty her bladder on a regular basis she has multiple accidents. She does not complain of the urinary symptoms such as recurrent urinary tract infections, bladder pain or haematuria. She has no urgency related symptoms and she does not have a significant sensation to void. She is an ex-smoker having stopped last November, however smokes a significant number at approximately 10-15 per day.

Having reviewed her in patient clinical notes on portal there does not appear to be any contact with a Specialist regarding the above medical problems. She has however had some imaging performed in 2010 when she was admitted under the General Surgeons for possible cholecystitis and underwent a cholecystectomy. At that stage her upper tracts were normal. Examination today revealed a soft abdomen with a mid line scar and no masses. Perineal examination did not reveal any evidence of a fistula however she leaked significantly on coughing. Dipstick today was negative.

I had a long discussion with her today regarding her symptoms, which I think are most likely attributable to neuropathic bladder. This is probably as a result of her previous pelvic surgery. She has clearly suffered significantly over the past several years, and really has reached the end of her tether as far as her symptoms are concerned. Further investigations I think she needs urodynamics and I think she would benefit from intermittent self catheterisation. I will arrange this by means of copy of this letter to Sister O'Connell. I will also arrange an ultrasound scan of the renal tracts to rule out any upper tract dilatation however I suspect she has "a safe bladder". Certainly U&Es in September of last year were completely normal. I will be in touch with the results of the above. Many thanks.

Yours sincerely,

Mr David Clark  
Locum Consultant

## Acute Services Division

### DEPARTMENT OF UROLOGY

Mr D Clark  
Mr A James  
Mr J Crooks

Secretary: Sharon Napier (08.45-14.45 Mon-Fri)  
Tel: 0141 201 3617  
Fax: 0141 201 3779

Outpatient Appointments/Enquiries: 0141 355 1404



Stobhill Hospital  
133 Balornock Road  
Glasgow  
G21 3UW

#### PR/SN – Clinic Letter

Dictated: 29/01/2013  
Typed: 05/02/2013

Sister C O'Connell  
Urology Nurse Specialist  
Urology Clinic H, Level 2  
ACH, Stobhill Hospital

Dear Sister

**Mary Watson - 06/03/1954 - CHI: 0603546323 - CRN: 50623238H**  
**28 Kendoon Avenue, Glasgow, G15 8AX**

I was wondering whether you would be able to see the above patient whose clinical history is attached to this letter. I think she has a neuropathic bladder and would benefit from intermittent self catheterisation, however we would be interested to note the underlying pathology based on urodynamics.

Yours sincerely

**Mr P Rajan**  
**ST6 in Urology to Mr Clark**

## **Acute Services Division**

### **Digestive Diseases Directorate**

#### **Department of General Surgery**

**Mr. D. T. Hansell**

General Surgical Clinic

Symptomatic One-Stop Breast Clinic

Combined Surgery/Oncology Breast Clinic

Breast Family History Clinic



Surgical Division  
Stobhill Hospital  
133 Balornock Road  
GLASGOW  
G21 3UW

Clinic Co-ordinator  
0141 201 3000 Page 4232  
Secretary  
0141 201 3780

Clinic &      27/03/2007  
Dictated  
Typed      27/03/2007  
Our Ref      LB/LM/50623238H

Mrs Mary Watson  
28 Kendoon Avenue  
Glasgow  
G15 8AX

Dear Mrs Watson

Your old mammograms have now been compared. These are unchanged from previous. This is obviously very reassuring.

We have discharged you to the Screening Programme but should you have any ongoing concerns, we would happily see you back.

Yours sincerely

**MISS LESLEY BROWN**  
**SHO 3**

cc. Dr Susan Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
G15 7TS

## Acute Services Division

### Surgery and Anaesthetics Directorate

#### Department of General Surgery

Mr D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic

Digestive Diseases Directorate  
Surgical Division  
Stobhill Hospital  
133 Balornock Road  
GLASGOW  
G21 3UW



Clinic Date 08/03/2007  
Typed 09/03/2007  
Our Ref LB/GR  
Clinic Coordinator: 0141 201 3000 Page 4232  
Secretary: 0141 201 3780

Dr SUSAN LYON  
DRUMCHAPEL HEALTH CENTRE  
80/90 KINFAUNS DRIVE  
G15 7TS

Dear Dr LYON

**MARY WATSON ~ 06/03/1954 ~ CHI: 0603546323 ~ CRN: 5063238H**  
**28 Kendoon Avenue, GLASGOW, G15 8AX**

Diagnosis: Grade 1 invasive ductal carcinoma with associated DCIS -  
October 1996, ER positive

Treatment: Left lumpectomy and axillary node clearance, radiotherapy and adjuvant Tamoxifen

I saw Mrs Watson today in the clinic.

Clinical examination was unremarkable and a mammogram today showed post surgical deformity and some benign looking calcifications in the left breast but these will be compared with the previous films when these are available. Assuming that these all come back OK I have discharged her from the clinic but if there are any ongoing issues we will happily see her again.

Yours sincerely

**MISS LESLEY BROWN**  
**SHO 3**

## MRI Parotid

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 07-Sep-2022 16:24 | Received      | 09-Sep-2022 12:37 |
| Reported  | 09-Sep-2022 12:35 | Order Number  | G207H38454107     |
| Status    | Final             | Source System | MiSys             |

**MRI Head**

Final

**Mary Watson****Clinical History :**

Known right sided warthian's tumour. Increasing pain in right side of head and mandible. ? secondary to parotid lesion

**MRI Head :**

The patient was claustrophobic and no imaging acquired. A further appointment will be given and the patient will seek oral sedation from their GP.

**MRI Parotid :**

See above.

**Reported by:** Dr Alasdair McCafferty**Verified by:** Dr Alasdair McCafferty

## US Urinary tract

|           |                   |               |                   |
|-----------|-------------------|---------------|-------------------|
| Performed | 12-Feb-2013 15:39 | Received      | 12-Feb-2013 16:32 |
| Reported  | 12-Feb-2013 16:10 | Order Number  | G207H27648248     |
| Status    | Final             | Source System | MiSys             |

### US Urinary tract

Final

Mary Watson

**Clinical History :** History of neuropathic bladder.

**US Urinary tract :** Both kidneys are of normal size, shape, contour and cortical thickness. No masses, cysts, calculi or hydronephrosis are seen. Normal aortic calibre.

**Reported by:** Elliot Craig (Sonographer)

**Verified by:** Elliot Craig (Sonographer)

CHI Number: 0603546323

Patient Name: MARY WATSON

Page 1 of 2

**Acute Services Division**

All Directorates

Department of

Specialty: Urology

**OutPatient Continuation Sheet eForm - Version 1.0 RC 0.1**

|                  |              |
|------------------|--------------|
| <b>Hospital:</b> | Stobhill ACH |
|------------------|--------------|

| Patient Details                  |                              | GP Details          |             |
|----------------------------------|------------------------------|---------------------|-------------|
| <b>Name:</b>                     | WATSON, MARY                 | <b>Name:</b>        | LYON, SUSAN |
| <b>Address:</b>                  | 28 Kendoon Avenue<br>GLASGOW | <b>Address:</b>     | Dr Nugent   |
| <b>Postcode:</b>                 | G15 8AX                      | <b>Telephone:</b>   |             |
| <b>Correspondence Address 1:</b> |                              |                     |             |
| <b>Correspondence Address 2:</b> |                              |                     |             |
| <b>Correspondence Postcode:</b>  |                              |                     |             |
| <b>Telephone:</b>                | 533 9203                     |                     |             |
| <b>Patient Contact Number:</b>   |                              | <b>Consent:</b>     | Yes         |
| <b>CHI Number:</b>               | 0603546323                   | <b>Sensitivity:</b> | Sensitive   |
| <b>CRN:</b>                      | 50623238H                    |                     |             |
| <b>D.O.B:</b>                    | 06/03/1954                   |                     |             |
| <b>Sex:</b>                      | Female                       |                     |             |

| Patient Histories                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                      |              |  |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|--------------|--|
| Patient History                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                      |              |  |
| <b>Height:</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Weight:</b> |                                      | <b>BMI:</b>  |  |
| <b>Temp:</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Pulse:</b>  |                                      | <b>SaO2:</b> |  |
| <b>Presenting complaint/Diagnosis:</b> | <p>Previous breast cancer and hysterectomy for cervical ca at age 37. Hindgut neuropathy?</p> <p>Urinary incontinence and bowel incontinence. Uses enemas. No recent follow up regarding this. No inpatient notes and nothing on Portal. Pads all the time. Wet changes pad 6x day. No proper sensation or feeling need to go. Ex smoker 10-15day. Stopped last Nov. Abdo. No masses.</p> <p>Pelvic examination. No masses. Significant leakage on coughing.</p> |                |                                      |              |  |
| <b>Medical History:</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                      |              |  |
| <b>Current medication</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                      |              |  |
| <b>Family history</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                      |              |  |
| <b>Social / Domestic history</b>       | <b>Smoker:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | <b>Cigarettes per week:</b>          |              |  |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | <b>Referred to smoking cessation</b> |              |  |
|                                        | <b>Alcohol history:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | <b>units per week</b>                |              |  |

CHI Number: 0603546323

Patient Name: MARY WATSON

Page 2 of 2

|                                       |            |                                                             |                    |              |    |
|---------------------------------------|------------|-------------------------------------------------------------|--------------------|--------------|----|
| Clinical impression / management plan |            | Needs Dipstick- negative<br>Urodynamics<br>USS renal<br>ISC |                    |              |    |
| Investigations:                       |            |                                                             |                    |              |    |
| Procedures:                           |            |                                                             |                    |              |    |
| ERAS:                                 |            | Stoma:                                                      | #Error             |              |    |
| Further information                   |            |                                                             |                    |              |    |
| Specialty specific information:       |            | Select                                                      |                    |              |    |
| Date:                                 | 29/01/2013 | Seen by:                                                    | Prabhakar<br>Rajan | Designation: | ST |

- End of Report -



## **MANUAL PATIENT RECORDS**

|                                     |                                     |           |                          |
|-------------------------------------|-------------------------------------|-----------|--------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC    | <input type="checkbox"/>            |           |                          |
| ACS                                 | <input type="checkbox"/>            |           |                          |
| BEATSON HOSPITAL                    | <input type="checkbox"/>            |           |                          |
| CANNIESBURN HOSPITAL                | <input type="checkbox"/>            |           |                          |
| DENTAL HOSPITAL                     | <input type="checkbox"/>            |           |                          |
| GARTNAVEL GENERAL HOSPITAL          | <input type="checkbox"/>            |           |                          |
| GLASGOW ROYAL INFIRMARY             | <input type="checkbox"/>            |           |                          |
| INVERCLYDE ROYAL HOSPITAL           | <input type="checkbox"/>            | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH                    | <input type="checkbox"/>            |           |                          |
| PRINCESS ROYAL MATERNITY            | <input type="checkbox"/>            |           |                          |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/>            | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL            | <input type="checkbox"/>            | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN         | <input type="checkbox"/>            |           |                          |
| STOBHILL HOSPITAL                   | <input checked="" type="checkbox"/> |           |                          |
| VALE OF LEVEN                       | <input type="checkbox"/>            | MATERNITY | <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL       | <input type="checkbox"/>            |           |                          |
| WESTERN INFIRMARY RECORDS           | <input type="checkbox"/>            |           |                          |
| <b><u>Including:</u></b>            |                                     |           |                          |
| BADGERNET                           | <input type="checkbox"/>            |           |                          |
| CAREVUE                             | <input type="checkbox"/>            |           |                          |
| MEDICAL ILLUSTRATION                | <input type="checkbox"/>            |           |                          |
| METAVISION                          | <input type="checkbox"/>            |           |                          |
| PHYSIOTHERAPY                       | <input type="checkbox"/>            |           |                          |
| RADIOLOGY                           | <input type="checkbox"/>            |           |                          |
| WEST MARC                           | <input type="checkbox"/>            |           |                          |
| LABS                                |                                     |           |                          |

UNIT  
NUMBER

494748

HOSPITAL

## INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

| DATE     | CLINIC/WARD | DOCTOR    | DIAGNOSIS/OPERATION | CODED | DISCH. DATE |
|----------|-------------|-----------|---------------------|-------|-------------|
| 29/9/91  | 4B          | DR DAVIS  |                     | ✓     | 10/10/91    |
| 19/10/91 | L.B.        | "         |                     | ✓     | 21/10/91    |
| 30/7/93  | Gyn         | DR DAVIS  |                     |       |             |
| 6/10/96  | ADM WOS     | DR HANSEN |                     |       | 10-10-96    |
| 15-7-98  | ADM S       | "         |                     |       |             |
| 26/01    | 111         | 11/       |                     |       | 27/01       |

**USE RED INK FOR NOTIFICATION OF DEATH - ALL OTHER ENTRIES IN BLACK**

|                                           |                                       |         |
|-------------------------------------------|---------------------------------------|---------|
| Hospital                                  | Hospital Code (HOSP)                  | 1-5     |
| Time of admission/transfer                | Ward (WARD)                           | 157-159 |
| Previously attended this hospital? YES/NO | Hospital Case Reference No. (CRN)     | 6-15    |
| If YES state year                         | Surname (SN)                          | 16-35   |
| Address (ADDR)                            | First (FN1)                           | 36-50   |
| 180-219                                   | Forename                              | 51-65   |
| Tel. no.                                  | Second (FN2)                          | 66-85   |
| Postcode                                  | Maiden Name (MN)                      | 86-95   |
| Religion                                  | Alternative Case Reference No. (ACRN) | 96-103  |
| Next of kin (Relationship)                | Age                                   | 104-112 |
| Name                                      | Date of Birth (DOB)                   | 113-117 |
| Address                                   | Sex (SEX)                             | 118-124 |
| Tel. no.                                  | Marital State (MRST)                  | 125-126 |
| Postcode                                  | GP Practice Code (GPPC)               | 127-132 |
| Family Doctor                             | GP GMC Number (GPC)                   | 133-138 |
| Name                                      | Admitted/transferred from (ADTF)      | 139-144 |
| Address                                   | Type of Admission (TADM)              | 145-151 |
| Tel. no.                                  | Date placed on Waiting List (DWL)     | 152-171 |
| Postcode                                  | Date of Admission (DOA)               | 172-173 |
| Provisional Diagnosis on Admission        | Date of Discharge (DOD)               | 174-180 |
|                                           | Time of Discharge                     |         |
|                                           | Category of Patient (CAT)             |         |
|                                           | Specialty (SPEC)                      |         |
|                                           | Consultant Surname (CONS)             |         |
|                                           | Consultant Initials                   |         |
|                                           | Consultant Code (CONC)                |         |

## To be completed by doctor on discharge of patient

|                                                                             |                               |         |
|-----------------------------------------------------------------------------|-------------------------------|---------|
| (1) Main Condition (DG1)                                                    | (DG1C)                        | 1-66    |
| (2) Other Conditions (DG2)                                                  | (DG2C)                        | 67-132  |
| (3) (DG3)                                                                   | (DG3C)                        | 133-198 |
| (4) (DG4)                                                                   | (DG4C)                        | 1-66    |
| (5) (DG5)                                                                   | (DG5C)                        | 67-132  |
| (6) (DG6)                                                                   | (DG6C)                        | 133-198 |
| (1) Main Operation (OP1)                                                    | (OP1C)                        | 1-68    |
| (2) Other Operations (OP2)                                                  | (OP2C)                        | 69-136  |
| (3) (OP3)                                                                   | (OP3C)                        | 137-204 |
| (4) (OP4)                                                                   | (OP4C)                        | 1-68    |
| Date of Main Operation (DOP1)                                               | Date of Main Operation (DOP1) | 69-74   |
| ERROR REPORT COMMENT: Data items specified in boxes below are correct (COM) | Contract No. (CTN)            | 135-144 |
| Enter field abbreviations                                                   | Local use (LUSE)              | 145-150 |
| Additional notes                                                            | National use (NUSE)           | 151-156 |

# Key To Coded Items

Full Instructions for completing this form are contained in the SMRI Manual

## Sex (Sex)

- 1 Male
- 2 Female
- 8 Other or NK

## Marital State (MRST)

- 1 Never Married - Single
- 2 Married - (Includes Separated)
- 3 Widowed
- 8 Other - (Includes Divorced)
- 9 NK

## Admitted/ Transferred From (ADTF)

- 1 Home (Usual Address)
- 2 Other NHS Hospital (Inpatient, Short Stay or Day Bed Facilities only)
- 3 Other Unit in This Hospital (Inpatient Facilities or Day Bed Units only)
- 8 Other

## Type of Admission (TADM)

- 0 Deferred Admission
- 1 Waiting List/ Diary/ Booked
- 2 Repeat Admissions
- 3 Transfer
- 4 Emergency - Deliberate Self-Inflicted Injury or Poisoning
- 5 Emergency - Road Traffic Accident
- 6 Emergency - Home Accident (includes Accidental Poisoning in the home)
- 7 Emergency - Other Injury (includes Accidental Poisoning other than in the home)
- 8 Emergency - Other (excludes Accidental Poisoning)

## Discharge Code (DISC)

- 0 'Irregular' - eg Self Discharge Home
- 1 Convalescent Hospital or Home
- 3 Other Hospital
- 4 Local Authority Care
- 5 Transfer to other speciality in same hospital
- 6 Died (PM)
- 7 Died (No PM)
- 8 Other

## Category of Patient (CAT)

- 1 Amenity
- 2 Paying
- 3 NHS
- 4 Overseas Visitor - Liable to pay for treatment
- 5 Overseas Visitor - Not liable to pay - reciprocal arrangements
- 7 Special Arrangements

## Types of Facility (TOF)

- 1 Inpatient Admission
- 4 Day Case Remaining Overnight in Inpatient Facilities
- 5 Five Day Ward
- 6 Day Bed Unit
- 7 Day Case Inpatient Facilities
- 8 Day Case Other

## Specialty (SPEC)

Read detailed instructions in manual

- 01 General Surgery
- 02 Orthopaedic Surgery
- 03 ENT Surgery
- 04 Ophthalmology
- 05 Urology
- 06 Neurosurgery
- 07 Cardiothoracic Surgery
- 08 Plastic Surgery (includes Maxillo-Facial Surgery and Burns)
- 11 Orthodontics and Paediatric Dentistry
- 12 Oral Surgery and Oral Medicine
- 16 General Medicine
- 17 Cardiology
- 18 Metabolic Disease
- 19 Neurology
- 21 Gastroenterology
- 22 Poisons Unit
- 23 Dermatology
- 24 Nephrology
- 25 Rheumatology
- 26 Rehabilitation Medicine
- 28 Respiratory Medicine (incl. Respiratory TB)
- 31 Communicable Diseases
- 32 Genito-Urinary Medicine
- 33 Diagnostic Radiology
- 34 Radiotherapy (consultative)
- 36 Homoeopathy
- 37 Medical Oncology
- 38 Spinal Paralysis
- 39 Surgical Paediatrics
- 40 Medical Paediatrics
- 41 Pain Control (Anaesthetist)
- 42 Gynaecology
- 46 Special/Intensive Care Baby Unit
- 48 Intensive Therapy Unit
- 49 Accident and Emergency
- 50 Geriatric Assessment
- 51 Geriatric Long Stay
- 52 Young Chronic Sick
- 62 Haematology
- 73 GP (other than Obstetrics)
- 76 Acute Mixed
- 98 Other Acute

|                                 |     |                         |                         |                                         |                      |                           |  |
|---------------------------------|-----|-------------------------|-------------------------|-----------------------------------------|----------------------|---------------------------|--|
| Surname<br><b>WATSON</b>        |     | Forename<br><b>MARY</b> |                         | Unit Number                             | Patient's Occupation | Marital State<br>M. S. W. |  |
| Date of Birth<br><b>6/3/54</b>  | Age | Sex                     | Ward/Dept.<br><b>4B</b> | Religion                                | Maiden Name          |                           |  |
| Address<br><b>32 KENDON AVE</b> |     |                         |                         | G. P.'s Name & Address<br><b>000006</b> |                      |                           |  |

Date **29/9/91** Specialty **GYN** Consultant's Name **DAVIS**

**Ad for Radical Hysterectomy**

ON ADMISSION

L.M.P.

**29/8/91**

History

**Found to have Stage IB Cervical Carcinoma**

**Periods regular 28**

**No IMB**

**Post coital bleeding - moderate**

**Hyperaemia**

**para 4-10 pregnancies normal 1st & 2nd**

EXAMINATION

General

**0 C 0 C 0 A 0 S**

C. V. S.

**mb 84**

B.P.

**125/75**

R. S.

**H&I - 11-10 hears whistles wheeze chest clear - no wheezes no creps**

P. V.

**α 05**

**soft non tender BS ✓**

**pmH Cone biopsy 2 weeks ago**

**? ovarian cyst last year - no surgery**

**DM Epilepsy HSP**

**Asthmatic for last 6 years last attack 1 year**

**OH - Allergy to septin**

**SH Smokes 10-15/day Non drinker**

**SE CVS palpitations breathless on moderate exertion**

**RSP cough sputum haemoptysis**

**gIT on & V D & C haemorrhage**

**GUS dyspnoea freq haematuria**

**Mild yellow PV discharge. treated with antibiotics - stopped house due to SEs**

**GUS ✓**

**FBC ✓**

**CXR ✓**

**BD Davis (8/10)**

000007

## INPATIENT GYNAECOLOGY (continued)

30/9/91 Post op hypotension  $\frac{70}{35} \rightarrow$  1 unit PRS  
 Came up to 90/73. haemacell  
 Further episode of  $\frac{85}{50}$  BP  $\rightarrow$  1 unit PRS  
 Very sore  $\rightarrow$  bp up given haemacell  
 telly BP. Keep eye of respiration.  
 DJJ

3.10.91 Hb. 9.3, W.C. 10.8. Plate 213 Feeding light headed.  
 x-matched 20  
 Very anxious today. M. Train

91 Has noticed a small lump on anterior chest  
 wall. % looks like a Keratin plug.  
 M. Train

8.10.91 Passed 2 Darts wine!

Knockes hog

Home Shuns

MD

- 6 DEC. 1991

9/52 post ATND

The usual worries - weepy, can't get back to work,  
 has avoided intercourse

Impaired sensation in bladder - timing required  
 No incontinence NO hesitancy

Bowels - constipated. Every 2-3 days, has to  
 press  
 Rx lactulose/fybogel.

PA/VG/PR/neck NAI

Smear

AgNO<sub>3</sub> -

3/12 M. Train

|                   |                            |             |
|-------------------|----------------------------|-------------|
| SURNAME<br>WATSON | CHRISTIAN/FORENAME<br>MARY | UNIT NUMBER |
|-------------------|----------------------------|-------------|

000008

\* 6 MAR 1992 review ~ 6/12 post RTND.

Looks great

But Bowels + bladder a problem

BM - once every 2-3/7. Using lactulose.

Would like supps - write GP.

Breast lump excised W/G Jan - benign

Subcutaneous pea-sized lump to R of midsternum  
4mm in d, mobile, could be easily excised  
under L.A.

Neck/PA/AV/AE NAD.

(except constipation)

My PPEs. Consider new wonder drug for bladder than  
Cystin

Cilgevlin supps

SIBJAD

3/12

Indecisive

\* 5 JUN 1992 9/12 post RTND

Tanned + fit-looking

Passed two thready clots 2/52 ago

Mood swings are a problem. Sleeping well.

Appetite normal.

No libido. Relationship otherwise satisfactory

000009

Bowels still a problem - constipation  
Bladder function satisfactory - thought & sensation

D/E Neck/PA/PV/PR NAD

Smear ✓

Questionnaire last time - not re-administered

3/12 history

Offer psychotherapy/hypnotherapy next time  
if libido is still a problem.

SEP 1992

ON laxative for Bowels - 1 sens spot

- Loss of interest in sex

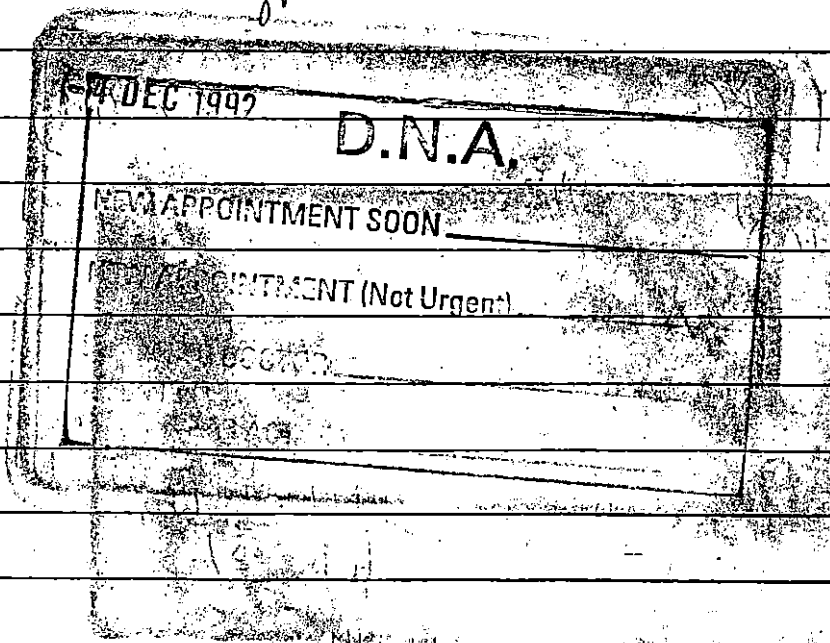
\* - Would like Jan Finlay tree

\* Mike Dow - Psychology - Stobhill

Pelvic no recurrence

Great see 3/12

Ally





## CLINICAL NOTES

UNIT No. \_\_\_\_\_

DATE \_\_\_\_\_

initials

Seeing Mr Finlay 3/52

Still not interested in sex - transpire next week

PA/PV/PR - NAD  
° nodes.

Variation Mean ✓

3112

Went physiotherapy to continue  
at Drunchapel Hospital - ask GP to refer  
to seeing her today

02 APR 1993

... 11/11/1971

NIA 21-S

next mark please

# D.N.A.

21 MAY 1993

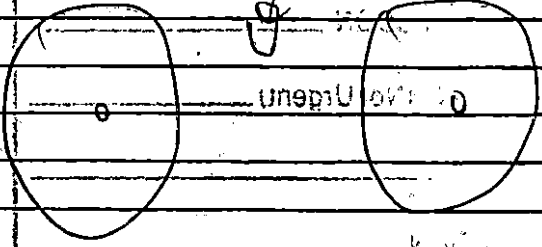
~~NEW APPOINTMENT SOON~~

**NEW APPOINTMENT (Not Urgent)**

~~LETTER TO DOCTOR~~

NO FURTHER ACTION

000011

| DATE                          | CLINICAL NOTES                                                                                                                                                                                                                                                                                  | Initials                  |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                               |                                                                                                                                                                                                                                                                                                 |                           |
|                               | <div data-bbox="87 414 774 795" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold;">D.N.A.</p> <p>NEW APPOINTMENT SOON <u>30 JUL 1993</u></p> <p>NEW APPOINTMENT (Not Urgent) _____</p> <p>LETTER _____</p> <p>NO FURTHER ACTION _____</p> </div> |                           |
|                               |                                                                                                                                                                                                                                                                                                 |                           |
| <p><del>17</del> SEP 1993</p> | <p>Doesnt want to go back to</p>                                                                                                                                                                                                                                                                |                           |
|                               | <p>GRI - I Friday</p>                                                                                                                                                                                                                                                                           |                           |
| <p>Age 39</p>                 | <p>Bladder - spasms.</p>                                                                                                                                                                                                                                                                        |                           |
|                               | <p>Bowel OK with suppositories / Enema</p>                                                                                                                                                                                                                                                      |                           |
|                               | <p>Normal swings. → 3-5 days</p>                                                                                                                                                                                                                                                                |                           |
|                               | <p>2/yr every 4 (no problems before)</p>                                                                                                                                                                                                                                                        |                           |
|                               | <p>OLE:</p>                                                                                                                                                                                                                                                                                     |                           |
|                               | <p>NO recurrence</p>                                                                                                                                                                                                                                                                            |                           |
|                               | <p>FSH / LH / G</p>                                                                                                                                                                                                                                                                             |                           |
|                               | <p>See G<sub>12</sub></p>                                                                                                                                                                                                                                                                       |                           |
|                               | <p>Selacene - cyst between breasts</p>                                                                                                                                                                                                                                                          |                           |
|                               | <p>wishes removal</p>                                                                                                                                                                                                                                                                           |                           |
|                               |                                                                                                                                                                                                              | <p><i>[Signature]</i></p> |
|                               |                                                                                                                                                                                                                                                                                                 |                           |
|                               |                                                                                                                                                                                                                                                                                                 |                           |
|                               |                                                                                                                                                                                                                                                                                                 |                           |
|                               |                                                                                                                                                                                                                                                                                                 |                           |
|                               |                                                                                                                                                                                                                                                                                                 |                           |
|                               |                                                                                                                                                                                                                                                                                                 |                           |

000012

| DATE        | CLINICAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Initials |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 18 MAR 1994 | <p>Contingent<br/>on well</p> <p>HORMONE profile normal<br/>NO RECURRENT</p> <p>Write to P. O. Jager (WLS)<br/>           Anne that I. Finlay was seeing<br/>           - hindgut neuroepithelium<br/>           Patient still normal<br/>           See 6/12</p> <p>See 1994</p> <p>RHND in 1991<br/>           continues to have bowel problems<br/>           Attending Mr O'Dwyer in WLS<br/>           - plan for colectomy in future but<br/>           very anxious<br/>           O/E Well.</p> <p>② Breast lump → attend Prof George<br/>           Also soft<br/>           mass<br/>           OK.</p> <p>VE - vault - menar ✓<br/>           PE - NAD</p> |          |

# GREATER GLASGOW HEALTH BOARD

## CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME

UNIT No

| DATE        | CLINICAL NOTES                                                                                                                                                                                                                                                                                                                                                 | Initials |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 18 MAR 1991 | <p>Conjugation<br/>OK - well</p> <p>MRB more profile some<br/>NOB more profile</p> <p>Write: (P. O. Jager (WLG))<br/>         From that I find was seeing<br/>         - hand at neurology<br/>         Patient still under<br/>         See 6/12</p>                                                                                                          |          |
| SEI 1994    | <p>RHND in 1991.</p> <p>Continues to have bowel problems<br/>         Attending Mr O'Dwyer in WLG<br/>         - plan for colonoscopy in future time<br/>         very anxious<br/>         of well.</p> <p>② Brain Dump → attend Prof George<br/>         Also soft<br/>         manner<br/>         LN.</p> <p>VE - multiple minor<br/>         PR - NAD</p> |          |

| DATE        | CLINICAL NOTES                                                                                                                                                                                                                                  | Initials |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 17 MAR 1995 | 7/4 e 11am                                                                                                                                                                                                                                      |          |
| 7 APR 1995  | <div> <div> <div>SEEK SOON</div> <div>SEEK SOON (Not Urgent)</div> <div>LETTER</div> <div>NO FURTHER ACTION</div> </div> <div>✓</div> </div>                                                                                                    |          |
| 17 JUN 1995 | <div> <div>SEEK SOON</div> <div>SEEK SOON (Not Urgent)</div> <div>LETTER</div> <div>NO FURTHER ACTION</div> </div>                                                                                                                              |          |
| 15 JUN 1995 | <p>• RNM in 1991.</p> <p>→ V. bad bowel problems.</p> <p>→ Attending Dr O'Dwyer.</p> <p>• PV bleeding.</p> <p>Also tender suprapubically</p> <p>Vault ✓</p> <p>PR ✓</p> <p>For analgesia</p> <p>Walter to enter Fordley</p> <p>Quill (soon)</p> |          |

SURNAME CHRISTIAN/FORENAME

UNIT No

| DATE        | CLINICAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Initials                     |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 18 AUG 1995 | S.F.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nadeem                       |
| 22 DEC 1995 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| 29 DEC 1995 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| 2 FEB 1996  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| 13 MAY 1996 | <p>Pyto.</p> <p>Review had <del>many</del> RANO 9/91<br/>for poorly diff. Sq. c.c. Cr.</p> <ul style="list-style-type: none"> <li>• Need a Celestomy</li> <li>• bowel problems always Constip. indigestion, Nausea, Ht. bing, bloating, Dist. &amp; appt. on laxative.</li> <li>• Urinary problems</li> <li>• D.T. &amp; S.T. → freq. Urq. <del>disorder</del></li> <li>• Depressed. had panic attack.</li> <li>• Lump Lt breast</li> </ul> <p>OE. Genlly well.</p> <p>No Neck or Supraclavicular Nodes.</p> <p>Breast ex. 1+ → mobile tender swelling on Lt side</p> | <p>last smear 6/95 Meg →</p> |

| DATE        | CLINICAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Initials |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|             | <p>measuring 2x2 cm + Tender axillary LNs</p> <p>Rt breast is free.</p> <p>• Abdomen → soft, tender both IF.</p> <p style="padding-left: 100px;">No Renal Tenderness</p> <p>• P/E vulva } NAD</p> <p style="padding-left: 40px;">Vag. Smear taken.</p> <p style="padding-left: 40px;">Tender :? No pelvic masses</p> <p>P/R → hard stool, No masses could be felt.</p> <p>Plan : • to be seen by Mr. Hansell P.P. Thursday 2 PM</p> <p style="padding-left: 100px;">• Appt. <math>\frac{3}{12}</math> 9/5/95</p> |          |
| 02 AUG 1996 | <p>Still remains constipated ++.</p> <p>Using lactulose, enemas, supps etc</p> <p>Bowels can open every 2-3 weeks.</p> <p>No PV discharge/bleeding.</p> <p>To see Mr. Hansell 30/8/96.</p> <p>PA - SI distended.</p> <p>Spec + smear ✓ VE ✓ PR ✓ No nodes.</p> <p>Wishes to be referred to Betty O'Dwyer</p> <p>re bowel</p> <p>Sarahlin Sup of</p>                                                                                                                                                              |          |

SURNAME CHRISTIAN/FORENAME

UNIT No

WATSON Mary

494788

| DATE       | CLINICAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Initials |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|            | <div style="border: 1px solid black; padding: 5px;"> <p><del>4 APR 1997</del> D.N.A.</p> <p>NEW APPOINTMENT SOON</p> <p>NEW APPOINTMENT (Not Urgent)</p> <p>LETTER TO DOCTOR</p> <p>NO FURTHER ACTION</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| 4 APR 1997 | <p>Also: (Dg. Sept 96)</p> <p>T2N1 Grade I</p> <p>Invasive Ductal</p> <p>Carcinoma of (C) breast</p> <p>Completed chemotherapy</p> <p>On Tamoxifen since</p> <p>Started D&amp;T Apr 97</p> <p>- Tired.</p> <p>- On D&amp;T at present for Breast Ca.</p> <p>- No pr bleeding.</p> <p>- Vast smear 2/8/96 - negative</p> <p>- Constipation (D.M. 1/52)</p> <p>- Awareness Gen Surg review (P.O. (pump) when D&amp;T finished.</p> <p>- Obviously finding things hard to handle</p> <p>- No symptoms of depression, however</p> <p>- No EMM although sleeping badly</p> <p>- Little social support</p> <p>- Good support for daughters</p> <p>Exam:</p> <p>No lymphadenopathy.</p> <p>P/A - NAD</p> <p>P/V - no masses</p> <p>P/R - (ve)</p> <p>spec - heavily vault</p> <p>✓ Smear</p> <p>Plan 1. Arrange cancer support group (S. Rae)</p> <p>2. See 6/12</p> <p>3. Small reg needs to have fibre menu</p> <p>Phelan</p> |          |



| DATE               | CLINICAL NOTES                                                         | Initials |
|--------------------|------------------------------------------------------------------------|----------|
| <b>-3 OCT 1997</b> |                                                                        |          |
|                    | <p>1st Breast Cancer - Lumpectomy, chemotherapy<br/>+ radiotherapy</p> |          |
|                    | <p>on Tamoxifen</p>                                                    |          |
|                    | <p>RHND - 9/91</p>                                                     |          |
|                    | <p>still clo Constipation<br/>requires laxative</p>                    |          |
|                    | <p>otherwise well</p>                                                  |          |
|                    | <p>O/E - No lymphadenopathy<br/>Abd - NAD</p>                          |          |
|                    | <p>VE/PR - no evidence of recurrence<br/>Vault smear -</p>             |          |
|                    | <p>Plan 6/17 <span style="float: right;">Paboo</span></p>              |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |
|                    |                                                                        |          |

**17 APR 1998**

constipated. Abd on lactulose + enemas

R/W @ Breast clinic 3/2 ago → NAD.

No pre-discharge / bleeding

O/E No pelvic / cervical lymphadenopathy

Abd - soft

no masses

VE + PR - no evidence of recurrence

vault smear ✓

Plan / o/w or calde.

FX - 1 year if all well.

H Y Uek

SHOC

**STOBHILL NHS TRUST**

### CLINICAL NOTES

|                            |         |
|----------------------------|---------|
| SURNAME CHRISTIAN/FORENAME | UNIT No |
| WATSON MARY                | 691278  |

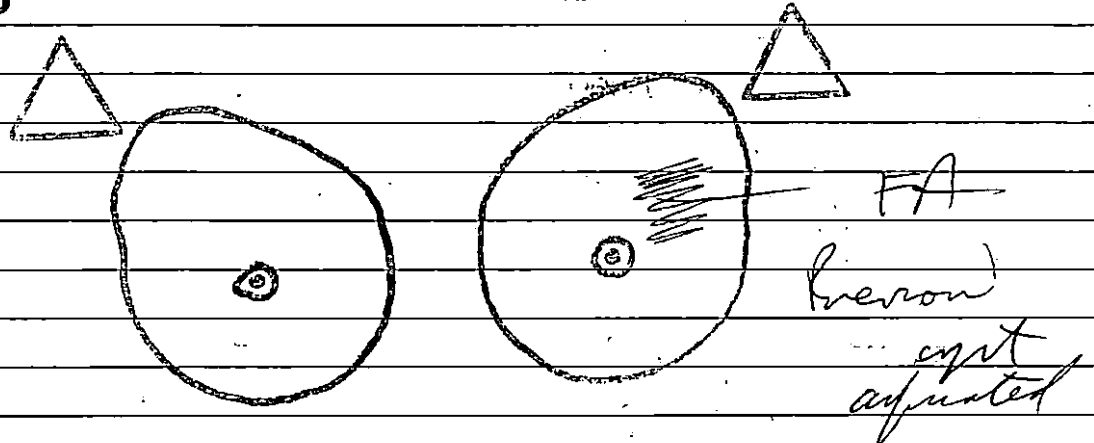
| DATE        | CLINICAL NOTES                                                                                                                                                                                                                                                    | Initials |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 21 APR 1999 | <div style="border: 1px solid black; padding: 2px; display: inline-block;">D.N.A.</div> <p>Not appx clear</p>                                                                                                                                                     |          |
| 19 MAY 1999 | <div style="border: 1px solid black; padding: 2px; display: inline-block;">D.N.A.</div>                                                                                                                                                                           |          |
| 28 JUL 1999 | <p>MAIN Ongoing problem relates to chronic<br/>         Carotid artery. Picaax every 2-3/12 to clear carotid<br/>         Neck ✓<br/>         Abdomen - no. at H/L d/w.<br/>         LV/RA ✓<br/>         Some no evidence of tumor</p> <p>1 year</p> <p>Scan</p> |          |

[illegible]

|                                                  |            |                  |            |                       |                                                      |             |                           |  |
|--------------------------------------------------|------------|------------------|------------|-----------------------|------------------------------------------------------|-------------|---------------------------|--|
| SURNAME<br>WATSON                                |            | FORENAME<br>MARY |            | UNIT NUMBER<br>494748 | PATIENT'S OCCUPATION                                 |             | MARITAL STATE<br>M. S. W. |  |
| DATE OF BIRTH<br>6.3.54                          | AGE<br>42. | SEX<br>F.        | WARD/DEPT. |                       | RELIGION                                             | MAIDEN NAME |                           |  |
| ADDRESS<br>32 KENDON AVE.<br>GLASGOW<br>G15 8AX. |            |                  |            |                       | G.P.'S NAME & ADDRESS<br>DR LYONS<br>DRUMCHAPEL H.C. |             |                           |  |
| TEL. No.                                         |            |                  |            |                       | TEL. NO.                                             |             |                           |  |

|      |           |                   |
|------|-----------|-------------------|
| DATE | SPECIALTY | CONSULTANT'S NAME |
|------|-----------|-------------------|

9 MAY 1996



2 fat amounts - pre men.

FNA - ? fluid epithelium  
ca/3.

2/12 + repeat FNA

|      |                         |         |       |         |
|------|-------------------------|---------|-------|---------|
| DATE | URINE                   |         |       |         |
|      | Reaction                | Albumin | Sugar | Ketones |
|      | WEIGHT (in Kilogrammes) |         |       |         |

PHYSICAL EXAMINATION

**6 JUL 1996** C.N.A.

NEW APPOINTMENT SOON ☒

NEW APPOINTMENT (NOT URGENT) ☐

LETTER TO DOCTOR ☐

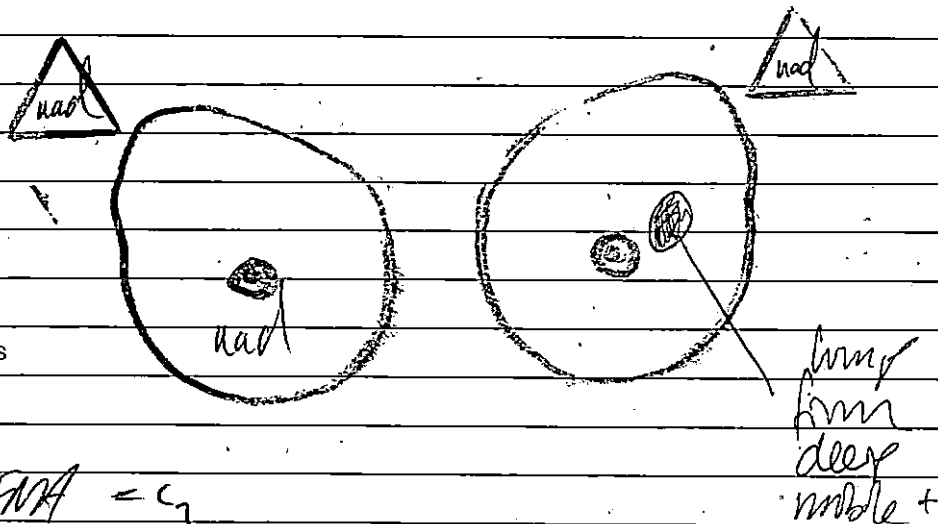
LETTER TO NURSE ☐

N/A 30/7/96

**17 SEP 1996**

① breast lump persisting  
 FNH in 5/96. ? plasma epithelioid cells advised to rpt.  
 breast symptoms.

INVESTIGATIONS



Pls Mr. Darnell, → ① lumpectomy 23/9/96  
 → pre-assessed.

*[Signature]*  
 WICKHAM

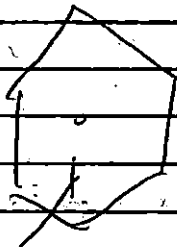
SURNAME CHRISTIAN/FORENAME

UNIT No

WATSON MARY

1194748

| DATE    | CLINICAL NOTES                                      | Initials |
|---------|-----------------------------------------------------|----------|
| 25/9/96 | PC                                                  |          |
|         | -ala for left lumpectomy                            |          |
|         | -lump appeared few months                           |          |
|         | -slightly painful                                   |          |
|         | - No change in size                                 |          |
|         | - No discharge asso. to it                          |          |
|         | PMH -                                               |          |
|         | -Radical Hysterectomy 1991 cervical Ca              |          |
|         | - Na strolic 1mg / 480 / on / jaundice / epilepsy / |          |
|         | RF                                                  |          |
|         | SH - Housewife                                      |          |
|         | - Smoker 15 per day                                 |          |
|         | - Non drinker                                       |          |
|         | DH -                                                |          |
|         | DFH 8 (2 x per day PRN) for hindgut neuroptosis     |          |
|         | FH - family Hx heart disease                        |          |
|         | Systemic Enquiry                                    |          |
|         | CVS - NAD                                           |          |
|         | Resp - NAD                                          |          |
|         | abdo - No weight loss                               |          |
|         | - appetite loss                                     |          |
|         | - No change in bowel habit                          |          |
|         | CNS - No faints / fits / funny turns                |          |

| DATE | CLINICAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Initials |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|      | <p>o/e</p> <p>No JACCOH</p> <p>Pulse</p> <p>WS 12 BPM regular</p> <p>aortic undisplaced</p> <p>HS L+R FO</p> <p>No heaves/thrills</p> <p>Resp - Trachea ↓</p> <p>No lymphadenopathy</p> <p>Chest resonant</p> <p>BS Vesicular</p> <p>abdo</p>  <p>Soft non-tender</p> <p>No knots</p> <p>No masses/organomegaly</p> <p>radial</p> <p>hysterectomy scar</p> <p>Plan</p> <p>Consent ✓</p> <p>FBC ✓</p> <p>UTES ✓</p> <p>ECA ✓ (preassessment)</p> <p>MM CMC AHW J40</p> <p>24/9/96 discharge: 26/9/96</p> <p>operation: (L) lumpectomy</p> <p>discharge: 26/9/96</p> <p>follow up: When histology known</p> <p>MM CMC AHW J40</p> |          |

**STOBHILL NHS TRUST**

## CLINICAL NOTES

|                            |         |
|----------------------------|---------|
| SURNAME CHRISTIAN/FORENAME | UNIT No |
| WATSON MARY                |         |

| DATE    | CLINICAL NOTES                                                                                                                                                                                                                                                                     | Initials |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 27/9/96 | <p>WS ABD Abandoned The patient was too distressed to be able to cooperate. Please advise us of a suitable reappointment date prior to her operation.</p> <p style="text-align: right;">N. Humph</p>                                                                               |          |
| 4/11/97 | <p>1.65PM. Thelma requested to be seen? Lump below scar. O/E Small firm lead edge irregular mass at end of (L) breast. Impending breast - removed. Blaupunkt. Breast Cancer Sects. 14/11/97. Discuss with Mr. Hirsch. CATHERINE CAMPBELL</p> <p style="text-align: center;">LH</p> |          |

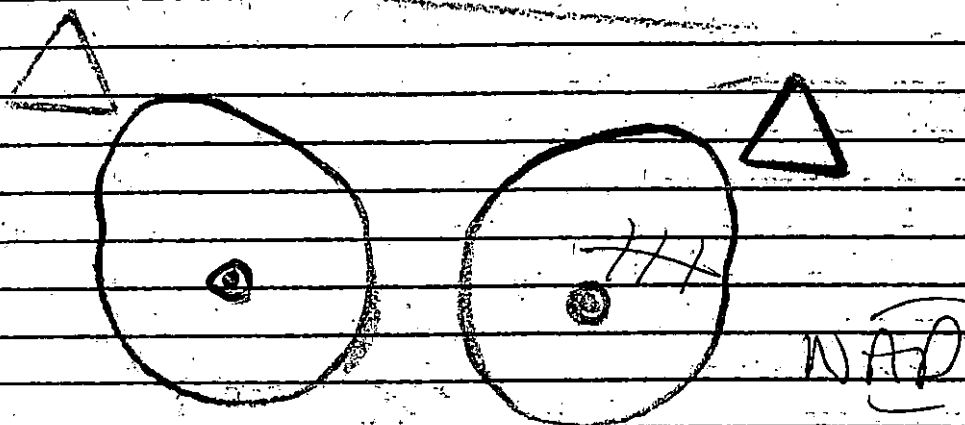


| DATE | CLINICAL NOTES | Initials |
|------|----------------|----------|
|------|----------------|----------|

25 SEP 1997

9 APR 1998

% pleuritic pain (P) rash



Adv MAMMO - MCA → to compare films  
 CCR infection (P) rash

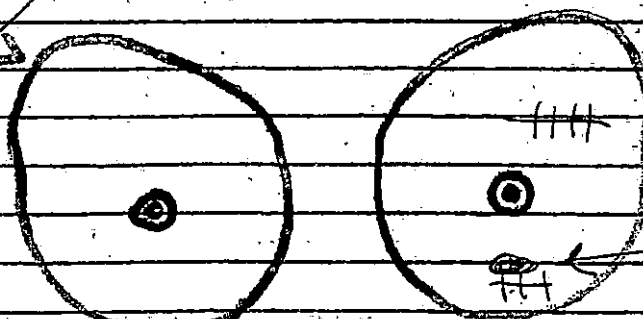
8 OCT 1998

449

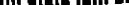
Sept 96 (L) lymph

July - ~~97~~ 98 (L) lymph (R)

8/10



lung? scar fields benign



G15 8AB

## CLINICAL NOTES

UNIT No.

40544

06/03/1954

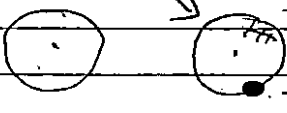
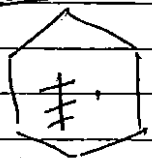
| DATE | CLINICAL NOTES                                                                                                                                                                                                                                                                                                             | Initials |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|      | <p>(M) N<sub>5</sub> - same<br/>           9A INF<br/>           N<sub>14</sub> → PMA C<sub>1</sub></p>                                                                                                                                                                                                                    |          |
|      | <p>(P) 20 5/12</p>                                                                                                                                                                                                                                                                                                         |          |
|      | <p>WJ (ALISON) SMC</p>                                                                                                                                                                                                                                                                                                     |          |
|      | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>D.N.A.</b></p> <p style="text-align: right;"><b>9 SEP 1999</b></p> <p>NEW APPOINTMENT SOON _____</p> <p>NEW APPOINTMENT (Not Urgent) _____</p> <p>LETTER TO DOCTOR _____</p> <p>NO FURTHER ACTION _____</p> </div>                  |          |
|      | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>D.N.A.</b></p> <p style="text-align: right;"><b>14 OCT 1999</b></p> <p>NEW APPOINTMENT SOON _____</p> <p>NEW APPOINTMENT (Not Urgent) <u>WJ 14/10/99</u></p> <p>LETTER TO DOCTOR <u>✓</u></p> <p>NO FURTHER ACTION _____</p> </div> |          |

[illegible]

## STOBHILL NHS TRUST

## INPATIENT CHART

|                                                        |                                                                                            |                            |                |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------|----------------|
| SURNAME                                                | ER                                                                                         | PATIENT'S OCCUPATION       | MARITAL STATUS |
| 494748<br>WATSON MARY<br>28 HALGREEN AVE<br>DRUMCHAPEL | F/M                                                                                        |                            | M S W          |
| DATE OF BIRTH                                          | RELIGION                                                                                   | MAIDEN NAME                |                |
| 40544<br>G15 8AB 06/03/1954                            |                                                                                            |                            |                |
| ADDRESS                                                | G.P.'S NAME & ADDRESS                                                                      |                            |                |
| TEL No.                                                | TEL No.                                                                                    |                            |                |
| DATE                                                   | SPECIALITY                                                                                 | CONSULTANT'S NAME          |                |
| 15/7/98                                                | A/A for left breast lumpectomy                                                             | 449                        |                |
|                                                        | Hx                                                                                         |                            |                |
|                                                        | 1996 - excision of invasive ductal carcinoma left breast followed by chemotherapy          |                            |                |
|                                                        | Attending Dr Evans (oncology)                                                              |                            |                |
|                                                        | Over past few weeks aware of developing tender lump on lower outer quadrant of left breast |                            |                |
|                                                        | FNA → nil of note.                                                                         |                            |                |
|                                                        | → for lumpectomy.                                                                          | ° nipple changes/discharge |                |
|                                                        | PMH                                                                                        |                            |                |
|                                                        | Radical hysterectomy for cervical carcinoma 1991                                           |                            |                |
|                                                        | Chronic constipation requiring supp's + enema's                                            |                            |                |
|                                                        | Breast carcinoma                                                                           |                            |                |
|                                                        | (Asthma in childhood)                                                                      |                            |                |
|                                                        | ° epilepsy                                                                                 | ° TB                       |                |
|                                                        | ° diabetes                                                                                 | ° HBP/IHD.                 |                |
|                                                        | ° Scurdie                                                                                  |                            |                |
|                                                        | DH * Allergy to Septrin                                                                    | No anesthetic reactions    |                |
|                                                        | Tamoxifen 20mg                                                                             |                            |                |
|                                                        | Dihydrocodeine 60mg as reqd.                                                               |                            |                |
|                                                        | SH                                                                                         | FH                         |                |
|                                                        | Lives with 2 children                                                                      | nil of note.               |                |
|                                                        | Smoker ~ 15/day                                                                            |                            |                |
|                                                        | No alcohol                                                                                 |                            |                |
|                                                        | Not working                                                                                |                            |                |
|                                                        | S.E.                                                                                       |                            |                |
|                                                        | Persistent cough ° spkum ° breathlessness ° chest pain                                     |                            |                |
|                                                        | Appetite OK, Wt steady.                                                                    |                            |                |

| DATE                                                                                | URINE                   |         |       |         |
|-------------------------------------------------------------------------------------|-------------------------|---------|-------|---------|
|                                                                                     | Reaction                | Albumin | Sugar | Ketones |
|                                                                                     | Weight (In kilogrammes) |         |       |         |
| PHYSICAL EXAMINATION                                                                |                         |         |       |         |
| <u>o/e</u>                                                                          |                         |         |       |         |
| Pleasant, good colour                                                               |                         |         |       |         |
| o lymphadenopathy palpable                                                          |                         |         |       |         |
| left breast                                                                         |                         |         |       |         |
|    |                         |         |       |         |
| o nipple changes                                                                    |                         |         |       |         |
| 2cm x 1cm firm lump - Tender                                                        |                         |         |       |         |
| <u>CVS</u>                                                                          |                         |         |       |         |
| pulse 68bpm reg.                                                                    |                         |         |       |         |
| HS I + II + O                                                                       |                         |         |       |         |
| o murmur                                                                            |                         |         |       |         |
| o oedema                                                                            |                         |         |       |         |
| <u>Resp</u>                                                                         |                         |         |       |         |
| Percussion resonant (R) = (L)                                                       |                         |         |       |         |
| Good air entry (R) + (L)                                                            |                         |         |       |         |
| BS vesic. o added                                                                   |                         |         |       |         |
| <u>Abdo</u>                                                                         |                         |         |       |         |
|  |                         |         |       |         |
| Soft, non-tender                                                                    |                         |         |       |         |
| o organomegaly                                                                      |                         |         |       |         |
| BS present                                                                          |                         |         |       |         |
| INVESTIGATIONS                                                                      |                         |         |       |         |
| <u>IMPR</u>                                                                         |                         |         |       |         |
| For theatre this pm                                                                 |                         |         |       |         |
| FBC + U&E ✓                                                                         |                         |         |       |         |
| Consent ✓                                                                           |                         |         |       |         |
| M. Hyles (MD)                                                                       |                         |         |       |         |

**STOBHILL NHS TRUST**

### CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME

UNIT No.

[illegible]

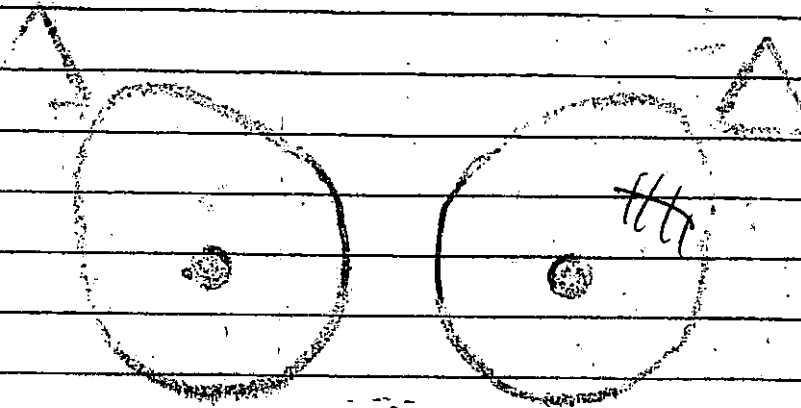
| DATE        | CLINICAL NOTES                                                                                                                                                                                                                                                                                                   | Initials                                      |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 8 MAR 2001  | <div data-bbox="454 324 1141 705" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>D.N.A.</b></p> <p>NEW APPOINTMENT SOON <u>21/4/01</u> ( )</p> <p>NEW APPOINTMENT (Not Urgent) _____</p> <p>LETTER TO DOCTOR _____</p> <p>NO FURTHER ACTION _____</p> </div>                  | CQ                                            |
| 26 APR 2001 | <p>breathless +</p> <p>o/x R - ? P/E</p> <p>                    ? inf?</p> <div data-bbox="231 1288 933 1713" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>↓ AK</p> <p>w crackles</p> </div> <p>pulse 120</p> <p>Sats 98% on air</p> <p>Plan/ admit to</p> <p>NQ mane</p> <p>ABG, ECG</p> | C                                             |
|             |                                                                                                                                                                                                                                                                                                                  | <p style="text-align: right;">[Signature]</p> |

# STOBHILL HOSPITAL

### CONTINUATION CHART

|         |                    |             |
|---------|--------------------|-------------|
| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
| Watson  | Mary               | 494748      |

~~28 MAR 2002~~



% join (H) call note for several  
 → KS  
 Post history of same  
 In reg. mod/vp scan etc



~~27 MAR 2003~~

DID NOT ATTEND

26/6/20

26 JUN 2003

No recurrence, contralateral disease  $\approx$  CN.

Concerned re recurrence H.  
Would consider complex  
masectomy

D/W Mr Han-Sell

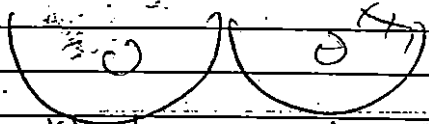
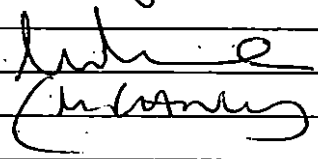
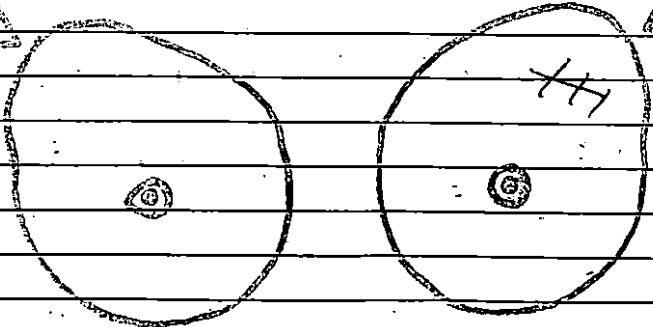
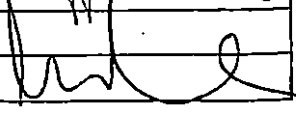
14.11

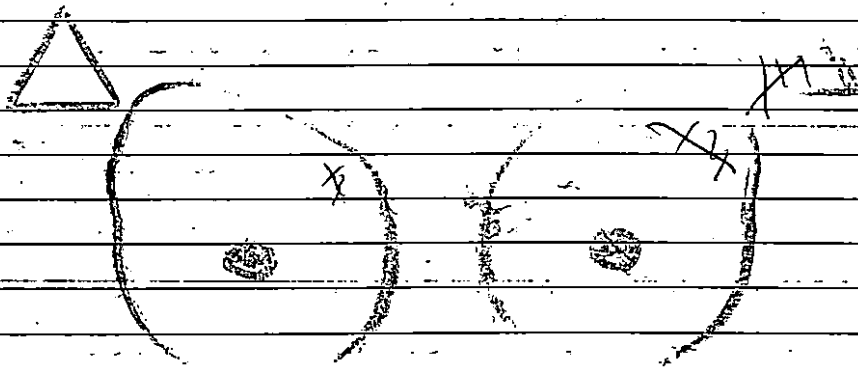
12/11/2019



## STOBHILL HOSPITAL

## OUTPATIENT CHART

|                                                                                                                           |                                    |                        |                       |                      |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----------------------|----------------------|-----------------------------------------------------------------------------------------|
| SURNAME                                                                                                                   |                                    | FORENAME               | UNIT NUMBER           | PATIENT'S OCCUPATION | MARITAL STATUS                                                                          |
|                                                                                                                           |                                    |                        |                       |                      | M S W                                                                                   |
| DATE OF BIRTH                                                                                                             | 10494748E<br>AGE<br>WATSON<br>MARY | SEX<br>F<br>06/03/1954 | WARD/DEPT             | RELIGION             | DR. J. NUGENT<br>DRUMCHAPEL HEALTH CENTRE<br>80/90 KINFARNS DRIVE<br>GLASGOW<br>G15 7TS |
| ADDRESS                                                                                                                   |                                    |                        | G.P.'S NAME & ADDRESS |                      |                                                                                         |
| 28 Kendoon Avenue<br>GLASGOW G15 8AX<br> |                                    |                        |                       |                      |                                                                                         |
| TEL. NO.                                                                                                                  |                                    |                        | TEL. NO.              |                      |                                                                                         |
| DATE                                                                                                                      | SPECIALITY                         |                        | CONSULTANT            |                      |                                                                                         |
|                                                                                                                           | SURGICAL                           |                        | MR. HASSELL           |                      |                                                                                         |
| 27 JAN 2004                                                                                                               |                                    |                        |                       |                      |                                                                                         |
| Concerned re area medial upper quadrant which felt lumpy.                                                                 |                                    |                        |                       |                      |                                                                                         |
| Not had since then feel any difference                                                                                    |                                    |                        |                       |                      |                                                                                         |
|                                         |                                    |                        |                       |                      |                                                                                         |
| O/E Nil localised                                                                                                         |                                    |                        |                       |                      |                                                                                         |
| In routine mamm April 2004                                                                                                |                                    |                        |                       |                      |                                                                                         |
| Keep review Sept June 2004                                                                                                |                                    |                        |                       |                      |                                                                                         |
|                                      |                                    |                        |                       |                      |                                                                                         |
| 24 JUN 2004                                                                                                               |                                    |                        |                       |                      |                                                                                         |
| DID NOT ATTEND                                                                                                            |                                    |                        |                       |                      |                                                                                         |
| Please reappear 26/8/04                                                                                                   |                                    |                        |                       |                      |                                                                                         |
| 26 AUG 2004                                                                                                               |                                    |                        |                       |                      |                                                                                         |
| DID NOT ATTEND                                                                                                            |                                    |                        |                       |                      |                                                                                         |
| 28 OCT 2004                                                                                                               |                                    |                        |                       |                      |                                                                                         |
| DID NOT ATTEND                                                                                                            |                                    |                        |                       |                      |                                                                                         |
| 11 NOV 2004                                                                                                               |                                    |                        |                       |                      |                                                                                         |
|                                       |                                    |                        |                       |                      |                                                                                         |
| Did not have mamm April.                                                                                                  |                                    |                        |                       |                      |                                                                                         |
| Nil palpable                                                                                                              |                                    |                        |                       |                      |                                                                                         |
| Concerned re appearance                                                                                                   |                                    |                        |                       |                      |                                                                                         |
|                                      |                                    |                        |                       |                      |                                                                                         |
| Mamm → negative. 1/2                                                                                                      |                                    |                        |                       |                      |                                                                                         |

|                      |                                                                                                  |         |       |         |
|----------------------|--------------------------------------------------------------------------------------------------|---------|-------|---------|
| DATE                 | URINE                                                                                            |         |       |         |
|                      | Reaction                                                                                         | Albumin | Sugar | Ketones |
|                      | Weight (in kilogrammes)                                                                          |         |       |         |
| PHYSICAL EXAMINATION |                                                                                                  |         |       |         |
| 17 8 NOV 2005        | DID NOT ATTEND                                                                                   |         |       |         |
| 19 FEB 2006          |               |         |       |         |
|                      | <p>Well<br/>No recurrence, contact at LN<br/>by final review<br/>+ minor</p> <p>chick<br/>ok</p> |         |       |         |
| INVESTIGATIONS       |                                                                                                  |         |       |         |





[illegible]

INTUBATION - (circle) EASY      AWKWARD      DIFFICULT

| Time | Fluid | Volume |
|------|-------|--------|
|      |       |        |

Signature :

## STOBHILL N.H.S.TRUST

## OPERATION CHART

| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
|---------|--------------------|-------------|
| Watson  | Mary               | 494748      |
| AGE: 42 | WARD: 5            |             |

DATE OF OPERATION 25 September, 1996

## SURGEON'S NOTES

## OPERATION PERFORMED

Dr. ~~S~~ MacKenzie  
SURGEON ~~Mr. D.T. Hansell~~  
Anaes: Dr. A.F. Brennan

Operation: Left lumpectomy.

Procedure: The patient was cleaned and draped in the standard fashion. A circumareolar incision was made over the palpable left breast lump. The left breast lump was then excised using diathermy. The lump felt extremely hard and appeared to have a regular outline. Haemostasis was ensured again using diathermy. Three deep Vicryl stitches were inserted to appose the deeper tissues. The skin was then closed with subcuticular PDS. The excised lump was sent for frozen section.

## SPECIAL INSTRUCTIONS

FORM 7A

MMacK/MC/RECEIVED &amp; TYPED: 25.9.96

DATE

26/9/96

SIGNATURE

S/M

THEATRE/RECOVERY CARE PLAN

494748

WATSON MARY  
32 KENDON AVE  
DRUMCHAPEL

F  
M

06/03/1954

G15 8AX

G.P.Prac.40205

CONSULTANT

WARD

THEATRE

DATE OF OPERATION

TIME:

WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED

tick

1. LAST TIME PATIENT ATE OR DRANK

2. CONSENT SIGNED

3. IDENTITY BAND

4. CASE NOTES, X-RAYS, DRUG KARDEX

5. OPERATION SITE PREPARED AND MARKED

6. TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE

7. PROTHESIS REMOVED - CONTACT LENS, GLASSES

8. REMOVED MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY, TAPED REMOVED

9. ALLERGIES

10. VOIDED URINE

11. BASELINE OBSERVATIONS

P:

BP:

PROBLEMS/NEEDS

INTERVENTION

OUTCOME

Signature - WARD

RECEPTION:

THEATRE

OPERATION PERFORMED

DIATHERMY BIPOLAR/MONOPOLAR

HEEL RESTS

FLOWTRON BOOTS

SHEEPSKIN HEEL PADS/MATS

HEATED WATER BED

ARM BOARDS

PATIENT POSITION

LATERAL RIGHT

LATERAL LEFT

SUPINE

PRONE

TRENDELEBURG

REVERSE

LITHOTOMY

LLOYD DAVIS

TOURNIQUET TIME

ON

OFF

SPECIAL COMMENTS

SPECIMENS:

PATH

BACT

F-Sx  
OTHER

DRAINS

CATHETER

COUNTS

CORRECT

SWABS - FIRST

- FINAL

INSTRUMENTS

SHARPS - NEEDLES

- BLADES

THROAT PACK OUT

PACK IN SITU

INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:

Signature of Circulating Nurse:

Mary Wilson  
CONTINUITY FLUIDS

SPECIAL

**Signature:**

Ward

Ward

On

### SEDATION SCORE

0 = ALERT

1 = RESPONDS TO VERBAL COMMAND

2 = RESPONDS TO PAINFUL STIMULI

3 = UNRESPONSIVE

4 = SEVERE PAIN AT REST



## FLUID BALANCE

[illegible]

| E. RECOVERY ROOM | PROBLEM/NEEDS | INTERVENTION |
|------------------|---------------|--------------|
|------------------|---------------|--------------|

**OUTCOME**

given. cyclinorph 10mg at 305.

Signature\_\_\_\_\_

*[Signature]*

# CONSENT BY PATIENT/PARENT FOR OPERATION

I MARY WATSON of 32 Leendooanue  
hereby consent to

•submission of \_\_\_\_\_ to the

operation of Left Lumpectomy

the nature and effect of which have been explained to me by:

Dr/Mr MCARTHUR

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 25/9/96 (Signed) Mary Watson

•Relationship to Patient \_\_\_\_\_

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 25/9/96 Signed M McArthur  
(Doctor's Signature)

•Delete if not applicable

## SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

### OPIATE ANALGESIA - INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate \_\_\_\_\_

### PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add \_\_\_\_\_

\_\_\_\_\_ Add sterile water to make 50/60ml volume

Settings: Concentration \_\_\_\_\_ Dose Duration \_\_\_\_\_  
Loading Dose \_\_\_\_\_ Lockout Duration \_\_\_\_\_  
Bolus Dose \_\_\_\_\_ Background Infusion \_\_\_\_\_

Monitor: Total dose of analgesia given \_\_\_\_\_

No. of good tries \_\_\_\_\_

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated - score 2/3

Patient in undue pain - score 3/4

[illegible][illegible]

| ONCE ONLY PRESCRIPTIONS |               |                                             |      |                      |             | DIET     |             | PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS          |                  |                              |  |    |  |  |  |
|-------------------------|---------------|---------------------------------------------|------|----------------------|-------------|----------|-------------|------------------------------------------------------------------------------|------------------|------------------------------|--|----|--|--|--|
| DATE GIVEN              | TIME OF ADMIN | MEDICINE (Block Letters)                    | DOSE | ROUTE                | SIGNATURE   | GIVEN BY | TIME GIVEN  | TOTAL PARENTERAL NUTRITION                                                   |                  |                              |  |    |  |  |  |
| 26/9/96                 |               | Diazepam                                    | 5mg  | Oral                 | [Signature] | JMB      | 10/7        | INSULIN                                                                      |                  | FLUID/ADDITIVE               |  |    |  |  |  |
| 26/9/96                 | 10/7          | Temazepam                                   | 10mg | Oral                 | [Signature] | JMB      | 10/7        | ORAL ANTICOAGULANT                                                           |                  | ANAESTHETIC                  |  |    |  |  |  |
|                         |               |                                             |      |                      |             |          |             | TOPICAL APPLICATION                                                          |                  | VARIABLE DOSE                |  |    |  |  |  |
|                         |               |                                             |      |                      |             |          |             | IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW. |                  |                              |  |    |  |  |  |
|                         |               |                                             |      |                      |             |          |             | MEDICINE                                                                     | ADVERSE REACTION |                              |  |    |  |  |  |
|                         |               |                                             |      |                      |             |          |             | 1.                                                                           |                  |                              |  |    |  |  |  |
|                         |               |                                             |      |                      |             |          |             | 2.                                                                           |                  |                              |  |    |  |  |  |
| WARD                    |               | NAMES OF PATIENT                            |      | AGE/Y/OB             | HEIGHT      | WEIGHT   | UNIT NUMBER | CONSULTANT                                                                   |                  | KNOWN MEDICINE SENSITIVITIES |  | 1. |  |  |  |
| 4A                      |               | WATSON MARY<br>32 KENDOO AVE<br>DRUMCHAPPEL |      | F<br>M<br>06/03/1954 |             |          |             | MR HASEL                                                                     |                  |                              |  |    |  |  |  |
|                         |               | G15 8AX                                     |      | G.P.Prac. 40205      |             |          |             |                                                                              |                  |                              |  |    |  |  |  |

# HOSPITAL MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY  
BEFORE IT WILL BE DISPENSED

GLASGOW  
G21 3U  
Telephone 0141-201,3000

FORM NO. 42442

Dr. May Watson  
patient 32 KENDON AVE  
Unit No. 49474  
Address 32 KENDON AVE

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment from date of discharge is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.  
(A SEVEN DAYS SUPPLY HAS/HAS NOT\* BEEN DISPENSED BY THE HOSPITAL.)  
(\*Delete as applicable).

## Note to hospital prescriber:

- Use a ballpoint pen
- In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
- If treatment is to be for an indefinite period, mark 'INDEFINITE'.
- If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Under the care of MR HANSEL  
is seen as an outpatient/discharged from Ward\* 4A on 27/9/96  
with a diagnosis of Breast lumpectomy  
Please TICK box if child proof containers are UNSUITABLE ☐

| Medicine       | Dosage Form<br>eg. Tablets | Dose | Times of Administration | Recommended<br>Duration of Treatment<br>from Date of Discharge (Days) |
|----------------|----------------------------|------|-------------------------|-----------------------------------------------------------------------|
| <u>Digipam</u> | <u>2mg</u>                 |      | <u>3 x per day</u>      | <u>7</u>                                                              |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |
|                |                            |      |                         |                                                                       |

## PHARMACY USE

| No. of Days Supply | Quantity, Name and Strength supplied by Pharmacy |
|--------------------|--------------------------------------------------|
| <u>7</u>           | <u>aps 2/2</u>                                   |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |

Medicine Sensitivity 1. \_\_\_\_\_ 2. \_\_\_\_\_ Dispensed by: [Signature] Checked by: [Signature] Date Dispensed 27/9/96

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

ing admitted for Breast surgery next week

MEDICATION COLLECTED BY (MESSENGER)

## FOR WARD USE ONLY

Received on Ward by .....  
Issued by .....  
Date Issued .....  
Signature of Patient .....  
or Representative

NAME IN BLOCK CAPITALS M.M. ACTUUR SIGNATURE M. M. ACTUUR DATE 27/9/96

Site - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Radiopager No. 42442

## ADMISSION FORM V2

|                                      |                                                |                                           |                                     |                                                                                          |                                                       |                                 |                                    |
|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|------------------------------------|
| HOSPITAL CODE<br><b>G207H</b>        |                                                | HOSPITAL NAME<br><b>STOBHILL HOSPITAL</b> |                                     |                                                                                          | CASE RECORD NUMBER<br><b>S/H-494748</b>               |                                 |                                    |
| DATE<br><b>06/10/96</b>              |                                                | TIME<br><b>17:00</b>                      | TYPE<br><b>WLDB</b>                 | SOURCE<br><b>HOME</b>                                                                    | INPAT/ DAYCASE<br><b>Inpatient</b>                    | DATE ON W.L.<br><b>03/10/96</b> | PATIENT CATEGORY<br><b>3 NHS</b>   |
| WARD<br><b>WD 5</b>                  |                                                |                                           | SPECIALTY<br><b>GENERAL SURGERY</b> |                                                                                          | CONSULTANT<br><b>MR DT HANSELL</b>                    |                                 |                                    |
| P<br>A<br>T<br>I<br>E<br>N<br>T      | TITLE SURNAME<br><b>MRS WATSON</b>             |                                           | FORENAME<br><b>MARY</b>             |                                                                                          | INITIALS                                              | AGE<br><b>42</b>                | DATE OF BIRTH<br><b>08/03/1954</b> |
|                                      | ADDRESS<br><b>32 KENDON AVE<br/>DRUMCHAPEL</b> |                                           | ALT./PREV. SURNAME                  |                                                                                          | OCCUPATION                                            |                                 |                                    |
|                                      | POSTCODE<br><b>G15 8AX</b>                     |                                           | TELEPHONE No.<br><b>944-7780</b>    |                                                                                          | OCCUPATION (HUSBAND/FATHER)<br><b>Greater Glasgow</b> |                                 |                                    |
|                                      |                                                |                                           |                                     |                                                                                          |                                                       |                                 |                                    |
| REF.<br>G.P.                         | NAME<br><b>G.P. CODE 0804297</b>               |                                           |                                     | ADDRESS<br><b>DRUMCHAPEL HEALTH CENTRE<br/>80-90 KINFAUNS DRIVE GLASGOW<br/>211 6120</b> |                                                       |                                 |                                    |
|                                      | PRACTICE<br><b>4020511</b>                     |                                           |                                     | TELEPHONE No.<br><b>POSTCODE G15 7TS</b>                                                 |                                                       |                                 |                                    |
|                                      | CONTRACT No.                                   |                                           |                                     |                                                                                          |                                                       |                                 |                                    |
| E<br>A<br>I<br>O<br>F<br>K<br>I<br>N | NAME<br><b>MISS LINDA WATSON</b>               |                                           | RELATIONSHIP<br><b>DAUGHTER</b>     |                                                                                          | NAME                                                  |                                 |                                    |
|                                      | ADDRESS<br><b>6 TALLONT TERR<br/>GLASGOW</b>   |                                           |                                     |                                                                                          | ADDRESS                                               |                                 |                                    |
|                                      | DAY PHONE No.<br><b>0410554348</b>             |                                           | NIGHT PHONE No.                     |                                                                                          | DAY PHONE No.                                         |                                 |                                    |
|                                      |                                                |                                           |                                     |                                                                                          | NIGHT PHONE No.                                       |                                 |                                    |
| I<br>I<br>S<br>C                     | RELIGION<br><b>Not Known</b>                   |                                           |                                     | VISIT REQ. BY CHAPLAIN YES/NO                                                            |                                                       | PENSION BOOK No.                |                                    |
|                                      |                                                |                                           |                                     |                                                                                          |                                                       |                                 |                                    |

## DISCHARGE SUMMARY

|                                                          |                               |      |             |                  |               |           |            |      |
|----------------------------------------------------------|-------------------------------|------|-------------|------------------|---------------|-----------|------------|------|
| C<br>H<br>A<br>R<br>G<br>E<br>E<br>T<br>A<br>I<br>L<br>S | DATE                          | TIME | DISCH. CODE | PATIENT CATEGORY | TYPE FACILITY | SPECIALTY | CONSULTANT | CODE |
|                                                          | HOSPITAL                      |      |             | CODE             | WARD          | SPECIALTY | CONSULTANT | CODE |
|                                                          | DISCHARGED/<br>TRANSFERRED TO |      |             |                  |               |           |            |      |

|                                           |                          |  |  |  |  |  |      |  |                  |  |
|-------------------------------------------|--------------------------|--|--|--|--|--|------|--|------------------|--|
| D<br>I<br>A<br>G<br>N<br>O<br>S<br>E<br>S | MAIN DIAGNOSIS           |  |  |  |  |  | CODE |  | SPECIAL WARNINGS |  |
|                                           | OTHER CONDITIONS (D.G.2) |  |  |  |  |  | C509 |  |                  |  |
|                                           | (D.G.3)                  |  |  |  |  |  | Z854 |  |                  |  |
|                                           | (D.G.4)                  |  |  |  |  |  |      |  |                  |  |
|                                           | (D.G.5)                  |  |  |  |  |  |      |  |                  |  |
|                                           | (D.G.6)                  |  |  |  |  |  |      |  |                  |  |
|                                           |                          |  |  |  |  |  |      |  |                  |  |

|                                                |                         |  |  |  |  |  |              |  |      |  |
|------------------------------------------------|-------------------------|--|--|--|--|--|--------------|--|------|--|
| O<br>P<br>E<br>R<br>A<br>T<br>I<br>O<br>N<br>S | MAIN OPERATION          |  |  |  |  |  | CODE         |  | DATE |  |
|                                                | OTHER OPERATION (O.P.2) |  |  |  |  |  | B288         |  | Z943 |  |
|                                                | (O.P.3)                 |  |  |  |  |  | 1852         |  | Z943 |  |
|                                                | (O.P.4)                 |  |  |  |  |  |              |  |      |  |
|                                                | LOCAL USE               |  |  |  |  |  | NATIONAL USE |  |      |  |

SWIR1 COMPLETED

CHI NO = 0603546323

SHIRLEY SHARP

06/10/96 17:21

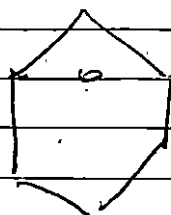
## INPATIENT CHART

FORM 2 JMcC/911628

|      |                         |         |       |         |
|------|-------------------------|---------|-------|---------|
| DATE | URINE                   |         |       |         |
|      | Reaction                | Albumin | Sugar | Ketones |
|      | WEIGHT (in Kilogrammes) |         |       |         |

PHYSICAL EXAMINATION

abdo



abdomen soft, nontender

° h k k s

° Masses / No organomegaly

° Ascites

CNS - grossly intact ..

Plan Consent. ✓

Kardex. ✓

Bloods (done on 25/9/96)

mmc (McARTHUR) JHO .

Hgb 13.6

Na<sup>+</sup> 136

WBC 10.64

K<sup>+</sup> 4.3

Plt 279

Cl 104

CO<sub>2</sub> 24 ..

urea 3.9

creat 82

mmc (McArthur) JHO

10/10/96 .

INVESTIGATIONS

Discharge today

admitted 6/10/96

operation: ① lumpectomy + ANC

Followup: To be arranged by Sister Campbell.

mmc (McArthur) JHO

## STOBHILL NHS TRUST

## CONTINUATION CHART

|         |                      |             |
|---------|----------------------|-------------|
| SURNAME | CHRISTIAN / FORENAME | UNIT NUMBER |
|         |                      |             |

24/10/96Medical Oncology

25mm ductal Grade 1

ER+

1/13 N+

CMF+6

RT (tum.)





## STOBHILL N.H.S. TRUST

## OPERATION CHART

| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
|---------|--------------------|-------------|
| WATSON  | MARY               | 494748      |
| AGE: 42 | WARD :5            |             |

DATE OF OPERATION 7 OCTOBER 1996

## SURGEON'S NOTES

## OPERATION PERFORMED

## SURGEON

MR D T HANSELL

DR S McKENZIE

GA: DR D SEWNAUTH

OPERATION: Left extended lumpectomy and axillary node clearance.

PROCEDURE: Firstly through a separate axillary wound, the axillary contents were cleared up to the level of the axillary vein. Obvious small lymph nodes were noted within the specimen. A skin ellipse was then taken around the previous lumpectomy site and a wide excision of the previous lumpectomy cavity was performed. A rather suspicious looking area in the superior aspect of the cavity was sent for frozen section and a wider margin taken around this. Haemostasis was achieved and then a drain was inserted into both cavities after bed biopsies were performed of the extended lumpectomy cavity.

Both the wounds were closed with subcuticular PDS.

## SPECIAL INSTRUCTIONS

FORM 7A

DTH/LTM/RECEIVED AND TYPED: 7.10.96

DATE

10/10

SIGNATURE



STOPPIL MISC TRIST

THEATRE/RECOVERY CARE PLAN

|                                        |                                     |
|----------------------------------------|-------------------------------------|
| UN<br>494748                           | CONSULTANT<br><i>Hansell</i>        |
| NA<br>WATSON MARY                      | WARD<br><i>5</i>                    |
| AD<br>32 KENDON AVE<br>DRUMCHAPEL      | THEATRE<br><i>3</i>                 |
| 06/03/1954<br>G15 8AX G.P. Prac. 40205 | DATE OF OPERATION<br><i>7-10-96</i> |
|                                        | TIME:                               |

A. WARD - PRE-OPERATIVE PREPARATION, PREMEDICATION GIVEN WHEN BELOW CHECKED tick

|                                                                          |                                |                                     |
|--------------------------------------------------------------------------|--------------------------------|-------------------------------------|
| 1. LAST TIME PATIENT ATE OR DRANK                                        | <i>10 PM</i>                   | <input checked="" type="checkbox"/> |
| 2. CONSENT SIGNED                                                        |                                | <input checked="" type="checkbox"/> |
| 3. IDENTITY BAND                                                         |                                | <input checked="" type="checkbox"/> |
| 4. CASE NOTES, X-RAYS, DRUG KARDEX                                       |                                | <input checked="" type="checkbox"/> |
| 5. OPERATION SITE PREPARED AND MARKED                                    |                                | <input checked="" type="checkbox"/> |
| 6. TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE                          |                                | <input checked="" type="checkbox"/> |
| 7. PROTHESIS REMOVED - CONTACT LENS, GLASSES                             |                                | <input checked="" type="checkbox"/> |
| 8. REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED) |                                | <input checked="" type="checkbox"/> |
| 9. ALLERGIES                                                             | <i>Penicillin SEPTIN</i>       | <input checked="" type="checkbox"/> |
| 10. VOIDED URINE                                                         |                                | <input checked="" type="checkbox"/> |
| 11. BASELINE OBSERVATIONS                                                | P: <i>113/80</i> BP: <i>71</i> |                                     |

PROBLEMS/NEEDS

INTERVENTION

OUTCOME

*Chest infection**Augmentin 375mg*

Signature - WARD:

*J. Jones*

RECEPTION:

*M. Robertson*

B. THEATRE

OPERATION PERFORMED

*Ob breast lumpectomy & A.N.C.*

DIATHERMY: BIPOLAR/MONOPOLAR



HEEL RESTS



FLOWTRON BOOTS



SHEEPSKIN HEEL PADS/MATS



HEATED WATER BED



ARM BOARDS



PATIENT POSITION

LATERAL RIGHT



TRENDELENBURG



LATERAL LEFT



REVERSE



SUPINE



LITHOTOMY



PRONE



LLOYD DAVIS



TOURNIQUET TIME

ON

OFF

SPECIAL COMMENTS

SPECIMENS:

*FSx1*

PATH X3 BACT

OTHER

DRAINS

*lock Atwood x2*

CATHETER

COUNTS

CORRECT

SWABS - FIRST



- FINAL



INSTRUMENTS



SHARPS - NEEDLES



- BLADES



THROAT PACK-OUT



PACK IN SITU



INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:

*Sr H. Morris*

Signature of Circulating Nurse:

*Ed Jones*

Mary Watson W105

**D. POST OPERATIVE OBSERVATIONS**

0 = ALERT  
1 = RESPONDS TO VERBAL COMMAND  
2 = RESPONDS TO PAINFUL STIMULI  
3 = UNRESPONSIVE

## FLUID BALANCE

[illegible]A grid of 20 columns and 10 rows. The top row is shaded with diagonal lines from the bottom-left to the top-right. The rest of the grid is empty.

### E. RECOVERY ROOM

### PROBLEM/NEEDS

## INTERVENTION

## OUTCOME

| PROBLEM/NEEDS                                                     | INTERVENTION                                                                    | OUTCOME       |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------|
| <p>11.55 HR</p> <p>Patient Complaining of pain under left arm</p> | <p>— Cycumorph 10mg &amp; Steroid 12.5mg given to contract pain &amp; Nause</p> | <p>12.5mg</p> |
| Signature                                                         |                                                                                 | <p>12.5mg</p> |

**Signature**

# CONSENT BY PATIENT/PARENT FOR OPERATION

I MART WATSON of 32 Icendoo ave  
hereby consent to

•submission of \_\_\_\_\_ to the

operation of Extended <sup>(L)</sup> lumpectomy

the nature and effect of which have been explained to me by:

Dr/Mr MCARTHUR

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 6/10/90 (Signed) [Signature]

•Relationship to Patient \_\_\_\_\_

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 6/10/90 Signed MMcArthur  
(Doctor's Signature)

•Delete if not applicable

**SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.**

## OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate \_\_\_\_\_

## PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add \_\_\_\_\_

\_\_\_\_\_ Add sterile water to make 50/60ml volume

Settings: Concentration \_\_\_\_\_ Dose Duration \_\_\_\_\_

Loading Dose \_\_\_\_\_ Lockout Duration \_\_\_\_\_

Bolus Dose \_\_\_\_\_ Background Infusion \_\_\_\_\_

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

494748  
WATSON MARY  
32 KENDOOO AVE  
DRUMCHAPEL  
G15 8AX  
G.P. Prac. 40205  
06/03/1954

### Previous Operation

Other. Risk explained \*. Wishes to go ahead in view of diagnosis

disputed 25/9/96

ECG. ✓

Haematology  $146 = 13.6$

Biochemistry. *U. C. ✓*

| ANAESTHETIST           |  | TRAINEE          |                 |                          |            |                      |           | OPERATOR   |           | CON            |     | SpR       |     | SHO   |    |    |   |
|------------------------|--|------------------|-----------------|--------------------------|------------|----------------------|-----------|------------|-----------|----------------|-----|-----------|-----|-------|----|----|---|
| <i>McL...</i>          |  | CON              | 1               | 2                        | 3          | 4                    | 5         | 6          | <i>BM</i> |                | CON | SpR       | SHO |       |    |    |   |
| PROCEDURE              |  | DURATION         |                 |                          |            |                      |           | 1          |           | 2              | 3   | 4         | 10  | 20-30 | 40 | 50 | 5 |
| <i>Comp</i>            |  | <i>Ⓢ + ANC</i>   |                 |                          |            |                      |           |            |           |                |     |           |     |       |    |    |   |
| CLASSIFICATION         |  | OPERATION        |                 | DAY CASE                 |            | ELECTIVE             |           | SCHEDULE   |           | URGENT         |     | EMERGENCY |     |       |    |    |   |
|                        |  | ASA              |                 | I                        |            | II                   |           | III        |           | IV             |     | V         |     |       |    |    |   |
| CURRENT DRUGS          |  |                  |                 |                          |            |                      |           |            |           |                |     |           |     |       |    |    |   |
| PREV. ANAESTH.         |  | COMPLICATIONS    |                 | FAMILY HISTORY           |            |                      |           |            |           |                |     |           |     |       |    |    |   |
| PREMEDICATION          |  | Benzo            | Antiemetic      | NSAID                    | Opiate     | H <sub>2</sub> Antag | Antacid   | Antichol   | Other     | Normal Drugs   |     |           |     |       |    |    |   |
| INDUCTION              |  | Prop             | STP             | Etom                     | Ket        | Opiate               | Benzo     | Inhalation | Other     | Rapid Sequence |     |           |     |       |    |    |   |
| <i>Ind</i>             |  | <i>✓ 200</i>     |                 |                          |            |                      |           |            |           |                |     |           |     |       |    |    |   |
| ELAXANT                |  | Sux              | Vec             | Panc                     | Infusion   | Glyco                | Neost     |            |           |                |     |           |     |       |    |    |   |
|                        |  | Miv              | Atrac           | Roc                      | Other      | Atropine             | Other     |            |           |                |     |           |     |       |    |    |   |
| MAINTENANCE            |  | N <sub>2</sub> O | Ethrane         | Sevo                     | Morphine   | Alfent               | Haloth    | Drop       |           |                |     |           |     |       |    |    |   |
|                        |  | Air              | Isoflu          | Desflu                   | Fentanyl   | Pethidine            | NSAID     | Other      |           |                |     |           |     |       |    |    |   |
| TECHNIQUE              |  | Spont            | Mask            | ETT                      | Oral       | Cuff                 | Tracheos  | Circle     | Map D     | Other          |     |           |     |       |    |    |   |
|                        |  | IPPV             | LMA             | A'way                    | Nasal      | Pack                 | Jet       | Map A      | Map E     | TIVA           |     |           |     |       |    |    |   |
| V / A ACCESS           |  | Peripheral       | Central         | Arterial                 |            |                      |           |            |           |                |     |           |     |       |    |    |   |
| <i>Ⓢ Line 186</i>      |  |                  |                 |                          |            |                      |           |            |           |                |     |           |     |       |    |    |   |
| MONITORING             |  | ECG              | NIBP            | FIO <sub>2</sub>         | Vent Alm   | PNS                  | Temp      |            |           |                |     |           |     |       |    |    |   |
|                        |  | SpO <sub>2</sub> | IABP            | Et CO <sub>2</sub>       | Volatile   | CVP                  | Other     |            |           |                |     |           |     |       |    |    |   |
| POSITION               |  | Supine           | Lithotomy       | Lateral                  | Prone      | Other                | Hd Up     | Hd down    |           |                |     |           |     |       |    |    |   |
| REG. ANALGESIA         |  | Spinal           | Epidural        | Caudal                   | Brach Plex | Bier                 | Voc Cord  | Infiltr    |           |                |     |           |     |       |    |    |   |
|                        |  | Priloc           | Cocaine         | Bupivac                  | Lignoc     | Adren                | Sub-Tenon | Other      |           |                |     |           |     |       |    |    |   |
| COMPLICATIONS          |  |                  |                 |                          |            |                      |           |            |           |                |     |           |     |       |    |    |   |
| SIGNIFICANT BLOOD LOSS |  | Volume (ml)      | Volume Expander | Blood Products (not PPS) |            |                      |           |            |           |                |     |           |     |       |    |    |   |

|                  |        |      |  |  |  |
|------------------|--------|------|--|--|--|
| VOLTAGE SUP 1000 |        |      |  |  |  |
| MIVACRON 10      |        |      |  |  |  |
| TIME             | 38 200 |      |  |  |  |
| V                | 180    |      |  |  |  |
| BP               | 36     |      |  |  |  |
| A                | 140    |      |  |  |  |
|                  | 34     |      |  |  |  |
|                  | 100    |      |  |  |  |
| PULSE            |        |      |  |  |  |
| TEMP             | 60     |      |  |  |  |
|                  | 20     |      |  |  |  |
|                  | 0      |      |  |  |  |
| Sp O2            | 99     | 98   |  |  |  |
| Et CO2           | 47     | 47   |  |  |  |
| Et AA            | 1.2    | 0.27 |  |  |  |
| Paw              | 23/3   | 23/3 |  |  |  |
| CVP              |        |      |  |  |  |
| BLOOD LOSS       |        |      |  |  |  |
| URINE VOLUME     |        |      |  |  |  |

INTUBATION - (circle)    EASY    AWKWARD    DIFFICULT

| Time | Fluid | Volume |
|------|-------|--------|
|      |       |        |

Signature :





## STOBHILL (NHS) TRUST - WARD 5

### Surgical Drainage Chart

[illegible]

STCBHILL

C. S. C. AN

WALL

NAME  
ADDRESSMary Wilson  
32 Kendal Ave  
Dunstable

D.O.B.

UNIT No.

6/3/96

Baseline obs

Bp

P

T

MINOR OPERATION CORE CARE PLAN

AFFIX DATA LABEL

| Date    | No. | Problem/Need                                                          | Patient Goal/<br>Nursing Outcome                                                                                   | Intervention                                                                                                                                                                                                                                                                           | Evaluation<br>Date                            |
|---------|-----|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 28/9/96 | 1.  | Needs information on admission about proposed surgery and management. | Avoid any anxiety of patient with regards to proposed surgery.                                                     | a) Trained Nurse explains operation procedure, pre and post-operative management.<br>b) Re-inforce information post-operatively.                                                                                                                                                       | ongoing within hours of admission             |
| 28/9/96 | 2.  | Pre-operative care and instructions                                   | Patient is prepared for having a general anaesthetic and an operation.                                             | a) Fast.<br>b) Requires skin prep.<br>c) Prior to theatre, complete theatre/recovery care plan checklist.                                                                                                                                                                              | on return from theatre prior to theatre       |
| 28/9/96 | 3.  | Post-operative care.                                                  | Ensure patient recovers from general anaesthetic and minor operation.<br><br>To be aware of complications arising. | a) Observe and record vital signs as instructed on theatre/recovery care plan until stable.<br>b) Observe and record T.P.R. ....<br>c) Observe and record for patient to pass urine spontaneously.<br>d) Observe and record for normal bowel function.<br>e) Early ambulation as able. | 12 hours<br><br>ongoing<br>ongoing<br>ongoing |

All entries must be signed

STOBHILL

CA - C AN

WARD

NAME:  
ADDRESSD.O.B.  
UNIT No.

## MINOR OPERATIONS CORE CARE PLAN CONTINUED

AFFIX DATA LABEL

| Date    | No. | Problem/Need                     | Patient Goal/<br>Nursing Outcome                                      | Intervention                                                                                                                                                                                        | Evaluate<br>Date |
|---------|-----|----------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 28/9/96 | 4   | Nutrition.                       | Needs nutrition to promote recovery from operation and wound healing. | a) Resume fluids and diet when recovered from anaesthetic.                                                                                                                                          |                  |
| 28/9/96 | 5   | Pain.                            | Alleviate patients pain patient feels comfortable.                    | a) Administer prescribed analgesia<br>b) Monitor effects of analgesia.                                                                                                                              | 4-6 hours        |
| 28/9/96 | 6   | Needs observation of wound site. | To be aware of complications arising.                                 | a) Observe wound for signs of infection.<br>ie: inflammation, excessive leakage.<br>b) Report abnormalities to Medical Staff.<br>c) Tegaderm to remain intact for 48 hours.<br>d) Aspirate leakage. | 4 hours          |

All entries must be signed

### BUILD/WEIGHT FOR HEIGHT

|               |   |
|---------------|---|
| Average       | 0 |
| Above Average | 1 |
| Obese         | 2 |
| Below Average | 3 |

### SPECIAL RISKS

#### TISSUE MALNUTRITION

|                             |   |
|-----------------------------|---|
| eg. Terminal Cachexia       | 8 |
| Cardiac Failure             | 5 |
| Peripheral Vascular Disease | 5 |
| Anaemia                     | 2 |
| Smoking                     | 1 |

### CONTINENCE

|                            |   |
|----------------------------|---|
| Complete/Catheterised      | 0 |
| Occasion Incont.           | 1 |
| Cath/Incontinent of Faeces | 2 |
| Doubly Incont.             | 3 |

#### NEUROLOGICAL DEFICIT

|                                                   |     |
|---------------------------------------------------|-----|
| eg. Diabetes M.S., CVA., Motor/Sensory Paraplegia | 4-6 |
|---------------------------------------------------|-----|

#### MAJOR SURGERY/TRAUMA

|                                  |   |
|----------------------------------|---|
| Orthopaedic - Below Waist Spinal | 5 |
| On table > 2 hours               | 5 |

#### MEDICATION

|                                                 |   |
|-------------------------------------------------|---|
| Steroids Cytotoxics High Dose Anti-Inflammatory | 4 |
|-------------------------------------------------|---|

### SKIN TYPE VISUAL RISK AREAS

|                  |   |
|------------------|---|
| Healthy          | 0 |
| Tissue Paper     | 1 |
| Dry              | 1 |
| Oedematous       | 1 |
| Clammy (Temp up) | 1 |
| Discoloured      | 2 |
| Broken/Spot      | 3 |

### MOBILITY

|                  |   |
|------------------|---|
| Fully            | 0 |
| Restless/Fidgety | 1 |
| Apathetic        | 2 |
| Restricted       | 3 |
| Inert/Traction   | 4 |
| Chairbound       | 5 |

### SEX/AGE

|         |   |
|---------|---|
| Male    | 1 |
| Female  | 2 |
| 14 - 49 | 1 |
| 50 - 64 | 2 |
| 65 - 74 | 3 |
| 75 - 80 | 4 |
| 81+     | 5 |

### APPETITE

|                     |   |
|---------------------|---|
| Average             | 0 |
| Poor                | 1 |
| NG Tube/Fluids only | 2 |
| NBM/Anorexic        | 3 |

\*\*\*\*\*  
 \* SCORE: 10+ AT RISK 15+ HIGH RISK 20+ VERY HIGH RI  
 \*\*\*\*\*

2

|         |      |             |       |       |        |              |
|---------|------|-------------|-------|-------|--------|--------------|
| DATE    | TIME | NAME        | DOSE  | ROUTE | STATUS | REMARKS      |
| 6/10/96 | 02 J | DEAN OF 118 | 30mg  | PO    | ✓      | m m c Arthur |
| 6/10/96 |      | AUGMENTIN   | 375mg | PO    | ✓      |              |
|         | K    |             |       |       |        |              |
|         | L    |             |       |       |        |              |
|         | M    |             |       |       |        |              |
|         | N    |             |       |       |        |              |
|         | O    |             |       |       |        |              |
|         | P    |             |       |       |        |              |
|         | R    |             |       |       |        |              |
|         | S    |             |       |       |        |              |
|         | T    |             |       |       |        |              |
|         | V    |             |       |       |        |              |

[illegible]

|                                                                                                                   |                  |                |
|-------------------------------------------------------------------------------------------------------------------|------------------|----------------|
| TOTAL PARENTERAL NUTRITION                                                                                        |                  |                |
| INSULIN                                                                                                           |                  | FLUID/ADDITIVE |
| ORAL ANTICOAGULANT                                                                                                |                  | ANAESTHETIC    |
| TOPICAL APPLICATION                                                                                               |                  | VARIABLE DOSE  |
| <p align="center"><b>IF MEDICINE DISCONTINUED BECAUSE OF<br/>SUSPECTED ADVERSE REACTION,<br/>ENTER BELOW.</b></p> |                  |                |
| MEDICINE                                                                                                          | ADVERSE REACTION |                |
| 1.                                                                                                                |                  |                |
| 2.                                                                                                                |                  |                |

|                                    |          |
|------------------------------------|----------|
| KNOWN<br>MEDICINE<br>SENSITIVITIES | 1. _____ |
|------------------------------------|----------|

HOSPITAL  
MEDICINE RECORDING SHEET No.

## REGULAR PRESCRIPTIONS

### COMMENTS ON DISCREPANCIES

[illegible]

NAME \_\_\_\_\_

UNIT NUMBER

WARD

KEY: CODE LETTER CIRCLED E.G. (A) = MEDICINE REFUSED AND MEDICAL STAFF INFORMED  
CODE LETTER SCORED E.G. X = PATIENT ABSENT

FORM MR1 10/90

Type / source of admission

A/A



494748

WATSON MARY

32 KENDOOON AVE

DRUMCHAPEL

F

M

06/03/1954

G15 8AX

G.P.Prac.40205

AFFIX DATA LABEL

Religion

Allergies

Spirin

Next of kin informed

Daughter Linda Watson

Mobile - 041 0554348

Medical reasons for admission

Breast Infection

Patient's understanding of admission

Relative's understanding of admission

General condition on admission

**PATIENT PROFILE**  
(continued)

**Social circumstances**

Lives w/ daughters

POC 4 + 0

Separated from partner 9/12 ago  
friend died 2.96 previous RND + Breast Ca

Occupation: Youngest daughter age 11  
1 daughter pregnant

Hobbies / interests: 1 daughter student nurse (age 20)

**Medical history**

RND - '91 for cervical Ca.  
OR biopsies prior to RND.  
previous RND.

**Medication list**

Dihydrocodeine  
lactulose

**Valuables / belongings**

**Other information**

Signature of Assessment Nurse

*[Signature]*

Date 2/9/96 Time 11:00am

Signature of Named Nurse

Date Time



STOBHILL

NAME  
ADDRESS

Mary Wilson  
32 London Ave  
Dunstable

D.O.B.

UNIT No.

6/3/84

## NURSING ASSESSMENT

WARD

4A

AFFIX DATA LABEL

Maintaining Safe Environment

Communication

Hearing Aid ☒ Y ☐ N

Spectacles ☒ Y ☐ N

Breathing / Circulation

Previously Asthmatic - no problems  
with this for past 7 yrs.

Resps

B.P. 112/80

Pulse 71

Smoker ☒ Y ☐ N

10-15 pd

Eating / Drinking

Normal Diet

Dentures

Elimination

Suffered from constipation since R.H.N.D.  
? possibility of obstruction

Urinalysis

Personal Cleansing / Dressing

# NURSING ASSESSMENT

## CONTINUED

Controlling Body Temperature

Temp

37.4 °C

Mobilisation

Weight

Waterlow - score

2

Expressing Sexuality

Sleeping

poor sleep pattern

Pain

Abd pain due to bowel spasms

Socialization

Dying

Minister / priest

Signature of Assessment Nurse

*[Signature]*

Date

25/9/16

Time

11:00am

Signature of Named Nurse

Date

Time

PATIENT PROGRESS /  
EVALUATION

WARD

4A

Date No. Progress / Evaluation

NAME  
ADDRESS

32 London Ave

D.O.B. 6/3/84

UNIT No.

494718

AFFIX DATA LABEL

All entries must be signed.

|        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |
|--------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2/9/96 | 11 | AA for the day for ①<br>Breast lumpectomy<br>SIB on Reman given premed<br>tenaxapan 20mg + metoclopramide<br>10mg orally at 1hr prior<br>to theatre with calciparine<br>sooain SLs. Left breast<br>lumpectomy. Dry intact<br>wound on return to ward<br>Cyclimorph 10mg at 30%<br>in recovery room.                                                                                                                                                                                                                                                        | (ford)                         |
| 26/9   | 14 | Good rest overnight<br>on 26/9 2nd biopsy taken<br>SIB Mr Hansel. He will<br>review her later today<br>when pathology available.<br>SIB Mr Hansel apt told<br>tumour in left breast requires<br>further intervention.<br>? further lumpectomy + ANC<br>? mastectomy<br>To have CXR, CT, Liver scan<br>Emotional ++<br>Dr McKenzie will see Spm<br>Opts to stay overnight<br>Date of re-admission 7.10.96<br>see Campbell + Clave (S/N 1015)<br>+ visit at home.<br>See Social circumstances.<br>SIB staff nurse from ward 5.<br>CXR, abdominal US arranged | John<br>John<br>(ford)<br>John |

# PATIENT PROGRESS / EVALUATION

(Continued)

Date No. Progress / Evaluation

All entries must be signed.

|         |     |                                                |            |
|---------|-----|------------------------------------------------|------------|
|         |     | for 27.9.96 9.15AM                             |            |
|         |     | To eat nothing tomorrow                        |            |
|         |     | Can have tea / coffee without milk             |            |
|         |     | Bone scan arranged for Wed                     |            |
|         |     | 2nd Oct 11.45AM and 3pm.                       | D. Stewart |
| 27/9    |     | Slept well "sedation" Fasting                  | J. Bile    |
|         |     | Attended for CXR                               |            |
|         |     | Also scan abandoned pt                         |            |
|         |     | emotional - Hoping to                          |            |
|         |     | reschedule for 2.10.96 agreed ✓                |            |
|         |     | PT requested diazepam for                      |            |
|         |     | discharge until admission                      |            |
|         |     | Patient requests to come                       |            |
|         |     | into Ward 4A for further                       |            |
|         |     | Surgery. Dr McConzile in                       |            |
|         |     | agreement                                      | J. Bile    |
| 6/10/96 | 5pm | A/A for (2) Extended lumpectomy                |            |
|         |     | tomorrow seen by Dr McArthur.                  |            |
|         |     | Rather weepy on admission                      |            |
|         |     | Orientated to ward. Temp 37.3°                 | E. Grace.  |
|         |     | Please fast from midnight                      | E. Grace.  |
| 7/10/96 |     | Anxious about TH                               |            |
| 62m     |     | Vomitted 21, settled with in                   |            |
|         |     | Stemetil                                       |            |
|         |     | <del>* For BONE SCAN ON THURSDAY</del>         |            |
|         |     | <del>10/10/96 ARRANGED BY SISTER CARROLL</del> |            |
| 3pm     |     | Returned from theatre following                |            |
|         |     | (1) Lumpectomy and A.N.C. (1)                  |            |
|         |     | (3) O2 sat 96% on air, O2 6 lts in             |            |
|         |     | BP & pulse satisfactory.                       |            |
|         |     | (3) Has not passed urine                       |            |
|         |     | (5) Analgesia given in R.R. with good effect.  |            |

STOBHILL

NAME *Mary Watson*  
ADDRESSPATIENT PROGRESS /  
EVALUATIOND.O.B.  
UNIT No.WARD *5*

AFFIX DATA LABEL

Date No. Progress / Evaluation

All entries must be signed.

|      |    |     |                                                                                                                                                            |                   |
|------|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 7:10 | 96 | (6) | Wound dry. Drain (1) changed due to no suction. Minimal leakage                                                                                            | <i>C. Kennedy</i> |
| 8:00 |    | (3) | Temp $37.3^{\circ}\text{C}$ this evening                                                                                                                   |                   |
|      |    | (4) | Resumed to fluids & diet                                                                                                                                   |                   |
|      |    | (2) | Has not passed urine                                                                                                                                       |                   |
|      |    | (5) | Oral analgesia given & effect                                                                                                                              |                   |
|      |    | (6) | wound dressing dry minimal from drains.                                                                                                                    | <i>B. Hill</i>    |
| 8:10 | 4  |     | wt taken 9 night                                                                                                                                           |                   |
| 6:24 | 3  |     | Not yet passed urine                                                                                                                                       |                   |
|      | 6  |     | minimal in wound drains                                                                                                                                    | <i>W. Ke</i>      |
| 2pm  |    | (2) | Has passed urine                                                                                                                                           |                   |
|      |    | (5) | oral analgesia taken & effect                                                                                                                              |                   |
|      |    | (4) | wound area dry. Drain remains in situ until tomorrow.                                                                                                      |                   |
|      |    |     | Informed by Mr. Hansell that pre-cancerous cells present and will probably need a mastectomy. Also spoken to by S. Campbell                                | <i>B. Hill</i>    |
| 7:30 |    |     | Drains remain intact, volumes as charted. Reported that pack will be back this shift, analgesia as charted this morning, pyrexia at $37.6^{\circ}\text{C}$ | <i>M. Hill</i>    |
|      |    |     | Temp $38^{\circ}\text{C}$ at 7:30pm. Dr informed                                                                                                           |                   |
|      |    |     | Paracetamol given                                                                                                                                          | <i>C. Kennedy</i> |
| 9:10 |    |     | Minimal in Drain (1)                                                                                                                                       |                   |
|      |    |     | Moderate amount Drain (2)                                                                                                                                  |                   |
|      |    |     | Temp still $38^{\circ}\text{C}$ , Dr not coming at                                                                                                         |                   |
|      |    |     | Blood cultures                                                                                                                                             | <i>W. Ke</i>      |

(Continued)

***All entries must be signed.***

|                                                                                                           | Signed     |
|-----------------------------------------------------------------------------------------------------------|------------|
| 3.00pm<br>⑤ Oral analgesia with effect<br>⑥ Dressings renewed wounds drain?<br>productive, renew pr       | M Hal      |
| 8pm<br>⑤ oral analgesia taken - effect.<br>⑥ wound drains reviewed by<br>Dr Mc Kenzie, as remain in situ. | R Marshall |
| 10/10<br>6 Moderate amount w/d drains                                                                     | NRc        |

STOBHILL

DISCHARGE PLAN

WARD

4A

Discharge date

27.9.96

NAME

ADDRESS

32 KENDAL AVE  
BRIDCHAPPEL

D.O.B.

UNIT No.

6/3/84

AFFIX DATA LABEL

Patient informed

✓

Relative informed

✓

Transport arrangements

✓

Clothing requested for discharge

Medication / G.P.'s letter

Analgesia + diazepam from pharmacy

Out-patients appointment

Ambulance required

further investigations next week  
Brest team will contact re clinic appt  
Surgery date 7.10.96

Social services:

Social worker

Home help

Meals on wheels

Other

District nurse

SE Campbell will contact Tues 1.10.96

Aids and equipment

Other needs

Discharge advise leaflet given

Discharge summary / comments

Discharged following  
left breast lumpectomy  
Emotional H. re pending surgery  
SE Campbell will act time liaison at home

Signature of Discharge Nurse

*[Signature]*

Date 27.9.96 Time 12 noon

Signature of Named Nurse

Date Time

STOBHILL

NAME  
ADDRESS

**SPECIMEN / INVESTIGATIONS**

WARD

4A

D.O.B.

UNIT No.

DATE ORDERED

SPECIMEN

AFFIX DATA LABEL

DATE OBTAINED

|                    |              |         |
|--------------------|--------------|---------|
| 25/9/96<br>6/10/96 | RSOJ<br>RSOU | 6/10/96 |
|--------------------|--------------|---------|

INVESTIGATION

DATE

AMBULANCE

ESCORT

HOSPITAL

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|



# DISCHARGE PLANNER



May Watson  
32 Kendern Ave

GP

ANTICIPATED DISCHARGE DATE \_\_\_\_\_

DISCHARGE DATE 10.10.96

PATIENT INFORMED ☒ DATE ARR 10.10.96 PRINT NAME Amie Campbell

RELATIVES INFORMED ☐ DATE ARR \_\_\_\_\_ PRINT NAME \_\_\_\_\_

TRANSPORT PERSONAL ☒ DATE ARR 10.10.96 PRINT NAME Amie Campbell

HOSPITAL CAR ☐ DATE ARR \_\_\_\_\_ PRINT NAME \_\_\_\_\_

AMBULANCE ☐ DATE ARR \_\_\_\_\_ SPECIFY \_\_\_\_\_

HOME HELP REFERRAL ☐ DATE ARR \_\_\_\_\_ PRINT NAME \_\_\_\_\_

OTHER SOCIAL SERVICES ☐ DATE ARR \_\_\_\_\_ SPECIFY \_\_\_\_\_

DISTRICT NURSE ☒ DATE ARR 10.10.96 PRINT NAME Amie Campbell

LIASON NURSING STAFF ☐ DATE ARR \_\_\_\_\_ SPECIFY \_\_\_\_\_

POSTPONED DISCHARGE ☐ REASON \_\_\_\_\_

OUTPATIENTS APPT. \* ☐ DATE ARR \_\_\_\_\_ PRINT NAME \_\_\_\_\_

OUTPATIENTS INV. ☐ DATE ARR \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DISCHARGE PRESCRIPTION ☒ DATE GIVEN 10.10.96 PRINT NAME Amie Campbell

OTHER RELATIVE COMMENTS

\* Will return to ward on Mon 13/10/96 to see Sister Campbell re: pathology. Sister Campbell will arrange further follow up.

## ADMISSION FORM V3

|                                                     |  |                                               |                              |                                            |                              |                                  |                          |                     |                           |        |
|-----------------------------------------------------|--|-----------------------------------------------|------------------------------|--------------------------------------------|------------------------------|----------------------------------|--------------------------|---------------------|---------------------------|--------|
| HOSPITAL CODE<br>G207H                              |  | HOSPITAL NAME<br>STOBHILL HOSPITAL            |                              |                                            |                              | CASE RECORD NUMBER<br>S/H-494748 |                          |                     |                           |        |
| DATE<br>15/07/98                                    |  | TIME<br>09:50                                 | TYPE<br>11                   | REASON<br>11                               | ADM./TRANS. FROM<br>10 PRNAD | INPAT./DAYCASE<br>IP             | DATE ON W.L.<br>09/07/98 | W.L. TYPE<br>1      | PATIENT CATEGORY<br>3 NHS |        |
| WARD<br>WARD 5                                      |  | S. FACILITY<br>11                             | SPECIALTY<br>GENERAL SURGERY |                                            |                              | CONSULTANT<br>MR D HANSELL       |                          |                     | FROM LOCATION<br>0        | W.G.E. |
| TITLE SURNAME<br>MRS WATSON MARY                    |  | FORENAME (1)<br>(2)                           |                              | AGE<br>44                                  |                              | DATE OF BIRTH<br>06/03/1954      |                          | SEX<br>F            | MARITAL STATUS<br>M       |        |
| ADDRESS<br>28 HALGREEN AVE<br>DRUMCHAPEL<br>GLASGOW |  | ALT./PREV. SURNAME                            |                              | OCCUPATION                                 |                              | C.H.I. NUMBER<br>0603546323      |                          |                     |                           |        |
| POSTCODE<br>G15 8AB                                 |  | TELEPHONE No.<br>944-7780                     |                              | OCCUPATION (HUSBAND/FATHER)                |                              |                                  |                          |                     |                           |        |
| HEALTH BOARD OF RESIDENCE                           |  | HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR? |                              |                                            |                              |                                  |                          |                     |                           |        |
| NAME<br>NUGENT                                      |  | J                                             |                              | ADDRESS<br>80/90 KINFAUNS DRIVE<br>GLASGOW |                              | 211 6100                         |                          | POSTCODE<br>G15 7TS |                           |        |
| G.P. CODE<br>3072884                                |  | PRACTICE<br>4043611                           |                              | TEL No.                                    |                              |                                  |                          |                     |                           |        |
| CONTRACT No.<br>SGC06                               |  | FH STATUS<br>N                                |                              |                                            |                              |                                  |                          |                     |                           |        |
| NAME<br>NUGENT                                      |  | J                                             |                              | ADDRESS<br>80/90 KINFAUNS DRIVE<br>GLASGOW |                              | 211 6100                         |                          | POSTCODE<br>G15 7TS |                           |        |
| G.P. CODE<br>3072884                                |  | PRACTICE<br>4043611                           |                              | TEL No.                                    |                              |                                  |                          |                     |                           |        |
| CONTRACT No.<br>SGC06                               |  | FH STATUS<br>N                                |                              |                                            |                              |                                  |                          |                     |                           |        |
| NAME<br>ARLENE WATSON                               |  | RELATIONSHIP<br>DAUGHTER                      |                              | ADDRESS<br>6 TALENT TERR<br>GLASGOW        |                              | DAY PHONE No.                    |                          | NIGHT PHONE No.     |                           |        |
| RELIGION                                            |  | VISIT REQ. BY CHAPLAIN YES/NO                 |                              | PENSION BOOK No.                           |                              |                                  |                          |                     |                           |        |

|                           |  |              |  |                  |  |
|---------------------------|--|--------------|--|------------------|--|
| ADMISSION                 |  | IN DIAGNOSIS |  | SPECIAL WARNINGS |  |
| HER CONDITIONS<br>(D.G.2) |  |              |  |                  |  |
| HER CONDITIONS<br>(D.G.3) |  |              |  |                  |  |

|           |                      |                            |
|-----------|----------------------|----------------------------|
| MR04      | SMR50                |                            |
| H. STATUS | PREVIOUS PSYCH. CARE | CONTRIBUTORY SOCIAL FACTOR |

## DISCHARGE SUMMARY

|                   |                       |                          |                            |                       |           |            |      |
|-------------------|-----------------------|--------------------------|----------------------------|-----------------------|-----------|------------|------|
| DATE              | TIME                  | DISCH. TYPE              | PATIENT CATEGORY           | MANAGEMENT OF PATIENT | SPECIALTY | CONSULTANT | CODE |
| DISCH./TRANSF. TO | READY FOR DISCH.      | HOSPITAL NAME            | CODE                       | WARD                  | SPECIALTY | CONSULTANT | CODE |
| SMR04             | TYPE OF CARE PROVIDED | ECT - 1st TREATMENT DATE | ECT - NUMBER OF TREATMENTS |                       |           |            |      |

|                             |      |                  |  |
|-----------------------------|------|------------------|--|
| MAIN DIAGNOSIS              | N63X | SPECIAL WARNINGS |  |
| OTHER CONDITIONS<br>(D.G.2) | 7853 |                  |  |
| (D.G.3)                     |      |                  |  |
| (D.G.4)                     |      |                  |  |
| (D.G.5)                     |      |                  |  |
| (D.G.6)                     |      |                  |  |

SMRI COMPLETED

|                            |          |        |  |
|----------------------------|----------|--------|--|
| CODE                       |          | DATE   |  |
| MAIN OPERATION             | B0832943 | 150798 |  |
| OTHER OPERATION<br>(O.P.2) |          |        |  |
| (O.P.3)                    |          |        |  |
| (O.P.4)                    |          |        |  |
| LOCAL                      |          |        |  |
| NATIONAL                   |          |        |  |



494748

WATSON, MARY  
28 HALGREEN AVE  
DRUMCHAPEL

G15 8AB

06/03/1954  
G.P.Prac.40544

|      |             |                      |                         |
|------|-------------|----------------------|-------------------------|
| NAME | UNIT NUMBER | PATIENT'S OCCUPATION | MARITAL STATUS<br>M S W |
|      | WARD/DEPT   | RELIGION             | MAIDEN NAME             |

G.P.'S NAME & ADDRESS

TEL No.

TEL No.

DATE

SPECIALITY

CONSULTANT'S NAME

*Peri*

*MR Hawes*

|             |               |                   |
|-------------|---------------|-------------------|
| DATE & TIME | PREMEDICATION | WEIGHT: Kg.       |
| TIME GIVEN: | ORDERED BY:   | GIVEN BY: AGE: 44 |

494748  
 WATSON MARY  
 28 HALGREEN AVE  
 DRUMCHAPEL  
 G15 8AB  
 06/03/1954  
 40544  
 F/M

## PRE-OPERATIVE ASSESSMENT

Previous Operation

CVS ✓

Exercise Tolerance

BP 115/65

Pulse

c.p.d.

airway

Other.

Allergies.

CXR

ECG.

Haematology

Biochemistry.

ANAESTHETIST

TRAINEE

OPERATOR

CON

1

2

3

4

5

6

CON

SpR

SHO

PROCEDURE

DURATION

1

2

3

4

10

20

30

40

50

5

CLASSIFICATION

OPERATION  
ASA

DAY CASE

ELECTIVE

SCHEDULE

URGENT

EMERGENCY

CURRENT DRUGS

PREV. ANAESTH.

COMPLICATIONS

FAMILY HISTORY

PREMEDICATION

Benzo

Antiemetic

NSAID

Oplate

H<sub>2</sub>Antag

Antacid

Antichol

Other

Normal Drugs

INDUCTION

Prop

STP

Etom

Ket

Oplate

Benzo

Inhalation

Other

Rapid Sequence

RELAXANT

Sux

Miv

Vec

Panc

Roc

Infusion

Other

Glyco

Atropine

Neost

Other

MAINTENANCE

N<sub>2</sub>O

Air

Ethrane

Isoflu

Sevo

Desflu

Morphine

Fentanyl

Alfent

Pethidine

Haloth

NSAID

Drop

Other

TECHNIQUE

Spont

Mask

ETT

Oral

Cuff

Tracheos

Circle

Map D

Map E

Other

TIVA

V / A ACCESS

Peripheral

X

Hand 20

Central

Arterial

MONITORING

ECG

SpO<sub>2</sub>

NIBP

IABP

FIO<sub>2</sub>Et CO<sub>2</sub>

Vent Alm

Volatile

PNS

CVP

Temp

Other

POSITION

Supine

Lithotomy

Lateral

Prone

Other

Hd Up

Hd down

REG.

Analgesia

Spinal

Priloc

Epidural

Cocaine

Caudal

Bupivac

Brach Plex

Lignoc

Bier

Adren

Voc Cord

Sub-Tenon

Infil

Other

COMPLICATIONS

SIGNIFICANT

Volume (ml)

Volume

Expander

Blood Products (not PPS)

Volume

Expander

Volume

Expander

Volume

Expander

Volume

Expander

Volume

Expander

|             |        |    |  |  |  |
|-------------|--------|----|--|--|--|
|             |        |    |  |  |  |
|             |        |    |  |  |  |
|             |        |    |  |  |  |
|             |        |    |  |  |  |
| Ketorolac   |        |    |  |  |  |
| Fentanyl    |        |    |  |  |  |
| Lignocaine  |        |    |  |  |  |
| Propofol    |        |    |  |  |  |
| TIME        | 16     | 17 |  |  |  |
| V           | 38 200 |    |  |  |  |
| BP          | 180    |    |  |  |  |
| A           | 36     |    |  |  |  |
|             | 140    |    |  |  |  |
|             | 34     |    |  |  |  |
|             | 100    |    |  |  |  |
| • PULSE     | ✓      |    |  |  |  |
| • TEMP      | 60     |    |  |  |  |
|             | 20     |    |  |  |  |
|             | 0      |    |  |  |  |
| Sp O2       | 97     |    |  |  |  |
| Et CO2      | 5.6    |    |  |  |  |
| Et AA       |        |    |  |  |  |
| Paw         |        |    |  |  |  |
| CVP         |        |    |  |  |  |
| BLOOD LOSS  |        |    |  |  |  |
| RINE VOLUME |        |    |  |  |  |

INTUBATION - (circle) EASY · AWKWARD DIFFICULT

| Time | Fluid | Volume |
|------|-------|--------|
| ①    | RL    | 1000   |

Leino

[illegible]

## THEATRE/RECOVERY CARE PLAN



494748

F/M

WATSON MARY  
28 HALGREEN AVE  
DRUMCHAPEL

40544

G15 8AB

06/03/1954

CONSULTANT Mr Hansell

WARD

5 (Rm 8)

THEATRE

DSU

DATE OF OPERATION

15-7-98

TIME:

## A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED

tick

|                                                                          |                                |                                     |
|--------------------------------------------------------------------------|--------------------------------|-------------------------------------|
| 1. LAST TIME PATIENT ATE OR DRANK                                        | <u>Nothing since 7am</u>       | <input checked="" type="checkbox"/> |
| 2. CONSENT SIGNED                                                        |                                | <input checked="" type="checkbox"/> |
| 3. IDENTITY BAND                                                         |                                | <input checked="" type="checkbox"/> |
| 4. CASE NOTES, X-RAYS, DRUG KARDEX                                       |                                | <input checked="" type="checkbox"/> |
| 5. OPERATION SITE PREPARED AND MARKED                                    | <u>Marked</u>                  | <input checked="" type="checkbox"/> |
| 6. TEETH - DENTURES REMOVED, CROWNS, CAPS, BRIDGE                        | <u>Top front</u>               | <input checked="" type="checkbox"/> |
| 7. PROTHESIS REMOVED - CONTACT LENS, GLASSES                             |                                | <input checked="" type="checkbox"/> |
| 8. REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED) | <u>Underpants</u>              | <input checked="" type="checkbox"/> |
| 9. ALLERGIES                                                             | <u>* SEPTIN *</u>              | <input checked="" type="checkbox"/> |
| 10. VOIDED URINE                                                         |                                | <input checked="" type="checkbox"/> |
| 11. BASELINE OBSERVATIONS                                                | P: <u>76</u> BP: <u>117/66</u> |                                     |

## PROBLEMS/NEEDS

## INTERVENTION

## OUTCOME

SUBCUT HEPARIN (YES) NOTED STOCKINGS (YES) NONL of rfeSignature - WARD: [Signature]

RECEPTION:

## B. THEATRE

OPERATION PERFORMED

Excision lesion @ BreastDIATHERMY BIPOLAR/MONOPOLAR ☒HEEL RESTS ☐FLOWTRON BOOTS ☒SHEEPSKIN HEEL PADS/MATS ☐HEATED WATER BED ☐ARM BOARDS ☒

PATIENT POSITION

LATERAL RIGHT ☐TRENDELENBURG ☐LATERAL LEFT ☐REVERSE ☐SUPINE ☐LITHOTOMY ☐PRONE ☐LLOYD DAVIS ☐

TOURNIQUET TIME

ON

OFF

SPECIAL COMMENTS

SPECIMENS:

PATH

&lt; BACT

OTHER

DRAINS

CATHETER

COUNTS

CORRECT

SWABS - FIRST

- FINAL

INSTRUMENTS

SHARPS - NEEDLES

- BLADES

THROAT PACK OUT

PACK IN SITU

INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: S. AndersonSignature of Circulating Nurse: [Signature]

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

Mary Watson

|                              |  |  |  |                    |  |      |  |
|------------------------------|--|--|--|--------------------|--|------|--|
| ROUTINE - PULSE & B.P.       |  |  |  | CONTINUE IV FLUIDS |  | RATE |  |
| - OXYGEN/RECOVERY 3L         |  |  |  | 10 min             |  |      |  |
| - OXYGEN/WARD 1 W.           |  |  |  |                    |  |      |  |
| - CANNULA/REMOVAL - RECOVERY |  |  |  |                    |  |      |  |
| WARD                         |  |  |  |                    |  |      |  |
| SPECIAL                      |  |  |  |                    |  |      |  |
|                              |  |  |  |                    |  |      |  |
|                              |  |  |  |                    |  |      |  |

INFORMATION/INSTRUCTIONS

Signature: *John Miller*

D. POST OPERATIVE OBSERVATIONS

16798

|                                |       |        |        |        |        |        |       |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------|--------|--------|--------|--------|--------|-------|--|--|--|--|--|--|--|--|--|--|--|
| TIME                           | 4:35  | 4:50   | 5:05   | 5:35   | 6:00   | 6:22   | 6:06  |  |  |  |  |  |  |  |  |  |  |  |
| PULSE                          | 65    | 82     | 67     | 78     | 88     | 62     | 73    |  |  |  |  |  |  |  |  |  |  |  |
| BLOOD PRESSURE                 | 96/57 | 108/62 | 111/63 | 116/77 | 134/71 | 110/60 | 95/50 |  |  |  |  |  |  |  |  |  |  |  |
| SATURATION (SaO <sub>2</sub> ) | 96    | 97     | 98     | 98     | 98     | 98     | 96    |  |  |  |  |  |  |  |  |  |  |  |
| RESPIRATORY RATE               | 16    | 16     | 16     | 16     | 16     | 16     | 16    |  |  |  |  |  |  |  |  |  |  |  |
| AIRWAY                         | IN    | OUT    | ✓      | ✓      | ✓      | ✓      | ✓     |  |  |  |  |  |  |  |  |  |  |  |
| OXYGEN                         | 4L    | 4L     | 4L     | 4L     | 4L     | 4L     | 4L    |  |  |  |  |  |  |  |  |  |  |  |
| PAIN SCORE                     | 0     | 0      | 0      | 0      | 0      | 0      | 0     |  |  |  |  |  |  |  |  |  |  |  |
| SEDATION SCORE                 | 3     | 0      | 1      | 0      | 0      | 0      | 0     |  |  |  |  |  |  |  |  |  |  |  |
| TEMPERATURE                    |       |        |        | 36.2   | 36.2   | 36.5   | 36.1  |  |  |  |  |  |  |  |  |  |  |  |
| WOUND                          | Dry   | DM     | ✓      | DRY    | DRY    | ✓      | ✓     |  |  |  |  |  |  |  |  |  |  |  |
| Verifi                         | (L)   | L      |        |        |        |        |       |  |  |  |  |  |  |  |  |  |  |  |
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PAIN SCORE

- 0 = NO PAIN
- 1 = DISCOMFORT/ACHE AT REST
- 2 = PAIN ONLY ON MOVEMENT
- 3 = PAIN AT REST
- 4 = SEVERE PAIN AT REST

SEDATION SCORE

- 0 = ALERT
- 1 = RESPONDS TO VERBAL COMMAND
- 2 = RESPONDS TO PAINFUL STIMULI
- 3 = UNRESPONSIVE



## FLUID BALANCE

[illegible]A grid of graph paper with 20 columns and 15 rows. The top row is shaded with diagonal lines from the bottom-left to the top-right. The remaining 14 rows are unshaded.

#### **E. RECOVERY ROOM**

### PROBLEM/NEEDS

## INTERVENTION

### OUTCOME

Signature\_\_\_\_\_

# CONSENT BY PATIENT/PARENT FOR OPERATION

I MARY WATSON of Halgreen Avenue  
hereby consent to

•submission of myself to the  
operation of Left Lumpectomy

the nature and effect of which have been explained to me by:

Dr/Mr M HUGHES

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 15/7/98 (Signed) X M Watson

•Relationship to Patient \_\_\_\_\_

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 15/7/98 Signed [Signature]  
(Doctor's Signature)

•Delete if not applicable

## SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

### OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate \_\_\_\_\_

### PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add \_\_\_\_\_

\_\_\_\_\_ Add sterile water to make 50/60ml volume

Settings: Concentration \_\_\_\_\_ Dose Duration \_\_\_\_\_  
Loading Dose \_\_\_\_\_ Lockout Duration \_\_\_\_\_  
Bolus Dose \_\_\_\_\_ Background Infusion \_\_\_\_\_

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

# INPATIENT SURGERY

ASSESSMENT FOR (General anaesthetic)



494748 F/M  
WATSON MARY  
28 HALGREEN AVE  
DRUMCHAPEL  
G15 8AB 40544  
06/03/1954  
Postcode

Consultant: MR HANSEN DOA: 15/7/98  
Height: 4ft 11" Weight: 62Kg =BMI: 28  
B.P. 120/55 P. 88  
TELEPHONE NO. HOME 0141-944 7780  
PROCEDURE: WORK (L) Breast Lumpectomy

| YES                                 | NO                       |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Are you taking any medication prescribed by your doctor ?

- TAMOXIFIN
- ? VENTOLIN INHALER
- (WILL ATTEND GP)
- 
- 
- 
- 
- 
- 
- 

Have you ever suffered from any of the following :-

- chest pain on exercise or at night.....
- breathlessness..... Smoker 10-15 p.d PFR. 300
- asthma or bronchitis..... 40 Ago.....
- high blood pressure.....
- heart murmur.....
- fainting easily.....
- convulsions or fits.....
- jaundice / hepatitis.....
- indigestion or heartburn.....
- kidney or urinary trouble Diabetes Due to Surgery
- anaemia or other blood problems.....
- excessive bleeding or bruising.....
- arthritis..... also lower Lumber Spine
- muscle disease or progressive weakness.....
- mobility aid / limited mobility.....
- diabetes.....

| YES                                 | NO                                  |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
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| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

have you ever had:

- a serious illness..... Carcinoma Breast
- have any problems with your hearing.....
- an allergy or reaction to medicines, elastoplast etc. ....

| YES                                 | NO                                  |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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**Do you :-**

wear glasses.....  
 smoke..... 15 P.D  
 drink more than 1 1/2 pints of beer or 3 shorts a day .....  
 or have you ever used intravenous drugs.....  
 If a woman, are you pregnant or taking the "pill" .....  
 Do you have any caps, crowns, dentures or loose teeth.....

| YES                                 | NO                                  |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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**What operations have you had before if any ? (please list)**

27

radical Hysterectomy (1991)  
 (L) Breast Lump ectomy - A.N.C. 1996

**Did you have any anaesthetic or surgical complications ? (please list)**

28

No

When was your last general anaesthetic ? 31-9-96

Has any member of your family had problems with anaesthetics ? (please tick box) YES ☐ NO ☒ 29

Is there anything else the surgeon / anaesthetist should know ? Rather dry unproductive cough at present

**HAVE YOU ANY QUESTIONS ABOUT THE PROCEDURE ?** YES ☐ NO ☒ 30

COMMENTS: .....

**FURTHER INVESTIGATIONS CARRIED OUT (please tick box)**

FULL SCREEN - ☐ HAEMOGLOBIN - ☐ E.C.G - ☒ CXR - ☐ OTHER - ☐ (please state)

REQUIRES ANAESTHETIC OPINION : ..... YES ☐ NO ☐

REASON : .....

NURSES SIGNATURE : *[Signature]* DATE: 13.7.98

**ANAESTHETIC DETAILS:-**

DR : ..... DATE ...../...../.....

ANAESTHETISTS COMMENTS : .....



# Day Surgery

## ASSESSMENT/ADMISSION PACK

Date of Admission 15/7/98

Consultant MR Hansell



494748

F/M

WATSON MARY  
28 HALGREEN AVE  
DRUMCHAPEL

G15 8AB

40544  
06/03/1954

# ASSESSMENT

TELEPHONE NO. HOME 0141-944-7780  
 WORK N/A

PROCEDURE \_\_\_\_\_  
 Height: 4ft 11" Weight: 62 kg =BMI 28

Refer to nomogram if patient appears obese. If result is more than 30 patient not suitable.

B.P. 120/85 P. 88

## Will you :-

- be able to be driven home by private car.....
- have easy access to your home (stairs, ..) .....
- have someone to take you home.....
- have a telephone at home .....
- have easy access to a lavatory.....
- have someone at home able to look after you for 24 hours.....
- do you have any dependents .....

| YES | NO |
|-----|----|
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## Have you ever suffered from any of the following :-

- chest pain on exercise or at night.....
- breathlessness.....
- asthma or bronchitis.....
- high blood pressure.....
- heart murmur.....
- fainting easily.....
- convulsions or fits.....
- jaundice (yellowness).....
- indigestion or heartburn.....
- kidney or urinary trouble .....
- anaemia or other blood problems.....
- excessive bleeding or bruising.....
- arthritis.....
- muscle disease or progressive weakness.....
- diabetes.....

| YES | NO |
|-----|----|
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## have you ever had:

- a serious illness.....
- allergy or reaction to medicines, Elastoplast, etc.....

| YES | NO |
|-----|----|
|     |    |
|     |    |

23  
24

**Do you :-**

take any medicines (tablets, patches, injections, inhalers).....

.....

smoke.....

drink more than 1 1/2 pints of beer or 3 shorts a day .....

or have you ever used intravenous drugs.....

If a woman, are you pregnant or taking the "pill" .....

Is there anything else the surgeon / anaesthetist should know.....

| YES | NO |
|-----|----|
|     |    |
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**What operations have you had before if any (please list )?**

31

**Did you have any anaesthetic or surgical complications (please list )?**

32

When was your last general anaesthetic ? .....

Has any member of your family had problems with anaesthetics ? (please tick box ) ..... YES ☐ NO ☐ 33

How long will it take you to travel home : .....hrs. ....mins 34

Do you have any Prothesis ..... 35

HAVE YOU ANY QUESTIONS ABOUT THE PROCEDURE ..... YES ☐ NO ☐ 36

COMMENTS: .....

**FURTHER INVESTIGATIONS CARRIED OUT (PLEASE TICK BOX)**U & Es - ☐HAEMOGLOBIN - ☐E.C.G - ☐CXR - ☐REQUIRES ANAESTHETIC OPINION : ..... YES ☐ NO ☐

REASON : .....

NURSES SIGNATURE : ..... DATE: .....

**ANAESTHETIC DETAILS**

DR..... DATE.....

ANAESTHETISTS COMMENTS : .....

.....

# ADMISSION

**CARE PLAN** - Any changes in health since assessment: Details \_\_\_\_\_

## PRE-OPERATIVE PREPARATION

Tick

- |                                                                          |  |
|--------------------------------------------------------------------------|--|
| 1. LAST TIME PATIENT ATE OR DRANK                                        |  |
| 2. CONSENT SIGNED                                                        |  |
| 3. IDENTITY BAND                                                         |  |
| 4. CASE NOTES, X-RAYS, DRUG KARDEX                                       |  |
| 5. OPERATION SITE PREPARED AND MARKED                                    |  |
| 6. TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE                          |  |
| 7. PROSTHESIS REMOVED - CONTACT LENS, GLASSES                            |  |
| 8. REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED) |  |
| 9. ALLERGIES                                                             |  |
| 10. VOIDED URINE                                                         |  |
| 11. BASELINE OBSERVATIONS P: _____ BP: _____                             |  |

## PROBLEMS/NEEDS

## INTERVENTION

## OUTCOME

Signature - \_\_\_\_\_

## THEATRE

OPERATION PERFORMED \_\_\_\_\_

DIATHERMY BIPOLAR/MONOPOLAR ☐

HEEL RESTS ☐

FLOWTRON BOOTS ☐

SHEEPSKIN HEEL PADS/MAT ☐

HEATED WATER BED ☐

ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐

TRENDELENBURG ☐

LATERAL LEFT ☐

REVERSE ☐

SUPINE ☐

LITHOTOMY ☐

PRONE ☐

LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER

DRAINS

CATHETER

COUNTS

CORRECT

SWABS - FIRST ☐

- FINAL ☐

INSTRUMENTS

SHARPS - NEEDLES ☐

- BLADES ☐

THROAT PACK OUT ☐

PACK IN SITU ☐

INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: \_\_\_\_\_

Signature of Circulating Nurse: \_\_\_\_\_



# POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

|                                  |  |                           |  |                |  |
|----------------------------------|--|---------------------------|--|----------------|--|
| ROUTINE - Pulse & B.P.           |  | PLEASE ISSUE TO TAKE HOME |  |                |  |
| - Oxygen/recovery                |  | KAPAKE                    |  | COCODAMOL      |  |
| SPECIAL Information/Instructions |  | DICLOFENAC                |  | PARACETAMOL    |  |
|                                  |  | CO-DYDRAMOL               |  | METOCLOPRAMIDE |  |
| ONCE ONLY PRESCRIPTIONS          |  |                           |  |                |  |

| Date Given | Time of Admin | Medicine (Block Capitals) | Dose | Route | Signature | Given By | Time |
|------------|---------------|---------------------------|------|-------|-----------|----------|------|
|            |               |                           |      |       |           |          |      |
|            |               |                           |      |       |           |          |      |
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|            |               |                           |      |       |           |          |      |
|            |               |                           |      |       |           |          |      |
|            |               |                           |      |       |           |          |      |

## POST OPERATIVE OBSERVATIONS

Signature: \_\_\_\_\_

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TIME                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PULSE                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BLOOD PRESSURE                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SATURATION (SaO <sub>2</sub> ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RESPIRATORY RATE               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AIRWAY                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OXYGEN                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PAIN SCORE                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SEDATION SCORE                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PONV SCORE                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TEMPERATURE                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WOUND                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VENFLON                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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### PAIN SCORE

- 0 = NO PAIN
- 1 = DISCOMFORT/ACHE AT REST
- 2 = PAIN ONLY ON MOVEMENT
- 3 = PAIN AT REST
- 4 = SEVERE PAIN AT REST

### SEDATION SCORE

- 0 = ALERT
- 1 = RESPONDS TO VERBAL COMMAND
- 2 = RESPONDS TO PAINFUL STIMULI
- 3 = UNRESPONSIVE

### PONV SCORE

- 0 = NO SYMPTOMS
- 1 = NAUSEA
- 2 = VOMITING

## FLUID BALANCE

| Time | Input | Volume | Initial | Time | Output | Volume | Initial |
|------|-------|--------|---------|------|--------|--------|---------|
|      |       |        |         |      |        |        |         |
|      |       |        |         |      |        |        |         |
|      |       |        |         |      |        |        |         |
|      |       |        |         |      |        |        |         |

## NURSING NOTES

[illegible]

## DISCHARGE MEDICATION

**CONSENT BY PATIENT/PARENT FOR OPERATION**

I Mary Waber of 28, HALIFAX AVE  
DEINCHAEEL

hereby consent to

\* submission of \_\_\_\_\_ to the  
operation of (C) Imperfectum

the nature and effect of which have been explained to me by:

Dr/Mr \_\_\_\_\_

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 9/7/98 (Signed) M Waber

\* Relationship to Patient \_\_\_\_\_

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 9/7/98 Signed \_\_\_\_\_

(Doctor's Signature)

\* Delete if not applicable

**SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.****DISCHARGE CRITERIA****Yes****No**

1. Venflon Removed

☐☐

2. Stable Vital Signs - Respiration, Pulse, B.P.

☐☐

3. Alert and orientated

☐☐

4. Able to dress, sit and walk unaided

☐☐

5. Tolerating food and fluids

☐☐

6. Information given regarding :-

\* Post anaesthetic instructions

☐☐

\* Procedure

☐☐

\* Discharged at \_\_\_\_\_ to \_\_\_\_\_ care

**POST SURGICAL INSTRUCTIONS**

\* Follow-up appointment \_\_\_\_\_

\* Special instructions \_\_\_\_\_

NURSES SIGNATURE \_\_\_\_\_

CLINIC 0



50623238H  
WATSON F  
MARY 06/03/1954  
28 KENDON AVENUE

ADDRESS

GLASGOW G15 8AX  
CHI-0603546323

UROLOGY  
NOT REMOVE FROM CLINIC AREA

DATE  
CONSULTANT  
SITE  
NEW PATIENT  
RETURN PATIENT

9/10/12  
Mrs SGAWARD  
Sto3411

ONE BOX FROM 1-10 MUST BE TICKED FOR ALL PATIENTS IN ADDITION TO  
THE FURTHER APPOINTMENT INFORMATION BELOW

|   |                                                             |    |                                          |
|---|-------------------------------------------------------------|----|------------------------------------------|
| 1 | TREATMENT STARTED<br>TREATMENT GIVEN TODAY                  | 6  | INVESTIGATION AS IP/DC/OP                |
|   | DISCHARGE                                                   |    | DISCHARGE                                |
| 2 | NO (FURTHER) TREATMENT<br>REQUIRED                          | 7  | TO RETURN FOR TREATMENT AS<br>IP/DC/OP   |
|   | DISCHARGE                                                   |    |                                          |
| 3 | PATIENT DECLINES<br>TREATMENT                               | 8  | PATIENT CONSIDERING<br>TREATMENT OPTIONS |
|   | DISCHARGE                                                   |    |                                          |
| 4 | OBSERVE & REVIEW<br>INCLUDING CHRONIC<br>DISEASE MANAGEMENT | 9  | ONWARD REFERRAL FOR<br>SAME CONDITION TO |
|   |                                                             |    | CONS                                     |
|   |                                                             |    | NURSE                                    |
|   |                                                             |    | AHP                                      |
|   |                                                             |    | OTHER                                    |
| 5 | SUPPLY<br>MEDICAL DEVICE                                    | 10 | DNA - DISCHARGE                          |
|   | DISCHARGE                                                   |    | DNA - FURTHER APPOINTMENT                |

Please Tick If Further Appt Required?

WEEKS MONTHS

AMBULANCE TRANSPORT NEXT VISIT (CRITERIA MET)

ADMITTED FROM CLINIC

INTERPRETER REQUIRED

OUTPATIENT PROCEDURE PERFORMED

TICK

TICK

|       |                                                                    |  |  |
|-------|--------------------------------------------------------------------|--|--|
| M45.1 | Diag endoscopic exam of bladder biopsy of lesion of bladder        |  |  |
| M45.8 | Diagnostic exam of bladder                                         |  |  |
| M29.3 | Endoscopic removal of tubal prosthesis from ureter                 |  |  |
| M47.2 | Change of urethral catheter                                        |  |  |
| M47.3 | Removal of urethral catheter                                       |  |  |
| M47.9 | Unspecified urethral catheterisation of bladder                    |  |  |
| M49.2 | Change of suprapubic tube into bladder                             |  |  |
| M49.3 | Removal of suprapubic tube from bladder                            |  |  |
| M49.4 | Introduction of therapeutic substance into bladder                 |  |  |
| M38.2 | Insertion of suprapubic catheter                                   |  |  |
| M76.4 | Endoscopic dilation of urethra                                     |  |  |
| M70.3 | TRUS                                                               |  |  |
| S52.5 | Insertion of hormone into subcutaneous tissue (Zoladex injections) |  |  |
| N11.5 | Aspiration of hydrocele sac                                        |  |  |
| N15.6 | Aspiration of epididymal cyst                                      |  |  |
| U12.1 | Post void residual scan                                            |  |  |
| U26.2 | Uroflowmetry                                                       |  |  |
| S52.1 | Testosterone implant                                               |  |  |
| U26.4 | Urodynamics                                                        |  |  |

STOBHILL

## PATIENT PROFILE

WARD 5

Type / source of admission *Arranged*  
*admission of Mr Hance*  
*15/4/98*



494748

F/M

WATSON MARY  
28 HALGREEN AVE  
DRUMCHAPEL

40544

G15 8AB

06/03/1954

AFFIX DATA LABEL

Religion *CofS*

Allergies *Septin \**

Next of kin informed

*Arlene Watson*  
*Daughter*

Medical reasons for admission *Left lumpectomy*

Patient's understanding of admission *(u) lumpectomy*

Relative's understanding of admission *By herself*

General condition on admission *Patient looks well on*  
*admission to ward*

**PATIENT PROFILE**  
(continued)

Social circumstances

W apt Tenement  
Self daughters x2.

Occupation: Housewife.

Hobbies / interests

Medical history

Hysterectomy (Sept 91)  
Upper G.I  
Sigmoidoscopy  
Sebaceous cyst removed (Feb 94)  
Lumpectomy & A.N.C 1996.  
Chemotherapy 1996.

Medication list

Amoxipen.

Valuables / belongings beside patient

Other information

Signature of Assessment Nurse

*Robert Cerny*

Signature of Named Nurse

*Michelle*

Date 15/4/98 Time 10:30am

Date 15/7/98 Time 11am

STOBHILL



494748

F/M

WATSON MARY  
28 HALGREEN AVE  
DRUMCHAPEL

40544

G15 8AB

06/03/1954

## NURSING ASSESSMENT

WARD

AFFIX DATA LABEL

Maintaining Safe Environment *Patient made familiar to ward & patient call system.*

Communication *Normal*

Hearing Aid ☒ Y ☐ N

Spectacles ☒ Y ☐ N

Breathing / Circulation *No problems.*

Resps

B.P. *114/66*

Pulse *76*

Smoker ☒ Y ☐ N

*94% SAT. 15 per day*

Eating / Drinking *Normal.*

Dentures *Cap Top*

Elimination *No problems moving bowels. Irradiate bladder*

Urinalysis

Personal Cleansing / Dressing *Offer Assistance post op*

# NURSING ASSESSMENT

## CONTINUED

Controlling Body Temperature

Temp 37.1

Mobilisation Fully mobile

Weight 62kg

Waterlow - score

Expressing Sexuality bath preferred

Sleeping Not good

Pain Nil on admission

Socialization Nil alcohol.

Dying

Daughter

Minister / priest

Signature of Assessment Nurse

Robert Craney

Signature of Named Nurse

Michelle

Date 15/7/98 Time 10.30 am

Date 18/7/98 Time 11 am



STOBHILL

## CARE PLAN

WARD 5

## MINOR OPERATION CORE CARE PLAN

B.P.

P.

T.

NAME *MARY WATSON.*  
ADDRESSD.O.B.  
UNIT No *494748*

AFFIX DATA LABEL

| DATE           | No | PROBLEM/NEED                                                          | PATIENT GOAL/<br>NURSING OUTCOME                                                                                   | INTERVENTION                                                                                                                                                                                                                                                                         | EVALUATION<br>DATE                                |
|----------------|----|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <i>15/7/98</i> | 1. | Needs information on admission about proposed surgery and management. | Avoid any anxiety of patient with regards to proposed surgery.                                                     | a) Trained nurse explains operation procedure, pre and post-operative management.<br>b) Reinforce information post operatively                                                                                                                                                       | Ongoing within 24 hours of admission.             |
| <i>15/7/98</i> | 2. | Pre-operative care and instructions.                                  | Patient is prepared for having a general anaesthetic and an operation.                                             | a) Fast.<br>b) Requires skin prep.<br>c) Prior to theatre, complete theatre, complete theatre/recovery care plan checklist.                                                                                                                                                          | On return from theatre and prior to theatre.      |
| <i>15/7/98</i> | 3. | Post-operative care.                                                  | Ensure patient recovers from general anaesthetic and minor operation.<br><br>To be aware of complications arising. | a) Observe and record vital signs as instructed on theatre/recovery care plan until stable.<br>b) Observe and record T.P.R. ....<br>c) Observe & record for patient to pass urine spontaneously.<br>d) Observe and record for normal bowel function.<br>e) Early ambulation as able. | 12 hours.<br><br>Ongoing.<br>Ongoing.<br>Ongoing. |

Minor Operations Core  
Care Plan (Cont'd)

| DATE    | No | PROBLEM/NEED                     | PATIENT GOAL/<br>NURSING OUTCOME                                      | INTERVENTION                                                                                                                                                                                    | EVALUATION<br>DATE |
|---------|----|----------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 15/7/98 | 4. | Nutrition.                       | Needs nutrition to promote recovery from operation and wound healing. | a) Resume fluids and diet when recovered from anaesthetic.                                                                                                                                      |                    |
| 15/7/98 | 5. | Pain.                            | Alleviate patients pain until the patient feels comfortable.          | a) Administer prescribed analgesia.<br>b) Monitor effects of analgesia.                                                                                                                         | 4-6 hourly.        |
| 15/7/98 | 6. | Needs observation of wound site. | To be aware of complications arising.                                 | a) Observe wound for signs of infection ie; inflammation, excessive leakage.<br>b) Report abnormalities to medical staff.<br>c) Tegaderm to remain intact for 40 hours.<br>d) Aspirate leakage. | 4 hourly.          |

☐ ☐ *All entries must be signed*

STOBHILL

PATIENT PROGRESS /  
EVALUATION

WARD

5

Date No. Progress / Evaluation

NAME

ADDRESS

D.O.B.

UNIT No.

AFFIX DATA LABEL

All entries must be signed.

|         |    |                                                              |  |
|---------|----|--------------------------------------------------------------|--|
| 15/8/98 |    | Arranged admission of this lady for (L) hip surgery @ D.S.U. |  |
|         | ①  | Orientated to ward                                           |  |
|         |    | Introduced to named nurse                                    |  |
|         |    | Obs stable O/R                                               |  |
|         | ②  | Consent ✓ PPD ✓ Fracture ✓                                   |  |
|         |    | Fasting ✓                                                    |  |
|         |    | ? for home this evening ? OPA                                |  |
|         |    | from services from DSD following (L) hip surgery             |  |
|         | ③  | Obs stable                                                   |  |
|         | ④  | Wound dry & intact                                           |  |
|         | ④  | Returned to F&D                                              |  |
|         |    | 12:00                                                        |  |
|         | ⑤  | at very low on ventrals - in a full moon                     |  |
|         |    | commenced - explained to patient that                        |  |
|         |    | it will be necessary to remain in hospital                   |  |
|         |    | until pain settled - family informed.                        |  |
| 16/8/98 | ③  | Stable.                                                      |  |
| 06:00   | ③c | Has voided urine.                                            |  |
|         | ⑤  | No clo pain, slept well.                                     |  |
|         | ⑥  | Intact                                                       |  |
| 11:30 a |    | S/B Mr Hansell - Discharged home.                            |  |
|         | ⑥  | Dressing intact D/R ✓                                        |  |
|         | ⑤  | Refused discharge incident                                   |  |
|         |    | G.P. letter sent to pt.                                      |  |
|         |    | O.P.A. already made for Oct '98                              |  |

STOBHILL

## DISCHARGE PLAN

NAME *MARY WATSON*  
ADDRESS

D.O.B.

UNIT No.

AFFIX DATA LABEL

Proposed discharge date

Discharge date *16-7-98*Patient informed *Yes*Relative informed ☒

Transport arrangements

Clothing requested for discharge ☒Medication / G.P.'s letter *Sent to pt*

Out-patients appointment

Ambulance required ☒*Pt already has OPA for October 1998*

Social services:

Social worker

Home help

Meals on wheels

Other

District nurse

*Referred - S/O S. Campbell*Aids and equipment ☒Other needs ☒

Discharge summary / comments

*Pt refused analgesia on discharge*

Signature of Discharge Nurse

*[Signature]*

Date

*16/7/98* Time *11a*

Signature of Named Nurse

*[Signature]*

Date

*16/7/98* Time *11a*

**CONFIDENTIAL****IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM**NUMBER **13388**

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR

NAME Dr Nugent

ADDRESS King's Drive  
Glasgow

YOUR PATIENT

NAME MARY WATSON

ADDRESS 28, Halgreen Avenue  
Dumchapel

Date of Birth 6/3/54 Unit No 49.4.748

**STOBHILL NHS TRUST**  
**GLASGOW G21 3UW**  
**TELEPHONE 0141 201 3000**

DATE OF ADMISSION 15/7/98  
DATE OF DISCHARGE 16/7/98  
WARD 5  
CONSULTANT Hansell

**DIAGNOSIS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**OPERATION / PROCEDURES**

1. Left lumpectomy
2. \_\_\_\_\_
3. \_\_\_\_\_

**FOLLOW UP ARRANGEMENTS**

OUTPATIENT/DAY HOSPITAL APPOINTMENTS.  
CONSULTANT \_\_\_\_\_ CLINIC \_\_\_\_\_ WHEN \_\_\_\_\_ DATE GIVEN \_\_\_\_\_ INITIALS \_\_\_\_\_

AMBULANCE REQUIRED YES / NO

Mr Hansell Breast clinic 3 months (arranged)

WALKING .....  
2 HANDED SEAT .....  
STRETCHER .....  
ESCORT .....  
*Tick as necessary*

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided) DATE GIVEN \_\_\_\_\_ INITIALS \_\_\_\_\_

OTHER NEEDS (SPECIFY) .....  
.....  
.....

**COMMUNITY CARE ARRANGEMENTS**

ARRANGED BY

HOME HELP \_\_\_\_\_ DAY CARE \_\_\_\_\_ PHYSIO \_\_\_\_\_  
MEALS ON WHEELS \_\_\_\_\_ DN OR HV \_\_\_\_\_ OT \_\_\_\_\_

**SPECIAL DISPENSING INSTRUCTIONS**

☐ LARGE PRINT ☐ NO C.R.C. ☐ OTHER

**DISCHARGE MEDICATION****PHARMACY USE ONLY**

| Medicine                  | Form | Dose | Times of Administration | Recommended Duration from discharge (Days) | No. of Days Supplied | Quantity, Name Strength & Manufacturer Supplied |
|---------------------------|------|------|-------------------------|--------------------------------------------|----------------------|-------------------------------------------------|
| <div>own medication</div> |      |      |                         |                                            |                      |                                                 |
|                           |      |      |                         |                                            |                      |                                                 |
|                           |      |      |                         |                                            |                      |                                                 |
|                           |      |      |                         |                                            |                      |                                                 |
|                           |      |      |                         |                                            |                      |                                                 |
|                           |      |      |                         |                                            |                      |                                                 |
|                           |      |      |                         |                                            |                      |                                                 |
|                           |      |      |                         |                                            |                      |                                                 |

**OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)**

DISPENSED BY .....  
CHECKED BY .....  
DATE ..... CP CHECK .....  
MEDICINES COLLECTED BY (MESSENGER) .....

**WARD USE ONLY**DR.'s NAME IN BLOCK CAPITALS HUGHES DATE 16/7/98SIGNATURE [Signature] PAGER No 4360

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIAISON

RECEIVED ON WARD BY .....  
ISSUED BY .....  
DATE ISSUED .....  
SIGNATURE OF RECIPIENT .....

Unit No. 49748 Attach ID Label here  
 Name Mary Wilson  
 Address 673/54  
 D of B

**STOBHILL NHS TRUST**  
**DEPT. OF NUCLEAR MEDICINE**

**V/Q REPORT CARD**

| VQ scan<br>Prob. PE                                             | Pre-scan<br>Index | REPORT                                             | ADVICE TO THE CLINICIAN<br><i>to be taken in the light of the patient's clinical condition</i> |
|-----------------------------------------------------------------|-------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------|
| Normal                                                          | —                 | PE EXCLUDED                                        | Do not Anticoagulate                                                                           |
| Low                                                             | Low               | PE VERY UNLIKELY                                   | Do not Anticoagulate                                                                           |
|                                                                 | Int.              | PE UNLIKELY                                        | Exclude proximal DVT: Only anticoagulate if DVT +ve                                            |
|                                                                 | High              | MODERATE RISK                                      | Look for proximal DVT then consider anticoagulation                                            |
| Int.                                                            | Low               | MODERATE RISK                                      | Look for proximal DVT then consider anticoagulation                                            |
|                                                                 | Int.              | MODERATE RISK                                      | Look for proximal DVT then consider anticoagulation                                            |
|                                                                 | High              | SIGNIFICANT RISK                                   | Consider anticoagulation or further investigation $\gamma$                                     |
| High                                                            | Low               | LIKELY PE                                          | For Anticoagulation                                                                            |
|                                                                 | Int.              | LIKELY PE                                          | For Anticoagulation                                                                            |
|                                                                 | High              | DIAGNOSIS IS PE                                    | For Anticoagulation                                                                            |
| $\gamma$ = leg ultrasound or pulmonary angiography if available |                   | For Pre-score use if necessary                     |                                                                                                |
| Signed <u>[Signature]</u>                                       |                   | Date <u>27/6/01</u> Low Int. High<br>Ward <u>5</u> |                                                                                                |

# PATIENT SAMPLE REPORT

SYSTEM 855-08654

Sequence no 7697

Accession no

Source

Patient ID 7777

Birthdate

Ag

## SYRINGE SAMPLE

ACID/BASE 37°C

H+ 36.3  
pCO2 4.92  
pO2 11.96  
HCO3-act 24.5  
tCO2 25.6  
BEvt 0.6

Corrected 37.0°C

H+(T) 36.3  
pCO2(T) 4.92  
pO2(T) 11.96

OXYGEN STATUS 37°C

tHb 12.8  
Hct 38  
ctO2(a) 7.4  
O2Cap 7.5  
pO2 11.96  
SO2 97.3  
O2Hb 91.7  
COHb 5.5  
MetHb 0.3  
Hb 2.5

OXYGEN STATUS 37.0°C

AaDO2 2.26  
s/A 84  
RI(T) 49

## ELECTROLYTES

Na+ 140.0  
K+ 3.89  
Cl- 104  
AnGap 15.4  
mmol/L ( 135.0 - 148.0)  
mmol/L ( 3.50 - 5.30)  
mmol/L ( 98 - 106)  
Temp 37.0 °C  
FI02 21.0  
%  
or | = exceeds reference range

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Sequence no 7697

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K+ 3.89  
Cl- 104  
AnGap 15.4  
mmol/L ( 135.0 - 148.0)  
mmol/L ( 3.50 - 5.30)  
mmol/L ( 98 - 106)  
Temp 37.0 °C  
FI02 21.0  
%  
or | = exceeds reference range

26 APR 2001 19:33

Analysis Date 26 APR 2001

Analysis Time 19:32

Draw Date

Draw Time

Operator ID

Sex

Physician ID

Location

Units Reference Range

mmol/L ( 35.5 - 44.7)  
kPa ( 4.67 - 6.00)  
kPa ( 10.00 - 13.33)  
mmol/L ( 24.5 - 25.6)  
mmol/L ( 0.6 - 0.6)

*W. Walker - on call*

Sample 7697, Sent

## ADMISSION FORM V3

CASE REC

|                                 |                                              |                                    |                                 |                         |                                |                                      |                                               |                              |                                     |                               |                      |  |
|---------------------------------|----------------------------------------------|------------------------------------|---------------------------------|-------------------------|--------------------------------|--------------------------------------|-----------------------------------------------|------------------------------|-------------------------------------|-------------------------------|----------------------|--|
| HOSPITAL CODE<br>26 Apr 01      |                                              | HOSPITAL NAME<br>STOBHILL HOSPITAL |                                 | 12                      |                                | 1                                    |                                               | CASE RECORD NUMBER<br>494748 |                                     | NWL 3                         |                      |  |
| DATE<br>5*STO                   |                                              | TIME                               |                                 | TYPE<br>GENERAL SURGERY |                                | REASON FOR TRANSFER<br>INPAT/DAYCASE |                                               | DATE ON W/L<br>MR OT HANSELL |                                     | W.L. TYPE<br>PATIENT CATEGORY |                      |  |
| WARD<br>MRS WATSON              |                                              | S. FACILITY                        |                                 | SPECIALTY<br>MARY       |                                | CONSULTANT                           |                                               | 47                           |                                     | FROM LOCATION<br>06 Mar 1954  |                      |  |
| P<br>A<br>T<br>I<br>E<br>N<br>T | TITLE SURNAME<br>28 KENDOO AVENUE            |                                    | FORENAME (1)<br>DRUMCHAPEL      |                         | (2)<br>GLASGOW                 |                                      | AGE                                           |                              | DATE OF BIRTH                       |                               | SEX                  |  |
|                                 | ADDRESS<br>G15 8AX                           |                                    | NONE                            |                         | ALT/PREV. SURNAME              |                                      | OCCUPATION                                    |                              | O603546323                          |                               | C.H.I. NUMBER        |  |
|                                 | POSTCODE                                     |                                    | TELEPHONE No.                   |                         | OCCUPATION (HUSBAND/FATHER)    |                                      | HAVE YOU LIVED IN THIS COUNTRY FOR PAST YEAR? |                              | ADDRESS<br>DRUMCHAPEL HEALTH CENTRE |                               | 80/90 KINFAUNS DRIVE |  |
|                                 | HEALTH BOARD OF RESIDENCE<br>NAME<br>3072884 |                                    | G.P. CODE<br>PRACTICE<br>404361 |                         | CONTRACT No.<br>WATSON ARLENE, |                                      | FH STATUS                                     |                              | TEL No.<br>6 TALENT TERR            |                               | POSTCODE<br>G15 7TS  |  |
|                                 | NAME<br>DAUGHTER                             |                                    | G.P. CODE<br>PRACTICE           |                         | CONTRACT No.                   |                                      | FH STATUS                                     |                              | ADDRESS<br>GLASGOW                  |                               | POSTCODE             |  |
| REF.<br>G.P.                    | NAME                                         |                                    | G.P. CODE                       |                         | PRACTICE                       |                                      | CONTRACT No.                                  |                              | FH STATUS                           |                               | RELATIONSHIP         |  |
|                                 | NAME                                         |                                    | G.P. CODE                       |                         | PRACTICE                       |                                      | CONTRACT No.                                  |                              | FH STATUS                           |                               | RELATIONSHIP         |  |
| REG.<br>G.P.                    | NAME                                         |                                    | G.P. CODE                       |                         | PRACTICE                       |                                      | CONTRACT No.                                  |                              | FH STATUS                           |                               | RELATIONSHIP         |  |
|                                 | NAME                                         |                                    | G.P. CODE                       |                         | PRACTICE                       |                                      | CONTRACT No.                                  |                              | FH STATUS                           |                               | RELATIONSHIP         |  |
| NEXT<br>OF<br>KIN               | NAME                                         |                                    | G.P. CODE                       |                         | PRACTICE                       |                                      | CONTRACT No.                                  |                              | FH STATUS                           |                               | RELATIONSHIP         |  |
|                                 | NAME                                         |                                    | G.P. CODE                       |                         | PRACTICE                       |                                      | CONTRACT No.                                  |                              | FH STATUS                           |                               | RELATIONSHIP         |  |
| ISC.                            | RELIGION                                     |                                    | VISIT REQ. BY CHAPLAIN YES/NO   |                         | PENSION BOOK No.               |                                      | DAY PHONE No.                                 |                              | NIGHT PHONE No.                     |                               | RELATIONSHIP         |  |
|                                 | RELIGION                                     |                                    | VISIT REQ. BY CHAPLAIN YES/NO   |                         | PENSION BOOK No.               |                                      | DAY PHONE No.                                 |                              | NIGHT PHONE No.                     |                               | RELATIONSHIP         |  |

|                            |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| dmission                   |  |  |  |  |  |  |  |  |  |  |  |
| IN DIAGNOSIS               |  |  |  |  |  |  |  |  |  |  |  |
| HER CONDITIONS (D.G.2)     |  |  |  |  |  |  |  |  |  |  |  |
| HER CONDITIONS (D.G.3)     |  |  |  |  |  |  |  |  |  |  |  |
| IR04                       |  |  |  |  |  |  |  |  |  |  |  |
| STATUS                     |  |  |  |  |  |  |  |  |  |  |  |
| PREVIOUS PSYCH. CARE       |  |  |  |  |  |  |  |  |  |  |  |
| SMR50                      |  |  |  |  |  |  |  |  |  |  |  |
| CONTRIBUTORY SOCIAL FACTOR |  |  |  |  |  |  |  |  |  |  |  |

## DISCHARGE SUMMARY

|                   |                       |               |                          |                       |                            |            |      |
|-------------------|-----------------------|---------------|--------------------------|-----------------------|----------------------------|------------|------|
| DATE              | TIME                  | DISCH. TYPE   | PATIENT CATEGORY         | MANAGEMENT OF PATIENT | SPECIALTY                  | CONSULTANT | CODE |
| DISCH./TRANSF. TO | READY FOR DISCH.      | HOSPITAL NAME | CODE                     | WARD                  | SPECIALTY                  | CONSULTANT | CODE |
| SMR04             | TYPE OF CARE PROVIDED |               | ECT - 1st TREATMENT DATE |                       | ECT - NUMBER OF TREATMENTS |            |      |

|                          |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| MAIN DIAGNOSIS           |  |  |  |  |  |  |  |  |  |  |  |
| OTHER CONDITIONS (D.G.2) |  |  |  |  |  |  |  |  |  |  |  |
| (D.G.3)                  |  |  |  |  |  |  |  |  |  |  |  |
| (D.G.4)                  |  |  |  |  |  |  |  |  |  |  |  |
| (D.G.5)                  |  |  |  |  |  |  |  |  |  |  |  |
| (D.G.6)                  |  |  |  |  |  |  |  |  |  |  |  |
| SPECIAL WARNINGS         |  |  |  |  |  |  |  |  |  |  |  |
| 2853                     |  |  |  |  |  |  |  |  |  |  |  |
| 2854                     |  |  |  |  |  |  |  |  |  |  |  |

SMR1 COMPLETED

|                         |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|
| MAIN OPERATION          |  |  |  |  |  |  |  |  |  |  |  |
| CODE                    |  |  |  |  |  |  |  |  |  |  |  |
| DATE                    |  |  |  |  |  |  |  |  |  |  |  |
| OTHER OPERATION (O.P.2) |  |  |  |  |  |  |  |  |  |  |  |
| (O.P.3)                 |  |  |  |  |  |  |  |  |  |  |  |
| (O.P.4)                 |  |  |  |  |  |  |  |  |  |  |  |
| LOCAL USE               |  |  |  |  |  |  |  |  |  |  |  |
| NATIONAL USE            |  |  |  |  |  |  |  |  |  |  |  |



# PRESCRIPTION FORM

Hospital Name: .....

| PATIENT DETAILS                                                                              |                                             |                                   | ONCE ONLY AND PREMEDICATION DRUGS |      |       |      |                     |          |            |  |
|----------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|-----------------------------------|------|-------|------|---------------------|----------|------------|--|
| NAME:                                                                                        | HEIGHT:                                     | DATE                              | DRUG                              | DOSE | ROUTE | TIME | SIGNATURE OF DOCTOR | GIVEN BY | TIME GIVEN |  |
| MARY WATSON                                                                                  |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| Hospital Number: 494748                                                                      | Weight:                                     |                                   |                                   |      |       |      |                     |          |            |  |
| DOB: 6/3/54                                                                                  | Surface area:                               |                                   |                                   |      |       |      |                     |          |            |  |
| Date of Admission: 26.4.01                                                                   | Date of writing discharge prescription: / / |                                   |                                   |      |       |      |                     |          |            |  |
| Consultant Name: MR HANSELL                                                                  | Ward:                                       |                                   |                                   |      |       |      |                     |          |            |  |
| Date and time this form prepared: / / Time: .....                                            | Sheet No: .....                             | 2nd Prescription in use Yes or NO |                                   |      |       |      |                     |          |            |  |
| DRUG SENSITIVITIES                                                                           |                                             |                                   |                                   |      |       |      |                     |          |            |  |
|                                                                                              |                                             |                                   |                                   |      |       |      |                     |          |            |  |
|                                                                                              |                                             |                                   |                                   |      |       |      |                     |          |            |  |
|                                                                                              |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| DVT Risk on Admission (SIGN Guideline)                                                       |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| Assessed by: .....                                                                           |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| OTHER CHARTS IN USE                                                                          |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| Insulin <input type="checkbox"/> TPN: <input type="checkbox"/>                               |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| PCA and other infusions <input type="checkbox"/> Enteral Nutrition: <input type="checkbox"/> |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| Anticoagulants: Heparin <input type="checkbox"/> Other: <input type="checkbox"/>             |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| Oral <input type="checkbox"/>                                                                |                                             |                                   |                                   |      |       |      |                     |          |            |  |
| Topical: <input type="checkbox"/>                                                            |                                             |                                   |                                   |      |       |      |                     |          |            |  |

[illegible][illegible][illegible][illegible]

|                        |                                          |                                           |                                       |
|------------------------|------------------------------------------|-------------------------------------------|---------------------------------------|
| ③ Patient refused      | ⑦ Patient asleep                         | ⑪ Unable to swallow                       | ⑭ Other - Record in nursing notes     |
| ④ Drug not available   | ⑧ Time varied on doctor's instructions   | ⑫ No intravenous access                   | ⑮ Prescription clarification required |
| ⑤ Nil by mouth/fasting | ⑨ Dose withheld on doctor's instructions | ⑬ Patient Self-Administration of Medicine |                                       |
| ⑥ Patient unavailable  | ⑩ Nausea/vomiting                        |                                           |                                       |

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Oper:

Mary Watson

OCF

SDB.

Ward &



## *In Patient Surgery Assessment / Admission Pack*

### DVT RISK ASSESSMENT

| LOW           | MEDIUM                       | HIGH                        |
|---------------|------------------------------|-----------------------------|
| Ted Stockings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heparin       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date of Assessment 1 / 1 / 1

Date of Admission 26 / 4 / 01

Time of Admission 8pm

Date of Operation 1 / 1 / 1

Consultant MR HANSELL

WARD 5

Name

Addl GP/Prac : 404361

WATSON

494748

MARY

06/03/1954

28 KENDON AVENUE

F

DRUMCHAPEL

GLASGOW

G15 8AX

D.C.

Unit No.



Affix data label

# THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

Procedure / reason for admission Breathlessness + pain in both legs

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ = BMI: \_\_\_\_\_  
B.P.: 127/84 P 105

SpO<sub>2</sub> 97% T 36°

Are you taking any medication prescribed by your doctor? YES ☒ NO ☐ 1

1. Tamoxifen 2. DF118  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

## have you ever had:

a serious illness Cervical Ca + Breast Ca  
an allergy or reaction to medicines, elastoplast etc. sephlin  
State nature of allergy mouth swells, rashes

diabetes \_\_\_\_\_  
any chest problems previous pneumonias - requiring hospital admission PFR

heart problems previous admission to Western CCA with chest pain ->

high blood pressure \_\_\_\_\_  
heart murmur \_\_\_\_\_  
blackouts, convulsions or fits \_\_\_\_\_

jaundice / hepatitis \_\_\_\_\_

indigestion or heartburn O.T.C remedies → uses pads

kidney or urinary trouble DCC incontinence + urinary pain

anaemia or other blood problems \_\_\_\_\_

excessive bleeding or bruising \_\_\_\_\_

arthritis \_\_\_\_\_

muscle disease or progressive weakness \_\_\_\_\_

| YES                                 | NO                                  |    |
|-------------------------------------|-------------------------------------|----|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 4  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 5  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 6  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 7  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 8  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 9  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 11 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 12 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 13 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 14 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 15 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 16 |

## Do you:-

require mobility aid / have limited mobility leg pain + breathlessness walks short distances only

have any problems with your eyesight \_\_\_\_\_

have any problems with your hearing \_\_\_\_\_

smoke 15-20 cigarettes per day

have you ever used intravenous drugs \_\_\_\_\_

If a woman, are you pregnant or taking the 'pill' \_\_\_\_\_

Do you have any caps, crowns, dentures or loose teeth Top plate

do you drink alcohol (units per week) \_\_\_\_\_

| YES                                 | NO                                  |    |
|-------------------------------------|-------------------------------------|----|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 17 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 19 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 20 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 21 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 22 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 23 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 24 |

# THIS SECTION TO BE COMPLETED AT PRE-ADMISSION / ASSESSMENT

HAVE YOU ANY QUESTIONS ABOUT YOUR ADMISSION?

YES ☐ NO ☐

25

Hospital Admissions/Operations (please list and date)

26

- right mastectomy - 1975 ???
- Radical hysterectomy for Cervical Ca - 1991
- previous left lumpectomy + ANC - 1996
- excision benign breast lump - July 1998
- lymphoedema (left arm)
- Pt takes daily enemas → Mucolax For

Did you have any anaesthetic or surgical complications? (please list)

Hand-Gut neuropathy

27

post-operative pain  
post-operative constipation

Date of last general anaesthetic?

1998

Has any member of your family had problems with anaesthetics? YES ☐ NO ☒ (please tick box)

28

-define problem

Is there anything else the surgeon / anaesthetist should know?

ASSESSMENT NURSE SIGNATURE:

*F MacDonald*

DATE: 26, 4, 01

WARD NURSE SIGNATURE:

DATE: / /

INVESTIGATIONS CARRIED OUT (please tick box)

full screen ☐ full blood count ☐ E.C.G ☐ CXR ☐ Group / retain ☐ X-match ☐  
other ☐ (please state)

Urinalysis

Clearview

Anaesthetic referral required:

YES ☐ NO ☐

Reason:

ANAESTHETIC DETAILS REFERRAL DETAILS: :-

DR:

DATE: / /

ANAESTHETISTS COMMENTS:

NURSES SIGNATURE:

DATE: / /

SUITABILITY FOR ADMISSION

SDA ☐

NSDA ☐

**THIS SECTION TO BE COMPLETED BY NURSING STAFF ONLY**

**SURGICAL RECEIVING UNIT WARD 2A**

**PRESENTING COMPLAINT:**

**PRESENTING CONDITION ON ADMISSION:**

**VITAL SIGNS**

BP \_\_\_\_\_ P \_\_\_\_\_ TEMP \_\_\_\_\_ O<sub>2</sub> SAT \_\_\_\_\_

PAIN SCORE 1 -10  ANALGESIA GIVEN IN A&E YES ☐ NO ☐

**PAST MEDICAL HISTORY:**

**DRUG HISTORY:**

**ALLERGIES:**

**MOBILITY / LEVEL OF INDEPENDENCE:**

**DIETARY HABITS / APPETITE:**



**ELIMINATION:**

STOOL CULTURE YES ☐ NO ☐

URINALYSIS RESULTS

MISSU \_\_\_\_\_ YES ☐ NO ☐

PREGNANCY TEST \_\_\_\_\_ +VE ☐ VE ☐

---

**SOCIAL HISTORY / CIRCUMSTANCES**

SMOKER \_\_\_\_\_ YES ☐ NO ☐

ALCOHOL \_\_\_\_\_ YES ☐ NO ☐

AMOUNT: \_\_\_\_\_

---

MENSTRUAL CYCLE: \_\_\_\_\_

PREGNANCY / CONTRACEPTIVE: \_\_\_\_\_

---

**D.V.T.      PROPHYLAXIS:**

FRAGMIN      YES ☐ NO ☐

TEDS      YES ☐ NO ☐

Signature: \_\_\_\_\_ Date:    /    /    Time:

NAMED NURSE: \_\_\_\_\_

Name(printed) \_\_\_\_\_

# WARD PRE - OPERATIVE PREPARATION

DATE OF OPERATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_ WARD \_\_\_\_

Waterlow Score: \_\_\_\_\_

Name  
Address

## BASELINE OBSERVATIONS

BP \_\_\_\_\_ P \_\_\_\_\_ SP O<sub>2</sub> \_\_\_\_\_

D.O. B  
Unit No.

Affix data label

YES

Consent signed \_\_\_\_\_

Pre-medication given \_\_\_\_\_

Fasted \_\_\_\_\_ Time last ate \_\_\_\_\_ Time last drank \_\_\_\_\_

Identity band \_\_\_\_\_

Case Notes ☐ X-rays ☐ Drug Kardex ☐ Obs. Chart ☐ \_\_\_\_\_

Operation site confirmed \_\_\_\_\_

Caps / Crowns / loose teeth \_\_\_\_\_

Prosthesis removed \_\_\_\_\_

Dentures removed / not removed \_\_\_\_\_

Underwear removed \_\_\_\_\_

Paper pants on patient \_\_\_\_\_

Make up, nail varnish removed \_\_\_\_\_

Jewellery taped / removed \_\_\_\_\_

Inhalers / GTN Spray \_\_\_\_\_

Allergies \_\_\_\_\_

Voided urine \_\_\_\_\_

Subcut heparin \_\_\_\_\_

Ted stockings \_\_\_\_\_

Pre-op visit \_\_\_\_\_

Other relevant information : \_\_\_\_\_

Ward Signature: \_\_\_\_\_ Reception Signature: \_\_\_\_\_

### THEATRE

OPERATION PERFORMED \_\_\_\_\_

DIATHERMY BIPOLAR / MONOPOLAR \_\_\_\_\_

HEEL RESTS \_\_\_\_\_

FLOWTRON BOOTS \_\_\_\_\_

SHEEPSKIN HEEL PADS / MATS \_\_\_\_\_

HEATED BED \_\_\_\_\_

ARM BOARDS \_\_\_\_\_

PATIENT WARMING BLANKET \_\_\_\_\_

| YES                      | NO                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**SPECIMENS :** PATH BACT OTHER

DRAINS

CATHETER

COUNTS

CORRECT

SWABS - FIRST \_\_\_\_\_

- FINAL \_\_\_\_\_

INSTRUMENTS \_\_\_\_\_

SHARPS - NEEDLES \_\_\_\_\_

- BLADES \_\_\_\_\_

THROAT PACK OUT \_\_\_\_\_

PACK IN SITU \_\_\_\_\_

INSTRUCTIONS FOR REMOVAL: \_\_\_\_\_

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

### PATIENT POSITION

LATERAL RIGHT

|  |
|--|
|  |
|  |
|  |
|  |

TRENDELENBURG

|  |
|--|
|  |
|  |
|  |
|  |

LATERAL LEFT

REVERSE

SUPINE

LITHOTOMY

PRONE

LLOYD DAVIS

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS \_\_\_\_\_

Name of Scrub Nurse : \_\_\_\_\_

Signature of Circulating Nurse : \_\_\_\_\_

**THIS SECTION MAY BE COMPLETED BY ANY MEMBER OF THE MULTIDISCIPLINARY TEAM**

Named Nurse: S/N MacDonald or S/N Gall Fasted from: \_\_\_\_\_

Patients Telephone No. 944 9209 Spiritual needs \_\_\_\_\_

Patients Occupation: ill-health Next of kin: Shirley (daughter)  
movement work (Name & Relationship to patient)  
 Next of kin Tel. No. 944 7347

**DISCHARGE PLAN**

Expected Discharge Date: \_\_\_\_\_

Actual Discharge Date: 27/4/01

Is someone available to accompany the patient home? \_\_\_\_\_

Is a responsible adult available to stay with the patient for 24 hrs. post-operatively? \_\_\_\_\_

Does the patient have easy access to their home \_\_\_\_\_

Is the patient a carer? lives with 15-yr old daughter

GP letter / Prescription: \_\_\_\_\_

Outpatient appointment arranged (date): St Campbell to arrange

Relatives informed: \_\_\_\_\_

**SERVICES REQUIRED**

District Nurse: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Other: \_\_\_\_\_

Transport Requested: (Date) \_\_\_\_\_

| YES | NO |
|-----|----|
| ?   |    |
| ✓   |    |
|     | ✓  |
| ✓   |    |
|     |    |
| ✓   |    |
| ✓   |    |

| YES | NO |
|-----|----|
|     | ✓  |
|     | ✓  |
|     |    |
|     |    |

**Discharge summary / comments:**

PT may require transport home

**Pre-op / On Admission**

Signature: \_\_\_\_\_

Date: / /

Ward: \_\_\_\_\_

Date: / /

Signature: [Signature]

Date: / /

## COMMUNICATION SHEET / PROGRESS NOTES

Ward 5

| Date    | Progress / Evaluation                                                                                                                                                                                                                                                                                                                                                                                     | Signature / Profession |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 26/4/01 | Nursing at 8pm<br>Admission of 47-yr old lady<br>from Mr Hansell's clinic<br>this evening.<br>Pt complaining of symptoms<br>of breathlessness & pain in<br>both legs.<br>Observations on admission →<br>BP 127/84 P 105 bpm.<br>Sa O <sub>2</sub> 97% on air<br>Temp 36.9°C.<br>Plan → Monit. ECG ✓ +<br>Blood gases ✓<br>For VQ Scan.                                                                    | FM/MS/N.               |
| 26-4    | Clerkin by JHO<br>47♀ seen at clinic (Mr Rodger)<br>admitted Wed 5 for ix of ? PTE<br>background; Oesophagectomy + ANK, radiotherapy + tamoxifen<br>Radical hysterectomy for cervical Ca.<br>PC: Breathlessness<br>HPC: SOB since Oct last year. (~7 months)<br>not varying to exertion; "unpredictable"<br>sometimes able to walk "long distances", other times<br>unable to ascend stairs.<br>nil else. |                        |

# COMMUNICATION SHEET

Ward .....

Name *MARY WATSON*

Address

D.O. B

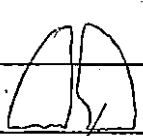
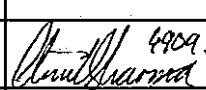
Unit No.

Affix data label

| Date | Progress / Evaluation                                                       | Signature/<br>Profession |
|------|-----------------------------------------------------------------------------|--------------------------|
|      | <i>AMHx - as above</i>                                                      |                          |
|      | <i>° diabetes / stroke / epilepsy / TB / pneumonia / HBP / peptic ulcer</i> |                          |
|      | <i>prev. asthma</i>                                                         |                          |
|      | <i>angina - arteriography (not found)</i>                                   |                          |
|      |                                                                             |                          |
|      | <i>Medication: allergic to septrin.</i>                                     |                          |
|      | <i>TAMOXIFEN 20mg nocte</i>                                                 |                          |
|      | <i>DF 1118 30-60mg PRN</i>                                                  |                          |
|      | <i>(takes reg. enemas at home)</i>                                          |                          |
|      |                                                                             |                          |
|      | <i>SHx: smokes 10-15 cigs daily</i>                                         |                          |
|      | <i>° alcohol.</i>                                                           |                          |
|      |                                                                             |                          |
|      | <i>Exst Gng: CV- occ palpitations</i>                                       |                          |
|      | <i>GI- occ abd pain.</i>                                                    |                          |
|      | <i>constipation.</i>                                                        |                          |
|      | <i>GU- incontinence.</i>                                                    |                          |
|      | <i>neuro - nil.</i>                                                         |                          |
|      |                                                                             |                          |
|      | <i>OE: gave good idea Hx</i>                                                |                          |
|      | <i>oriented r/p/p</i>                                                       |                          |
|      | <i>° JACCyOL</i>                                                            |                          |
|      | <i>Pulse 96reg Resp 32 Temp 38.9°C</i>                                      |                          |
|      | <i>BP 127/84 SPO<sub>2</sub> 97% air</i>                                    |                          |

# COMMUNICATION SHEET (CONT.)

Ward .....5.....

| Date              | Progress / Evaluation                                                                                                                                                                                                                                                                    | Signature/<br>Profession                                                                                             |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                   | <p>Resp  trachea central</p> <p>PV, L=R= resonant</p> <p>? pleural rub Expansion, L=R=(N)</p> <p>BS - vesicular, ° added.</p>                                                                           |                                                                                                                      |
|                   | <p>EVS: ° JVP</p> <p>HS/H/O</p> <p>GI  soft non tender</p> <p>° organomegaly/masses</p> <p>BS - difficulty to hear</p> <p>low pitched.</p>                                                              |                                                                                                                      |
|                   | <p>Plan: admin ✓</p> <p>Kardex ✓</p> <p>EKG - sinus brady, (N) axis</p> <p>PR, ST, T (N)</p> <p>Good R wave prog° ? LVH.</p> <p>ABGs ✓ - H+ 36.3</p> <p>PCO<sub>2</sub> <del>4.2</del> 4.92</p> <p>PO<sub>2</sub> 11.96</p> <p>Bic 24.5</p> <p>V/A scan none</p> <p>2500 U fragmin ✓</p> |                                                                                                                      |
| 27/4/01<br>5.30pm | Settled overnight. Oral analgesics as per Kardex                                                                                                                                                                                                                                         | <p> 4909 JHO</p> <p>E. Neal</p> |
|                   |                                                                                                                                                                                                                                                                                          |                                                                                                                      |
|                   |                                                                                                                                                                                                                                                                                          |                                                                                                                      |
|                   |                                                                                                                                                                                                                                                                                          |                                                                                                                      |
|                   |                                                                                                                                                                                                                                                                                          |                                                                                                                      |

# COMMUNICATION SHEET

Ward 5

Name *Mary Watson*  
Address

D.O. B  
Unit No.

*Affix data label*

[illegible]

96060384 V

02/10/96

MN 0027162

X-RAY REPORT

WATSON, Mary

42Y

F

494748

M.H, CALVERT

50P

32 KENDON AVENUE, GLASGOW, G15

Clinical Information :

Breast carcinoma.

ULTRASOUND ABDOMEN

No evidence of metastatic disease.

\*DR IA MACLEOD/SAM

02/10/96

02/10/96 - U/S ABDOMEN



48300000

WATSON, Mary

32 KENDON A

Clinical In  
Breast CarcULTRASOUND  
No evidence of

96059712 E

27/09/96

MN 0027162

X-RAY REPORT

494748

WATSON, Mary

42Y

F

DT, HANSELL

4A

32 KENDON AVENUE, GLASGOW, G15

Clinical Information :  
Left breast carcinoma.

CHEST

The heart is not enlarged. There is atelectasis at both lung bases. Infection or infarction should be considered. No abnormality is seen in the upper or mid zones.

ULTRASOUND ABDOMEN

Examination performed by Dr. Corrigan. No abnormality has been demonstrated in the liver or right kidney.

\*DR F BRYDEN/SAM

01/10/96

J - 00101\50

J McC

5

01/10/96 - CHEST , U/S ABDOMEN

## STOBHILL GENERAL HOSPITAL UNIT

MEDICAL IN CONFIDENCE

CASE RECORD

## ADMISSION FORM V2

|                                 |                                        |                           |                          |                                                |                             |                              |                          |
|---------------------------------|----------------------------------------|---------------------------|--------------------------|------------------------------------------------|-----------------------------|------------------------------|--------------------------|
| HOSPITAL CODE<br>G207H          |                                        | HOSPITAL NAME<br>STOBHILL |                          |                                                |                             | CASE RECORD NUMBER<br>494748 |                          |
| MISSION<br>TAILS                | DATE<br>23/2/94                        | TIME<br>1210              | TYPE<br>1                | SOURCE<br>1                                    | INPAT/DAYCASE<br>D/CASE     | DATE ON W.L.                 | PATIENT CATEGORY<br>3HHS |
|                                 | WARD<br>DSU                            |                           | SPECIALTY<br>SURG        |                                                | CONSULTANT<br>MR SMITH      |                              |                          |
| P<br>A<br>T<br>I<br>E<br>N<br>T | TITLE SURNAME<br>WATSON                |                           | FORENAME<br>MARY         |                                                | INITIALS                    | AGE                          | DATE OF BIRTH<br>6/3/54  |
|                                 | ADDRESS<br>32 KENDON AVE<br>DRUMCHAPEL |                           | ALT/prev SURNAME         |                                                | OCCUPATION                  |                              | SEX<br>F                 |
|                                 | POSTCODE<br>G15 8AX                    |                           | TELEPHONE No.            |                                                | OCCUPATION (HUSBAND/FATHER) |                              | MARITAL<br>STATUS<br>M   |
|                                 |                                        |                           |                          |                                                |                             |                              | 000015                   |
| EF.<br>i.P.                     | NAME<br>DR WHITBY                      |                           |                          | ADDRESS<br>MERRISTON AVE<br>DRUMCHAPEL HC, G15 |                             |                              |                          |
|                                 | G.P. CODE<br>PRACTICE                  |                           |                          | TELEPHONE No.                                  |                             |                              |                          |
|                                 | CONTRACT No.                           |                           |                          | POSTCODE                                       |                             |                              |                          |
| EXT.<br>OF<br>(IN               | NAME<br>Linda W.                       |                           | RELATIONSHIP<br>DAUGHTER |                                                | AND<br>/<br>OR              | NAME                         |                          |
|                                 | ADDRESS<br>S/A                         |                           |                          |                                                |                             | RELATIONSHIP                 |                          |
|                                 | DAY PHONE No.                          |                           | NIGHT PHONE No.          |                                                |                             | DAY PHONE No.                |                          |
|                                 |                                        |                           |                          |                                                |                             | NIGHT PHONE No.              |                          |
| ISC.                            | RELIGION<br>NONE                       |                           |                          | VISIT REQ. BY CHAPLAIN YES/NO                  |                             | PENSION BOOK No.             |                          |

## DISCHARGE SUMMARY

|                 |                               |      |            |                  |               |           |            |      |
|-----------------|-------------------------------|------|------------|------------------|---------------|-----------|------------|------|
| CHARGE<br>TAILS | DATE                          | TIME | DISCH CODE | PATIENT CATEGORY | TYPE FACILITY | SPECIALTY | CONSULTANT | CODE |
|                 | HOSPITAL                      |      |            | CODE             | WARD          | SPECIALTY | CONSULTANT | CODE |
|                 | DISCHARGED/<br>TRANSFERRED TO |      |            |                  |               |           |            |      |

|                                           |                          |  |  |  |  |              |  |                  |  |
|-------------------------------------------|--------------------------|--|--|--|--|--------------|--|------------------|--|
| D<br>I<br>A<br>G<br>N<br>O<br>S<br>E<br>S | MAIN DIAGNOSIS           |  |  |  |  | CODE<br>7062 |  | SPECIAL WARNINGS |  |
|                                           | OTHER CONDITIONS (D.G.2) |  |  |  |  |              |  |                  |  |
|                                           | (D.G.3)                  |  |  |  |  |              |  |                  |  |
|                                           | (D.G.4)                  |  |  |  |  |              |  |                  |  |
|                                           | (D.G.5)                  |  |  |  |  |              |  |                  |  |
|                                           | (D.G.6)                  |  |  |  |  |              |  |                  |  |

|                                                               |                         |  |  |  |  |                  |  |      |  |
|---------------------------------------------------------------|-------------------------|--|--|--|--|------------------|--|------|--|
| I<br>N<br>D<br>O<br>P<br>E<br>R<br>A<br>T<br>I<br>O<br>N<br>S | MAIN OPERATION          |  |  |  |  | CODE<br>50682498 |  | DATE |  |
|                                                               | OTHER OPERATION (O.P.2) |  |  |  |  |                  |  |      |  |
|                                                               | (O.P.3)                 |  |  |  |  |                  |  |      |  |
|                                                               | (O.P.4)                 |  |  |  |  |                  |  |      |  |
|                                                               | LOCAL USE               |  |  |  |  | NATIONAL USE     |  |      |  |

## GREATER GLASGOW HEALTH BOARD

## INPATIENT CHART

|                                                |          |                       |                      |                           |             |
|------------------------------------------------|----------|-----------------------|----------------------|---------------------------|-------------|
| SURNAME                                        | FORENAME | UNIT NUMBER           | PATIENT'S OCCUPATION | MARITAL STATE<br>M. S. W. |             |
| DATE OF BIRTH<br>49474835                      |          | SEX<br>F              | WARD/DEPT.           | RELIGION                  | MAIDEN NAME |
| WATSON MARY                                    |          |                       |                      |                           |             |
| ADDRESS<br>32 KENDON AVE<br>GLASGOW<br>G15 8AX |          | G.P.'S NAME & ADDRESS |                      | 000016                    |             |
| TEL. NO.                                       |          | TEL. NO.              |                      |                           |             |

|      |           |                   |
|------|-----------|-------------------|
| DATE | SPECIALTY | CONSULTANT'S NAME |
|------|-----------|-------------------|

07 APR 1994

**D.N.A.**

NEW APPOINTMENT SOON

NEW APPOINTMENT (Not Urgent)

LETTER TO DOCTOR

NO FURTHER ACTION

# GREATER GLASGOW HEALTH BOARD

## OPERATION CHART

| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
|---------|--------------------|-------------|
| WATSON  | MARY               | 494748      |
| DSSU    | 50                 |             |

DATE OF OPERATION 23 02 94

### SURGEON'S NOTES

000017

DR LY HIEW

SURGEON

OPERATION PERFORMED

OPERATION; Sebaceous Cyst excision

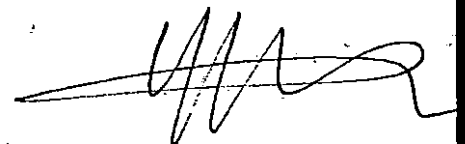
FINDINGS: An elliptical incision was made over the cyst, measuring about 3 x 2 cms and located in between her breasts. A small cyst was excised and sent to pathology for histology. The wound was then closed with subcuticular Dexon sutures and skin with 3/0 Ethelon.

LYH/PVT DICTATED AND TYPED 23 02 94

SPECIAL INSTRUCTIONS

FORM 7A

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



|      |                          |
|------|--------------------------|
| UNIT | 494748                   |
| NAME | WATSON MARY              |
| ADDR | 32 KENDON AVE<br>GLASGOW |
|      | 06/03/1954               |
|      | G15 8AX G.P. Prac. 40205 |

CONSULTANT

WARD

THEATRE

000018

DATE OF OPERATION

TIME:

## A. WARD - PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED

tick

|                                                                          |        |
|--------------------------------------------------------------------------|--------|
| 1. LAST TIME PATIENT ATE OR DRANK                                        |        |
| 2. CONSENT SIGNED                                                        |        |
| 3. IDENTITY BAND                                                         |        |
| 4. CASE NOTES, X-RAYS, DRUG KARDEX                                       |        |
| 5. OPERATION SITE PREPARED AND MARKED                                    |        |
| 6. TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE                          |        |
| 7. PROTHESIS REMOVED - CONTACT LENS, GLASSES                             |        |
| 8. REMOVED - MAKE UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED) |        |
| 9. ALLERGIES                                                             |        |
| 10. VOIDED URINE                                                         |        |
| 11. BASELINE OBSERVATIONS                                                | P: BP: |

PROBLEMS/NEEDS

INTERVENTION

OUTCOME

Signature - WARD:

RECEPTION:

## B. THEATRE

OPERATION PERFORMED

Excision of cystic duct wall

DIATHERMY BIPOLAR/MONOPOLAR

☐

HEEL RESTS

☐

FLOWTRON BOOTS

☐

SHEEPSKIN HEEL PADS/MATS

☐

HEATED WATER BED

☐

ARM BOARDS

☐

PATIENT POSITION

LATERAL RIGHT

☐

TRENDELENBURG

☐

LATERAL LEFT

☐

REVERSE

☐

SUPINE

☒

LITHOTOMY

☐

PRONE

☐

LLOYD DAVIS

☐

TOURNIQUET TIME

ON

OFF

SPECIAL COMMENTS

SPECIMENS: PATH ☒ BACT OTHER

DRAINS

CATHETER

COUNTS

CORRECT

SWABS - FIRST

☐

- FINAL

☐

INSTRUMENTS

☒

SHARPS - NEEDLES

☒

- BLADES

☒

THROAT PACK OUT

☐

PACK IN SITU

☐

INSTRUCTION FOR REMOVAL

Name of Scrub Nurse:

Signature of Circulating Nurse:

M. Anderson

# C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

|         |                              |  |      |  |                    |  |  |  |      |  |  |  |
|---------|------------------------------|--|------|--|--------------------|--|--|--|------|--|--|--|
| ROUTINE | - PULSE & B.P.               |  |      |  | CONTINUE IV FLUIDS |  |  |  | RATE |  |  |  |
|         | - OXYGEN/RECOVERY            |  |      |  |                    |  |  |  |      |  |  |  |
|         | - OXYGEN/WARD                |  |      |  |                    |  |  |  |      |  |  |  |
|         | - CANNULA/REMOVAL - RECOVERY |  | WARD |  |                    |  |  |  |      |  |  |  |
| SPECIAL |                              |  |      |  |                    |  |  |  |      |  |  |  |
|         |                              |  |      |  |                    |  |  |  |      |  |  |  |
|         |                              |  |      |  |                    |  |  |  |      |  |  |  |

INFORMATION/INSTRUCTIONS

Signature:

# D. POST OPERATIVE OBSERVATIONS

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TIME                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PULSE                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BLOOD PRESSURE                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SATURATION (SaO <sub>2</sub> ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RESPIRATORY RATE               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AIRWAY                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OXYGEN                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PAIN SCORE                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SEDATION SCORE                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TEMPERATURE                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WOUND                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## PAIN SCORE

- 0 = NO PAIN
- 1 = DISCOMFORT/ACHE AT REST
- 2 = PAIN ONLY ON MOVEMENT
- 3 = PAIN AT REST
- 4 = SEVERE PAIN AT REST

## SEDATION SCORE

- 0 = ALERT
- 1 = RESPONDS TO VERBAL COMMAND
- 2 = RESPONDS TO PAINFUL STIMULI
- 3 = UNRESPONSIVE

## FLUID BALANCE

[illegible]

**CONSENT BY PATIENT/PARENT FOR OPERATION**I MARY WATSON

hereby consent to

•submission of myself

to the

000019

operation of

EXCISION CYST - GAST WALL

the nature and effect of which have been explained to me by:

Dr/Mr

[Signature]

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date

23/2/14

(Signed)

Mary Watson

•Relationship to Patient

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date

23/2/14

Signed

[Signature]

(Doctor's Signature)

•Delete if not applicable

**SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.****OPIATE ANALGESIA - INTRAVENOUS (PCA)/EPIDURAL/SPINAL**

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate

**PCA (Patient Controlled Analgesia)**Prepare: To a 50/60 ml syringe add

Add sterile water to make 50/60ml volume

Settings: Concentration

Dose Duration

Loading Dose

Lockout Duration

Bolus Dose

Background Infusion

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated - score 2/3

Patient in undue pain - score 3/4



GREATER GLASGOW HEALTH BOARD

Comp ✓

OPERATION CHART

|         |                    |             |
|---------|--------------------|-------------|
| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
| Watson  | Mary               |             |

000021

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON

Radical hysterectomy  
and bilateral pelvic lymphadenectomy

J. Dodgson  
A. Brown  
J. Davis

Incision: @ Paramedian

Findings: 81 bulky uterus. Prev sterilisation noted. Healthy ovaries.  
Small reactive lymph nodes - not dis-  
malignant.

Procedure

Abdomen opened in routine fashion.  
Both uterus dissected out. Uterine  
vessels divided over uterus.  
Uterine supports divided + transfixed  
to dextral.  
Both ovaries preserved.  
Vaginal cuff of 1½" removed.  
Vaginal edge sutured and left open.  
Bilateral pelvic lymphadenectomy.  
Redirac drains to each pelvic side  
wall.  
Abdomen closed in layers.  
Staples to skin.  
Suprapubic catheter.

SPECIAL INSTRUCTIONS

Blood loss ~ 195 mls.

DATE

30/9/91

SIGNATURE

J. Dodgson

## GREATER GLASGOW HEALTH BOARD — NORTHERN UNITS

## CONSENT TO OPERATION CHART

| SURNAME | CHRISTIAN/FORENAMES | UNIT NUMBER |
|---------|---------------------|-------------|
| WATSON  | MARY                |             |

000022

I, MARY WATSON of \_\_\_\_\_  
hereby consent to undergo the operation of RADICAL HISTERECTOMY  
± BILATERAL SALPINGO-OOPHORECTOMY  
the nature and effect of which have been explained to me by Dr./Mr. B. D. D.

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 29/9/91 (Signed) Mary Watson

I confirm that I have explained to the patient the proposed nature and effect of this operation.

Date 29/9/91 Signed (Doctor's Signature) B. D. D.

### RECOVERY ROOM CHART.

|                 |            |                   |                  |           |                    |
|-----------------|------------|-------------------|------------------|-----------|--------------------|
| DATE<br>30/1/91 | WARD<br>4B | SURNAME<br>WATSON | FORENAME<br>MARY | AGE<br>37 | UNIT NO.<br>000023 |
|-----------------|------------|-------------------|------------------|-----------|--------------------|

IDENTIBAND: ✓

CONSENT: ☒

**CASE NOTES:**

DENTURES: none

PREMEDICATION: 9am

X-RAYS: ✓

JEWELLERY: none.

OPERATION PROPOSED: Radical Hysterectomy + Node dissection

**SPECIAL NOTES:**

SIGNATURE: Alison Marshall

THEATRE

OPERATION PERFORMED

## DRAINS

CATHETER

## PACKS

RECOVERY ROOM - INSTRUCTIONS *Kontare*  
PULSE AND B.P. EVERY 15 : 30 : 60 mins  
OXYGEN.....litres/min. via.....mask  
for.....hours

MEDICATION: Epidural morphine 3-4mg PRN  
Soma 125mg in PRN

**CONTINUE IV FLUIDS**

RATE<sup>2</sup>

Dextrose 5%  
Dextrose 5%  
N-saline

4

4

4

OTHER INFORMATION/INSTRUCTIONS

**SIGNATURE:**

RECOVERY ROOM - OBSERVATIONS - MEDICATIONS

Time

#### IV FLUIDS IN R/R

AMOUN'

|              |        |           |       |       |      |  |  |  |  |  |
|--------------|--------|-----------|-------|-------|------|--|--|--|--|--|
| TIME         | PRE-OP | 12:30     | 12:35 | 12:50 | 10:5 |  |  |  |  |  |
| PULSE        |        | 81        | 106   | 74    | 74   |  |  |  |  |  |
| IRR          |        | R         | R     | R     | R    |  |  |  |  |  |
| BLOOD        |        | 90        | 90    | 104   | 110  |  |  |  |  |  |
| PRESSURE     |        | 55        | 60    | 60    | 60   |  |  |  |  |  |
| RESPIRATIONS |        | R         | R     | R     | R    |  |  |  |  |  |
| TEMPERATURE  |        |           |       |       |      |  |  |  |  |  |
| AIRWAY       |        | km        | out   | out   | out  |  |  |  |  |  |
| OXYGEN       |        | 4L        | 4L    | 4L    | 4L   |  |  |  |  |  |
| CONSCIOUS    |        | No        | Semi  |       | Yes  |  |  |  |  |  |
| COLOUR       |        | SAT       | SAT   | SAT   | SAT  |  |  |  |  |  |
| OTHER        |        | wound dry | dry   | dry   | dry  |  |  |  |  |  |

Time

**MEDICATION**

INITIAL

1.25  
pm

Sementul. 12.5  
mg

HR

## FLUID LOSS

AMOUN'

### POST-OP. COMPLICATIONS

S.P. Catto

DISCHARGE

WARD

TIME

## ANAESTHETIC RECORD No. \_\_\_\_\_

|            |     |             |  |       |
|------------|-----|-------------|--|-------|
| BLOOD LOSS | 200 | TRANSFUSION |  | 43-47 |
|------------|-----|-------------|--|-------|

**FORM 6A.**

000025

## CHARTED DRUGS

|                |        |    |    |    |
|----------------|--------|----|----|----|
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|                | 180000 |    |    |    |
|                |        |    |    |    |
|                |        |    |    |    |
|                |        |    |    |    |
|                |        |    |    |    |
| I.V. FLUIDS    | 10     | 11 | 12 | 13 |
| V 38 260       |        |    |    |    |
| BP. 36 220     |        |    |    |    |
| Λ              |        |    |    |    |
| • PULSE 34 180 |        |    |    |    |
| • TEMP 140     |        |    |    |    |
| TIME           |        |    |    |    |
| Blood Loss     |        |    |    |    |
| C.V.P.         |        |    |    |    |
| Urine Vol.     |        |    |    |    |

| Time   | Fluid | Volume |
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# GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE 9.10.01

SURNAME

CHRISTIAN/FORENAME

UNIT NUMBER

Watson Mary

000028

| FLUID AND SUPPLEMENT                   | ORAL | I.V. OR OTHER | TIME    | URINE        | VOMIT. | GASTRIC ASPIRATE | BOWEL        | OTHE             |
|----------------------------------------|------|---------------|---------|--------------|--------|------------------|--------------|------------------|
| Tea                                    | 140  |               | 8 a.m.  |              |        |                  |              |                  |
|                                        |      |               | 9 a.m.  | NPU          |        |                  |              |                  |
| Tea                                    | 140  |               | 10 a.m. |              |        |                  |              |                  |
|                                        |      |               | 11 a.m. |              |        |                  |              |                  |
| 740g (120g) Soup, Pudding, Milk (120g) | 300  |               | 12 noon |              |        |                  |              |                  |
|                                        |      |               | 1 p.m.  | NPU          |        |                  |              |                  |
| Water                                  | 200  |               | 2 p.m.  | per drainage |        |                  |              |                  |
|                                        |      |               | 3 p.m.  |              |        |                  |              |                  |
|                                        |      |               | 4 p.m.  |              |        |                  |              |                  |
| Milk                                   | 150  |               | 5 p.m.  |              |        |                  |              |                  |
| Water                                  | 50   |               | 6 p.m.  |              |        |                  |              |                  |
|                                        |      |               | 7 p.m.  |              |        |                  |              |                  |
|                                        |      |               | 8 p.m.  |              |        |                  |              |                  |
|                                        |      |               | 9 p.m.  |              |        |                  |              |                  |
| Tea                                    | 150  |               | 10 p.m. |              |        |                  |              |                  |
|                                        |      |               | 11 p.m. |              |        |                  |              |                  |
|                                        |      |               | 12 mid. |              |        |                  |              |                  |
|                                        |      |               | 1 a.m.  |              |        |                  |              |                  |
|                                        |      |               | 2 a.m.  |              |        |                  |              |                  |
|                                        |      |               | 3 a.m.  |              |        |                  |              |                  |
|                                        |      |               | 4 a.m.  |              |        |                  |              |                  |
|                                        |      |               | 5 a.m.  |              |        |                  |              |                  |
|                                        |      |               | 6 a.m.  | 1400         |        |                  |              | cath bag changed |
|                                        |      |               | 7 a.m.  |              |        |                  |              |                  |
|                                        |      |               | 8 a.m.  |              |        |                  |              |                  |
| TOTALS                                 | 1130 |               |         | 1400         |        |                  |              |                  |
| TOTAL INTAKE                           |      |               |         |              |        |                  | TOTAL OUTPUT |                  |

### INSTRUCTIONS

#### PARENTERAL

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\_\_\_\_\_

#### ORAL

\_\_\_\_\_  
\_\_\_\_\_

Previous 24 hrs. Balance =

#### Biochemistry Results

#### Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea  
Chloride

## GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE

8.10.91.

SURNAME

Watson

CHRISTIAN/FORENAME

Mary

UNIT NUMBER

000029

| FLUID AND SUPPLEMENT | ORAL | I.V. OR OTHER | TIME    | URINE         | VOMIT        | GASTRIC ASPIRATE | BOWEL        | OTHER |
|----------------------|------|---------------|---------|---------------|--------------|------------------|--------------|-------|
| Tea                  | 140  |               | 8 a.m.  |               |              |                  |              |       |
|                      |      |               | 9 a.m.  |               |              |                  |              |       |
| Tea (140)            |      |               | 10 a.m. | 20            | Residual 50  |                  |              |       |
|                      |      |               | 11 a.m. |               |              |                  |              |       |
|                      |      |               | 12 noon | 5             | Residual 60  |                  |              |       |
| MILK 100             | 100  |               | 1 p.m.  |               |              |                  |              |       |
| Coffee (100)         | 140  |               | 2 p.m.  |               |              |                  |              |       |
|                      |      |               | 3 p.m.  |               |              |                  |              |       |
|                      |      |               | 4 p.m.  | 25            | Residual 100 |                  |              |       |
| Milk (180)           | 180  |               | 5 p.m.  |               |              |                  |              |       |
|                      |      |               | 6 p.m.  |               |              |                  |              |       |
|                      |      |               | 7 p.m.  | 5             | Residual NIL |                  |              |       |
| Tea                  | 140  |               | 8 p.m.  |               |              |                  |              |       |
|                      |      |               | 9 p.m.  |               |              |                  |              |       |
| Tea                  | 150  |               | 10 p.m. |               |              |                  |              |       |
|                      |      |               | 11 p.m. |               |              |                  |              |       |
|                      |      |               | 12 mid. |               |              |                  |              |       |
|                      |      |               | 1 a.m.  |               |              |                  |              |       |
|                      |      |               | 2 a.m.  |               |              |                  |              |       |
|                      |      |               | 3 a.m.  |               |              |                  |              |       |
|                      |      |               | 4 a.m.  |               |              |                  |              |       |
|                      |      |               | 5 a.m.  |               |              |                  |              |       |
|                      |      |               | 6 a.m.  | 1200 on (130) |              |                  |              |       |
| Wats                 | 150  |               | 7 a.m.  |               |              |                  |              |       |
|                      |      |               | 8 a.m.  |               |              |                  |              |       |
| TOTALS               | 960  |               |         | 1255          |              |                  |              |       |
| TOTAL INTAKE         | 960  |               |         |               |              |                  | TOTAL OUTPUT | 125   |

## INSTRUCTIONS

## PARENTERAL

## ORAL

Previous 24 hrs. Balance =

## Biochemistry Results

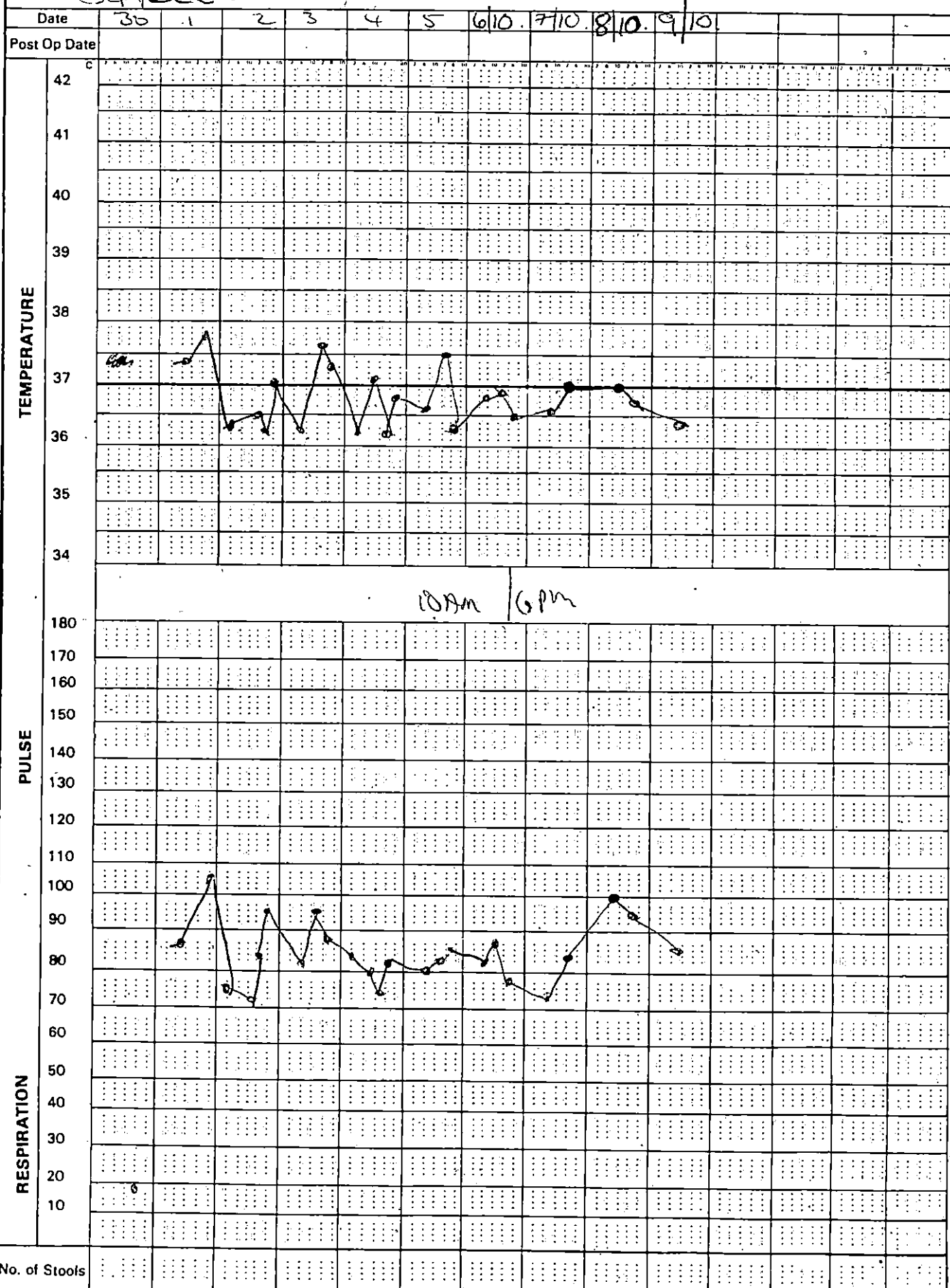
## Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea

|             |                    |             |
|-------------|--------------------|-------------|
| SURNAME     | CHRISTIAN/FORENAME | UNIT NUMBER |
| Watson Mary |                    | 000030      |

Sept/Oct 91





## GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE 4. 10. 91

SURNAME

WATSON

CHRISTIAN/FORENAME

MARY

UNIT NUMBER

000031

| FLUID AND SUPPLEMENT  | ORAL | I.V. OR OTHER | TIME    | URINE                | VOMIT | GASTRIC ASPIRATE | BOWEL        | OTHER |
|-----------------------|------|---------------|---------|----------------------|-------|------------------|--------------|-------|
| CORNFLAKES 100 TEA 75 | 175. |               | 8 a.m.  |                      |       |                  |              |       |
|                       |      |               | 9 a.m.  |                      |       |                  |              |       |
|                       |      |               | 10 a.m. |                      |       |                  |              |       |
|                       |      |               | 11 a.m. |                      |       |                  |              |       |
| Yoghurt.              | 100. |               | 12 noon |                      |       |                  |              |       |
|                       |      |               | 1 p.m.  |                      |       |                  |              |       |
| Coffee.               | 120. |               | 2 p.m.  | 500 cath bag changed |       |                  |              |       |
|                       |      |               | 3 p.m.  |                      |       |                  |              |       |
|                       |      |               | 4 p.m.  |                      |       |                  |              |       |
| Sap (100) Milk (200)  |      |               | 5 p.m.  |                      |       |                  |              |       |
|                       |      |               | 6 p.m.  |                      |       |                  |              |       |
|                       |      |               | 7 p.m.  |                      |       |                  |              |       |
|                       |      |               | 8 p.m.  |                      |       |                  |              |       |
|                       |      |               | 9 p.m.  |                      |       |                  |              |       |
|                       |      |               | 10 p.m. |                      |       |                  |              |       |
|                       |      |               | 11 p.m. |                      |       |                  |              |       |
|                       |      |               | 12 mid. |                      |       |                  |              |       |
|                       |      |               | 1 a.m.  |                      |       |                  |              |       |
|                       |      |               | 2 a.m.  |                      |       |                  |              |       |
|                       |      |               | 3 a.m.  |                      |       |                  |              |       |
|                       |      |               | 4 a.m.  |                      |       |                  |              |       |
|                       |      |               | 5 a.m.  |                      |       |                  |              |       |
|                       |      |               | 6 a.m.  | 600 Bag changed      |       |                  |              |       |
|                       |      |               | 7 a.m.  |                      |       |                  |              |       |
|                       |      |               | 8 a.m.  |                      |       |                  |              |       |
| TOTALS                |      |               |         |                      |       |                  |              |       |
| TOTAL INTAKE          |      |               |         |                      |       |                  | TOTAL OUTPUT |       |

## INSTRUCTIONS

## PARENTERAL

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## ORAL

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Previous 24 hrs. Balance =

## Biochemistry Results

## Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea

## GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE

6-10-91

SURNAME

WATSON

CHRISTIAN/FORENAME

MARY

UNIT NUMBER

000032

| FLUID AND SUPPLEMENT   | ORAL | I.V. OR OTHER | TIME    | URINE | VOMIT | Drain<br>GASTRIC<br>ASPIRATE | BOWEL        | Drain<br>OTHER |
|------------------------|------|---------------|---------|-------|-------|------------------------------|--------------|----------------|
| (120) Tea + Juice (70) | 190  |               | 8 a.m.  |       |       | 20                           | 140          | 30             |
| Water                  | 100  |               | 9 a.m.  |       |       |                              |              |                |
| RA (140)               | 140  |               | 10 a.m. |       |       |                              |              |                |
| Water (100)            |      |               | 11 a.m. |       |       |                              |              |                |
| Milk (50) Water (40)   | 40   |               | 12 noon |       |       |                              |              |                |
|                        |      |               | 1 p.m.  |       |       |                              |              |                |
| Coffee (140)           | 150  |               | 2 p.m.  |       |       |                              |              |                |
|                        |      |               | 3 p.m.  |       |       |                              |              |                |
|                        |      |               | 4 p.m.  |       |       |                              |              |                |
| Water                  | 180  |               | 5 p.m.  |       |       |                              |              |                |
| Tea                    | 150  |               | 6 p.m.  |       |       |                              |              |                |
|                        |      |               | 7 p.m.  |       |       |                              |              |                |
| Water                  | 180  |               | 8 p.m.  | 300   |       |                              |              |                |
|                        |      |               | 9 p.m.  |       |       |                              |              |                |
| Tea                    | 150  |               | 10 p.m. |       |       |                              |              |                |
|                        |      |               | 11 p.m. | 400   |       |                              |              |                |
|                        |      |               | 12 mid, |       |       |                              |              |                |
|                        |      |               | 1 a.m.  |       |       |                              |              |                |
|                        |      |               | 2 a.m.  |       |       |                              |              |                |
|                        |      |               | 3 a.m.  |       |       |                              |              |                |
|                        |      |               | 4 a.m.  |       |       |                              |              |                |
|                        |      |               | 5 a.m.  |       |       |                              |              |                |
|                        |      |               | 6 a.m.  | 300   |       |                              |              |                |
| Water                  | 150  |               | 7 a.m.  |       |       |                              |              |                |
|                        |      |               | 8 a.m.  |       |       |                              |              |                |
| TOTALS                 | 1430 |               |         | 1800  |       |                              |              |                |
| TOTAL INTAKE           | 1430 |               |         |       |       |                              | TOTAL OUTPUT | 1800           |

## INSTRUCTIONS

## PARENTERAL

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## ORAL

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Previous 24 hrs. Balance =

## Biochemistry Results

## Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea  
Chloride

# GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE 5-10-91

SURNAME

WATSON

CHRISTIAN/FORENAME

MARY

UNIT NUMBER

000033

| FLUID AND SUPPLEMENT                  | ORAL | I.V. OR OTHER | TIME    | URINE                | VOMIT | GASTRIC ASPIRATE | BOWEL | OTHE |
|---------------------------------------|------|---------------|---------|----------------------|-------|------------------|-------|------|
| Juice (100) Frooties (100) / RA (140) | 340  |               | 8 a.m.  |                      |       |                  |       |      |
|                                       |      |               | 9 a.m.  |                      |       |                  |       |      |
| Coffee (140)                          | 140  |               | 10 a.m. |                      |       |                  |       |      |
| Milk (180)                            | 180  |               | 11 a.m. |                      |       |                  |       |      |
| Milk (200) Soup (180)                 | 380  |               | 12 noon |                      |       |                  |       |      |
| Water (200)                           | 180  |               | 1 p.m.  |                      |       |                  |       |      |
| Coffee (140)                          | 140  |               | 2 p.m.  |                      |       |                  |       |      |
|                                       |      |               | 3 p.m.  |                      |       |                  |       |      |
|                                       |      |               | 4 p.m.  |                      |       |                  |       |      |
| Soup (120) + Coffee (120)             | 220  |               | 5 p.m.  |                      |       |                  |       |      |
|                                       |      |               | 6 p.m.  | 800 cath bag changed |       |                  |       |      |
| Juice                                 | 70   |               | 7 p.m.  |                      |       |                  |       |      |
| Tea                                   | 120  |               | 8 p.m.  |                      |       |                  |       |      |
|                                       |      |               | 9 p.m.  |                      |       |                  |       |      |
| Tea                                   | 180  |               | 10 p.m. |                      |       |                  |       |      |
|                                       |      |               | 11 p.m. |                      |       |                  |       |      |
|                                       |      |               | 12 mid. |                      |       |                  |       |      |
|                                       |      |               | 1 a.m.  |                      |       |                  |       |      |
|                                       |      |               | 2 a.m.  |                      |       |                  |       |      |
|                                       |      |               | 3 a.m.  |                      |       |                  |       |      |
|                                       |      |               | 4 a.m.  |                      |       |                  |       |      |
|                                       |      |               | 5 a.m.  |                      |       |                  |       |      |
|                                       |      |               | 6 a.m.  | 800 per cath         |       |                  |       |      |
|                                       |      |               | 7 a.m.  |                      |       |                  |       |      |
|                                       |      |               | 8 a.m.  |                      |       |                  |       |      |
| TOTALS                                |      |               |         |                      |       |                  |       |      |

TOTAL INTAKE

TOTAL OUTPUT

### INSTRUCTIONS

#### PARENTERAL

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#### ORAL

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Previous 24 hrs. Balance =

#### Biochemistry Results

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

#### Time

Urine: Urea  
Chloride

## GREATER GLASGOW HEALTH BOARD - NORTHERN UNITS

## 24 HOUR FLUID CHART

SURNAME

CHRISTIAN/FORENAME

UNIT NUMBER

DATE

4/10/91

WATSON

MARY

000034

| FLUID AND SUPPLEMENT                          | ORAL | I.V. OR OTHER | TIME    | URINE | VOMIT            | GASTRIC ASPIRATE | BOWEL        | OTHE |
|-----------------------------------------------|------|---------------|---------|-------|------------------|------------------|--------------|------|
| Juice <sup>(180)</sup>                        |      |               | 8 a.m.  |       |                  |                  |              |      |
|                                               | 180. |               | 9 a.m.  |       |                  |                  |              |      |
|                                               |      |               | 10 a.m. |       |                  |                  |              |      |
|                                               |      |               | 11 a.m. |       |                  |                  |              |      |
| Soup <sup>(180)</sup> , Milk <sup>(120)</sup> | 200. |               | 12 noon |       |                  |                  |              |      |
| Water <sup>(180)</sup>                        | 140. |               | 1 p.m.  |       |                  |                  |              |      |
| Water                                         | 100  |               | 2 p.m.  |       |                  |                  |              |      |
|                                               |      |               | 3 p.m.  |       |                  |                  |              |      |
| Water (180)                                   | 100  |               | 4 p.m.  | 600   | CATH BAG CHANGED |                  |              |      |
| Milk <sup>(200)</sup>                         | 200. |               | 5 p.m.  |       |                  |                  |              |      |
|                                               |      |               | 6 p.m.  |       |                  |                  |              |      |
| Water                                         | 100  |               | 7 p.m.  |       |                  |                  |              |      |
|                                               | /    |               | 8 p.m.  |       |                  |                  |              |      |
|                                               |      |               | 9 p.m.  |       |                  |                  |              |      |
|                                               |      |               | 10 p.m. |       |                  |                  |              |      |
|                                               |      |               | 11 p.m. |       |                  |                  |              |      |
|                                               |      |               | 12 mid. |       |                  |                  |              |      |
|                                               |      |               | 1 a.m.  |       |                  |                  |              |      |
|                                               |      |               | 2 a.m.  |       |                  |                  |              |      |
|                                               |      |               | 3 a.m.  |       |                  |                  |              |      |
|                                               |      |               | 4 a.m.  |       |                  |                  |              |      |
|                                               |      |               | 5 a.m.  |       |                  |                  |              |      |
|                                               |      |               | 6 a.m.  |       |                  |                  |              |      |
|                                               |      |               | 7 a.m.  | 600   | Bag Changed.     |                  |              |      |
|                                               |      |               | 8 a.m.  |       |                  |                  |              |      |
| TOTALS                                        |      |               |         |       |                  |                  |              |      |
| TOTAL INTAKE                                  |      |               |         |       |                  |                  | TOTAL OUTPUT |      |

## INSTRUCTIONS

## PARENTERAL

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## ORAL

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Previous 24 hrs. Balance =

## Biochemistry Results

## Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea  
Chloride

# GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE 3/10/91

|                          |                                   |             |
|--------------------------|-----------------------------------|-------------|
| SURNAME<br><b>WATSON</b> | CHRISTIAN/FORENAME<br><b>MARY</b> | UNIT NUMBER |
|--------------------------|-----------------------------------|-------------|

**000035**

| FLUID AND SUPPLEMENT                      | ORAL | I.V. OR OTHER | TIME    | URINE | VOMIT | GASTRIC ASPIRATE | BOWEL | PSYCH |
|-------------------------------------------|------|---------------|---------|-------|-------|------------------|-------|-------|
| <b>WATER (250)</b> <del>5% Dextrose</del> | 50   | 500           | 8 a.m.  |       |       |                  |       |       |
|                                           |      |               | 9 a.m.  |       |       |                  |       |       |
| <b>Water</b>                              | 50   |               | 10 a.m. |       |       |                  |       |       |
|                                           |      |               | 11 a.m. |       |       |                  |       |       |
| <b>Soup (50) Joree (200) Minc (150)</b>   | 190  |               | 12 noon |       |       |                  |       |       |
|                                           |      |               | 1 p.m.  |       |       |                  |       |       |
| <b>Coffee (140)</b>                       |      |               | 2 p.m.  |       |       |                  |       |       |
|                                           |      |               | 3 p.m.  |       |       |                  |       |       |
|                                           |      |               | 4 p.m.  |       |       |                  |       |       |
| <b>Soup / Coffee</b>                      | 300  |               | 5 p.m.  |       |       |                  |       |       |
|                                           |      |               | 6 p.m.  |       |       |                  |       |       |
|                                           |      |               | 7 p.m.  |       |       |                  |       |       |
|                                           |      |               | 8 p.m.  |       |       |                  |       |       |
|                                           |      |               | 9 p.m.  |       |       |                  |       |       |
| <b>Tea</b>                                | 150  |               | 10 p.m. |       |       |                  |       |       |
|                                           |      |               | 11 p.m. |       |       |                  |       |       |
| <b>PACKED BLOOD CELLS</b>                 |      |               | 12 mid. |       |       |                  |       |       |
|                                           |      |               | 1 a.m.  |       |       |                  |       |       |
|                                           |      |               | 2 a.m.  |       |       |                  |       |       |
|                                           |      |               | 3 a.m.  |       |       |                  |       |       |
|                                           |      |               | 4 a.m.  |       |       |                  |       |       |
|                                           |      |               | 5 a.m.  |       |       |                  |       |       |
|                                           |      |               | 6 a.m.  |       |       |                  |       |       |
|                                           |      |               | 7 a.m.  |       |       |                  |       |       |
|                                           |      |               | 8 a.m.  |       |       |                  |       |       |
| TOTALS                                    |      |               |         |       |       |                  |       |       |

TOTAL INTAKE

TOTAL OUTPUT

### INSTRUCTIONS

#### PARENTERAL

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#### ORAL

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Previous 24 hrs. Balance =

#### Biochemistry Results

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

#### Time

Urine: Urea  
Chloride

## GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE

30.9.91

SURNAME

Watson

CHRISTIAN/FORENAME

mary

UNIT NUMBER

000036

| FLUID AND SUPPLEMENT | ORAL | I.V. OR OTHER | TIME    | URINE | VOMIT        | GASTRIC ASPIRATE | BOWEL | OTHE |
|----------------------|------|---------------|---------|-------|--------------|------------------|-------|------|
|                      |      |               | 8 a.m.  |       |              |                  |       |      |
|                      |      |               | 9 a.m.  |       |              |                  |       |      |
|                      |      |               | 10 a.m. |       |              |                  |       |      |
|                      |      |               | 11 a.m. |       |              |                  |       |      |
|                      |      |               | 12 noon |       |              |                  |       |      |
|                      |      |               | 1 p.m.  |       |              |                  |       |      |
|                      |      |               | 2 p.m.  |       |              |                  |       |      |
| Hartmans solution    |      | 500           | 2 p.m.  |       |              |                  |       |      |
| Dextrose 5%          |      | 250           | 3 p.m.  |       |              |                  |       |      |
| Haemaccel            |      | 400           | 4 p.m.  |       |              |                  |       |      |
| Hartmans solution    |      | 500           | 5 p.m.  |       |              |                  |       |      |
|                      |      |               | 6 p.m.  |       |              |                  |       |      |
|                      |      |               | 7 p.m.  |       |              |                  |       |      |
|                      |      |               | 8 p.m.  |       |              |                  |       |      |
| N/Saline             |      | 500           | 9 p.m.  |       |              |                  |       |      |
|                      |      |               | 10 p.m. |       |              |                  |       |      |
|                      |      |               | 11 p.m. |       |              |                  |       |      |
| Dext 5%              |      | 500           | 12 mid. |       |              |                  |       |      |
|                      |      |               | 1 a.m.  |       |              |                  |       |      |
|                      |      |               | 2 a.m.  |       |              |                  |       |      |
|                      |      |               | 3 a.m.  |       |              |                  |       |      |
| N/Saline             |      | 500           | 4 a.m.  |       |              |                  |       |      |
|                      |      |               | 5 a.m.  |       |              |                  |       |      |
|                      |      |               | 6 a.m.  |       |              |                  |       |      |
| 5% Dextrose          |      | 500           | 7 a.m.  |       |              |                  |       |      |
|                      |      |               | 8 a.m.  |       |              |                  |       |      |
| TOTALS               |      |               |         |       |              |                  |       |      |
| TOTAL INTAKE         |      | 3650          | 865     |       | TOTAL OUTPUT |                  |       |      |

## INSTRUCTIONS

## PARENTERAL

## ORAL

Previous 24 hrs. Balance =

## Biochemistry Results

## Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea  
Chloride

## GREATER GLASGOW HEALTH BOARD

## INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.

1 hr = 120 Drops/min. 6 hr = 22 Drops/min.  
 4 hr = 30 Drops/min. 8 hr = 15 Drops/min.

SURNAME

FORENAME

Unit Number

Watson

may

000037

DATE

30 9.91

| FLUID                   | VOL.           | Commence  | Duration | Finish   | SIGNATURE   | SERIAL No. | Given by |
|-------------------------|----------------|-----------|----------|----------|-------------|------------|----------|
| ADDITIVE DRUG           | DOSE           |           |          |          |             | BATCH No.  |          |
| Dextrose 5%             | 500            | 2.35 pm.  | 3        |          | [Signature] | 919 228K   |          |
|                         |                | 3.20 pm   | 1hr.     | 4 pm     | [Signature] | 8/93       | KR       |
| Haemacel                |                |           |          |          |             |            | PA       |
| Dextrose 5%             | 500            | 4 pm      | 3        | 5.10 pm  | [Signature] | 916 22 BK  | PA       |
|                         |                | 5.10 pm   | 1hr.     | 6 pm     | [Signature] |            |          |
| Haemacel                |                |           |          |          |             |            |          |
| <del>NSaline 0.9%</del> | <del>500</del> |           |          |          |             |            |          |
| Haemacel                | 1 unit         |           | 30 min   |          | [Signature] |            |          |
| <del>Dextrose 5%</del>  | <del>500</del> |           |          |          |             |            |          |
| NSaline                 |                | 6 pm      | 3        | 9.30 p   | [Signature] | 916 15 BK  | PA       |
|                         |                |           |          |          |             |            |          |
| Dextrose 5%             | 500            | 9.30 p    | 2        | 11.40    | [Signature] | 919 22 BK  | 2        |
|                         |                |           |          |          |             |            |          |
| NSaline 0.9%            | 500            | 11.40     | 2        | 3.00     | [Signature] | 914 02 BM  | 10r      |
|                         |                |           |          |          |             |            |          |
| Dextrose 5%             | 500            | 3.00      | 3        | 7.00     | [Signature] | 919 22 BK  | 2        |
|                         |                |           |          |          |             |            |          |
| Dextrose 5%             | 500            | 7.00      | 3        | 9.40     | [Signature] | 919 22 BK  | 2        |
|                         |                |           |          |          |             |            |          |
| NSaline                 | 500            | 9.40 A.M. | 3        | 1.50 am. | [Signature] | 914 02 BM  | mf       |
|                         |                |           |          |          |             |            |          |

SURNAME

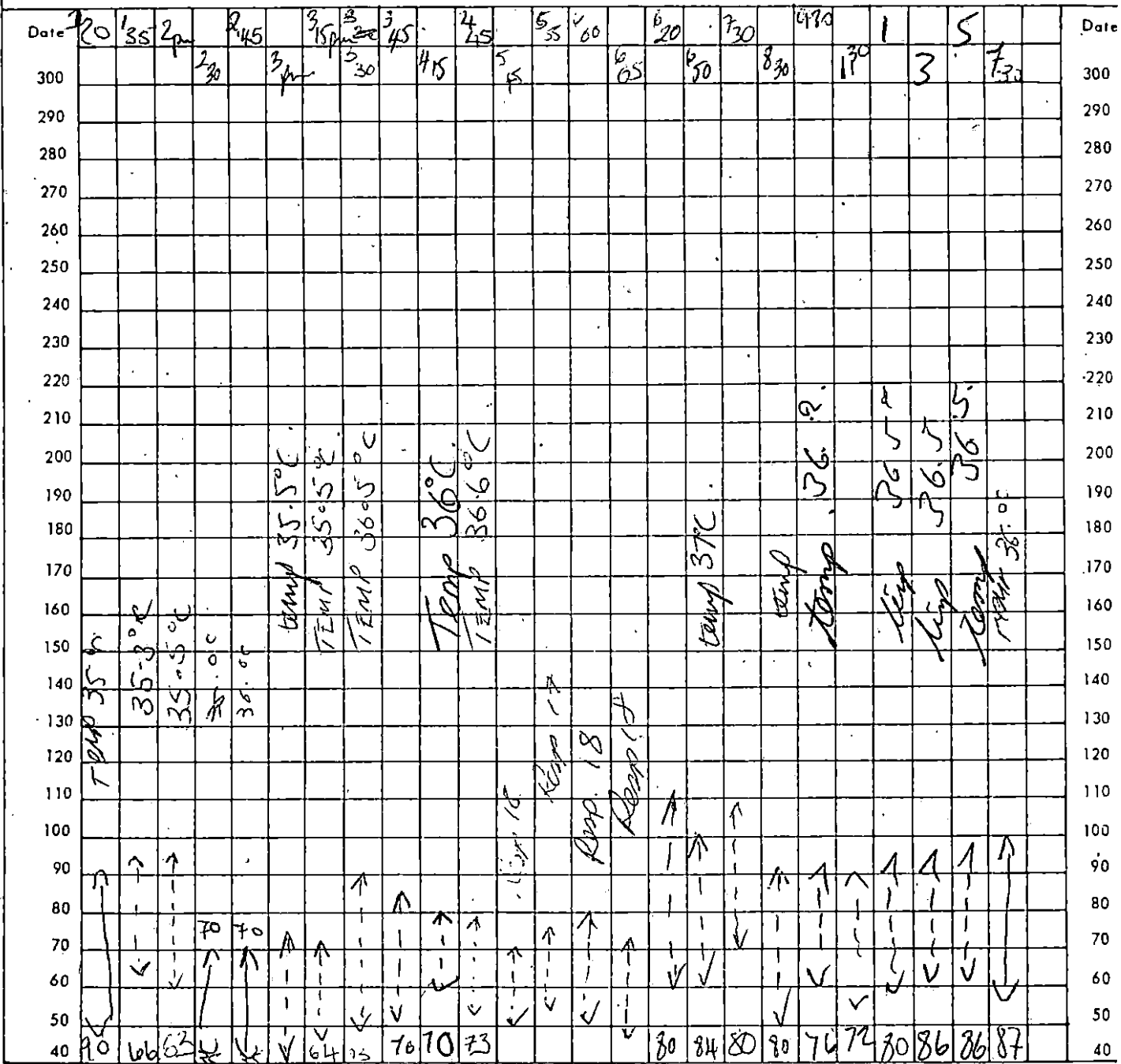
CHRISTIAN/FORENAME

UNIT NUMBER

Watson Mary

000038

Born Sept '91



Wound. @ Drain @ Drain

75mls 25mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls 50mls

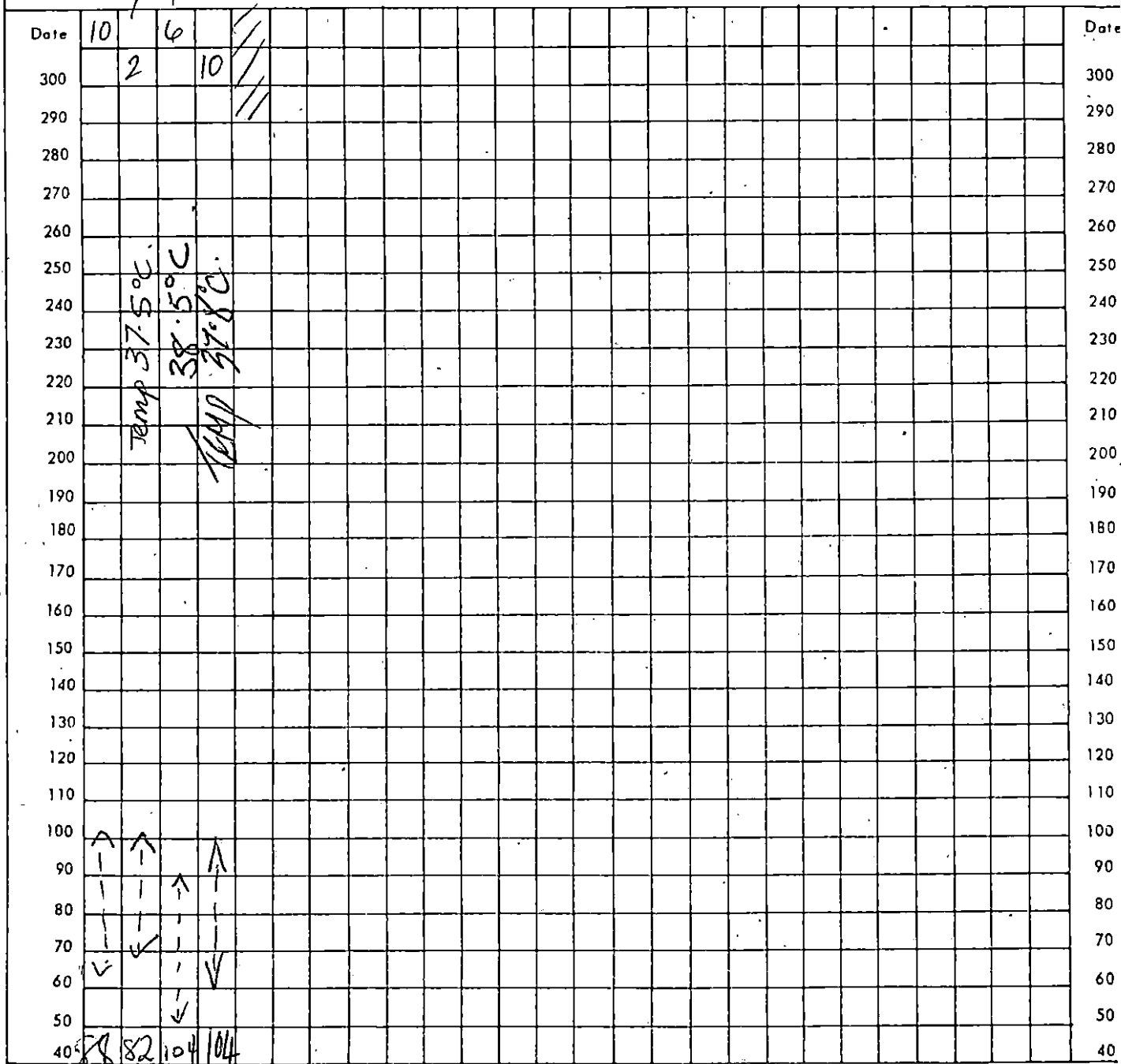
100 100 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110

✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓



|         |                    |             |
|---------|--------------------|-------------|
| SURNAME | CHRISTIAN/FORENAME | UNIT NUMBER |
| MARY    | WATSON             | 000039      |

1/10/91



THERAPY

# GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE

1.10.91

SURNAME

Watson

CHRISTIAN/FORÉNAME

Many

UNIT NUMBER

4B

000041

| FLUID AND SUPPLEMENT | ORAL | I.V. OR OTHER | TIME    | URINE | VOMIT                    | GASTRIC ASPIRATE | Drain BOWEL | Drain OTHER |
|----------------------|------|---------------|---------|-------|--------------------------|------------------|-------------|-------------|
| Sips of water.       |      |               | 8 a.m.  | 120   |                          |                  |             |             |
|                      |      |               | 9 a.m.  | 160   |                          |                  | 150         | 50          |
| Dextrose 5% water    | 50.  | 500ml         | 10 a.m. | 300   | on free drainage for now |                  |             |             |
| ICE. 10 suct.        |      |               | 11 a.m. | 1000  | cath bag changed         |                  |             |             |
|                      |      |               | 12 noon |       |                          |                  |             |             |
|                      |      |               | 1 p.m.  |       |                          |                  |             |             |
| n/saline             |      | 500           | 2 p.m.  |       |                          |                  |             |             |
|                      |      |               | 3 p.m.  |       |                          |                  |             |             |
| Sips of NATRA.       |      |               | 4 p.m.  |       |                          |                  |             |             |
|                      |      |               | 5 p.m.  |       |                          |                  |             |             |
|                      |      |               | 6 p.m.  |       |                          |                  |             |             |
|                      |      |               | 7 p.m.  |       |                          |                  |             |             |
| Dextrose 5%          |      | 500.          | 8 p.m.  |       |                          |                  |             |             |
|                      |      |               | 9 p.m.  |       |                          |                  |             |             |
| Dextrose 5%          |      | 500           | 10 p.m. | 1100  | Catheter bag changed.    |                  |             |             |
|                      |      |               | 11 p.m. |       |                          |                  |             |             |
|                      |      |               | 12 mid. |       |                          |                  |             |             |
|                      |      |               | 1 a.m.  |       |                          |                  |             |             |
|                      |      |               | 2 a.m.  |       |                          |                  |             |             |
|                      |      |               | 3 a.m.  |       |                          |                  |             |             |
|                      |      |               | 4 a.m.  |       |                          |                  |             |             |
|                      |      |               | 5 a.m.  |       |                          |                  |             |             |
|                      |      |               | 6 a.m.  | 600   | bag changed.             |                  | 10.         |             |
|                      |      |               | 7 a.m.  |       |                          |                  |             |             |
|                      |      |               | 8 a.m.  |       |                          |                  |             |             |
| TOTALS               |      |               |         |       |                          |                  |             |             |

TOTAL INTAKE

2050

2700

TOTAL OUTPUT

### INSTRUCTIONS:

#### PARENTERAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ORAL

\_\_\_\_\_  
\_\_\_\_\_

Previous 24 hrs. Balance =

#### Biochemistry Results

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

#### Time

Urine: Urea  
Chloride

## GREATER GLASGOW HEALTH BOARD

## INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

Approximate Rate for 500ml.

1 hr = 120 Drops/min.    6 hr = 22 Drops/min.  
 4 hr = 30 Drops/min.    8 hr = 15 Drops/min.

DATE

1.9.91

SURNAME

FORENAME

Unit Number

Watson Mary

000041

| FLUID         | VOL. | Commence | Duration | Finish   | SIGNATURE | SERIAL No.    | Given by |
|---------------|------|----------|----------|----------|-----------|---------------|----------|
| ADDITIVE DRUG | DOSE |          |          |          |           | BATCH No.     |          |
| Dextrose 5%   | 500  | 2 pm.    | 4L       | 9.30 PM  | G. Leekie | 919 3185      | KK       |
| Dextrose 5%   | 500  | 9.30 PM  | 4L       | 11 pm    | G. Leekie | 9161 6BB.     | Le       |
| ① Saline      | 500  | 11 pm    | 4L       | Resited  | G. Leekie | 919 15 80     | mm       |
| Dextrose 5%   | 500  | 9 am     | 4L       | 2.30 pm  | G. Leekie | 919 16 BB.    | yr       |
| Dextrose 5%   | 500  | 2.30 pm  | 4L       | 10.25 PM | G. Leekie | 919 16 30 BB. | yr       |
| ① Saline      | 500  | 10.25 PM | 4L       | 4 am     | G. Leekie | 9111 928M     | Le       |
| Dextrose 5%   | 500  | 4 am     | 4L       | 7.30 am  | G. Leekie | 919 3185      | MC       |
| Dextrose 5%   | 500  |          | 4L       |          | G. Leekie | 919 3185.     |          |
|               |      |          |          |          |           |               |          |
|               |      |          |          |          |           |               |          |
|               |      |          |          |          |           |               |          |
|               |      |          |          |          |           |               |          |
|               |      |          |          |          |           |               |          |
|               |      |          |          |          |           |               |          |

# GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE

2/10/91.

SURNAME

WALTON

CHRISTIAN/FORENAME

MARY

UNIT NUMBER

000042

DRAIN

| FLUID AND SUPPLEMENT         | ORAL | I.V. OR OTHER | TIME    | URINE | VOMIT            | GASTRIC ASPIRATE | BOWEL   |     |
|------------------------------|------|---------------|---------|-------|------------------|------------------|---------|-----|
| COFFEE 150 @ RENOVAC CHANGED | 150  |               | 8 a.m.  |       |                  |                  | (L) 260 |     |
|                              |      |               | 9 a.m.  |       |                  |                  | (R) 150 |     |
| N Saline                     |      | 500           | 10 a.m. |       |                  |                  |         |     |
|                              |      |               | 11 a.m. |       |                  |                  |         |     |
| Water                        | 100  |               | 12 noon |       |                  |                  |         |     |
|                              |      |               | 1 p.m.  |       |                  |                  |         |     |
| COFFEE 150 5% DEXTROSE       | 10   | 500           | 2 p.m.  | 650   | CATH BAG CHANGED |                  |         |     |
| WATER (100)                  | 40   |               | 3 p.m.  |       |                  |                  |         |     |
|                              |      |               | 4 p.m.  |       |                  |                  |         |     |
| Tea (140)                    | 60   | 20            | 5 p.m.  |       |                  |                  |         |     |
| Water (100)                  | 100  |               | 6 p.m.  |       |                  |                  |         |     |
|                              |      |               | 7 p.m.  |       |                  |                  |         |     |
| Water (100)                  |      |               | 8 p.m.  |       |                  |                  |         |     |
|                              |      |               | 9 p.m.  |       |                  |                  |         |     |
| DEXTROSE 5%                  |      | 500           | 10 p.m. |       |                  |                  |         |     |
|                              |      |               | 11 p.m. | 1,000 | bag changed      |                  |         |     |
|                              |      |               | 12 mid. |       |                  |                  |         |     |
|                              |      |               | 1 a.m.  |       |                  |                  |         |     |
|                              |      |               | 2 a.m.  |       |                  |                  |         |     |
|                              |      |               | 3 a.m.  |       |                  |                  |         |     |
| N Saline                     |      | 500           | 4 a.m.  |       |                  |                  |         |     |
|                              |      |               | 5 a.m.  |       |                  |                  |         |     |
|                              |      |               | 6 a.m.  | 500   | bag changed      |                  |         |     |
| 5% DEXTROSE                  |      | 500           | 7 a.m.  |       |                  |                  |         |     |
|                              |      |               | 8 a.m.  |       |                  |                  |         | 410 |
| TOTALS                       | 420  | 2500          |         | 2100  |                  |                  |         |     |
| TOTAL INTAKE                 |      | 2920          |         |       | 2510             | TOTAL OUTPUT     |         |     |

### INSTRUCTIONS

#### PARENTERAL

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### ORAL

\_\_\_\_\_  
 \_\_\_\_\_

Previous 24 hrs. Balance =

#### Biochemistry Results

#### Time

Serum: Urea  
 Sodium  
 Potassium  
 Chloride  
 Bicarbonate  
 Creatinine

Urine: Urea  
 Chloride

# INTENSIVE I.V. THERAPY PRESCRIPTION SHEET

**Approximate Rate for 500ml.**

1 hr = 120 Drops/min.    6 hr = 22 Drops/min.

4 hr = 30 Drops/min.     8 hr = 15 Drops/min.

DATE 3.10 91

| SURNAME |
|---------|
|---------|

FORENAME

Unit Number

WATSON

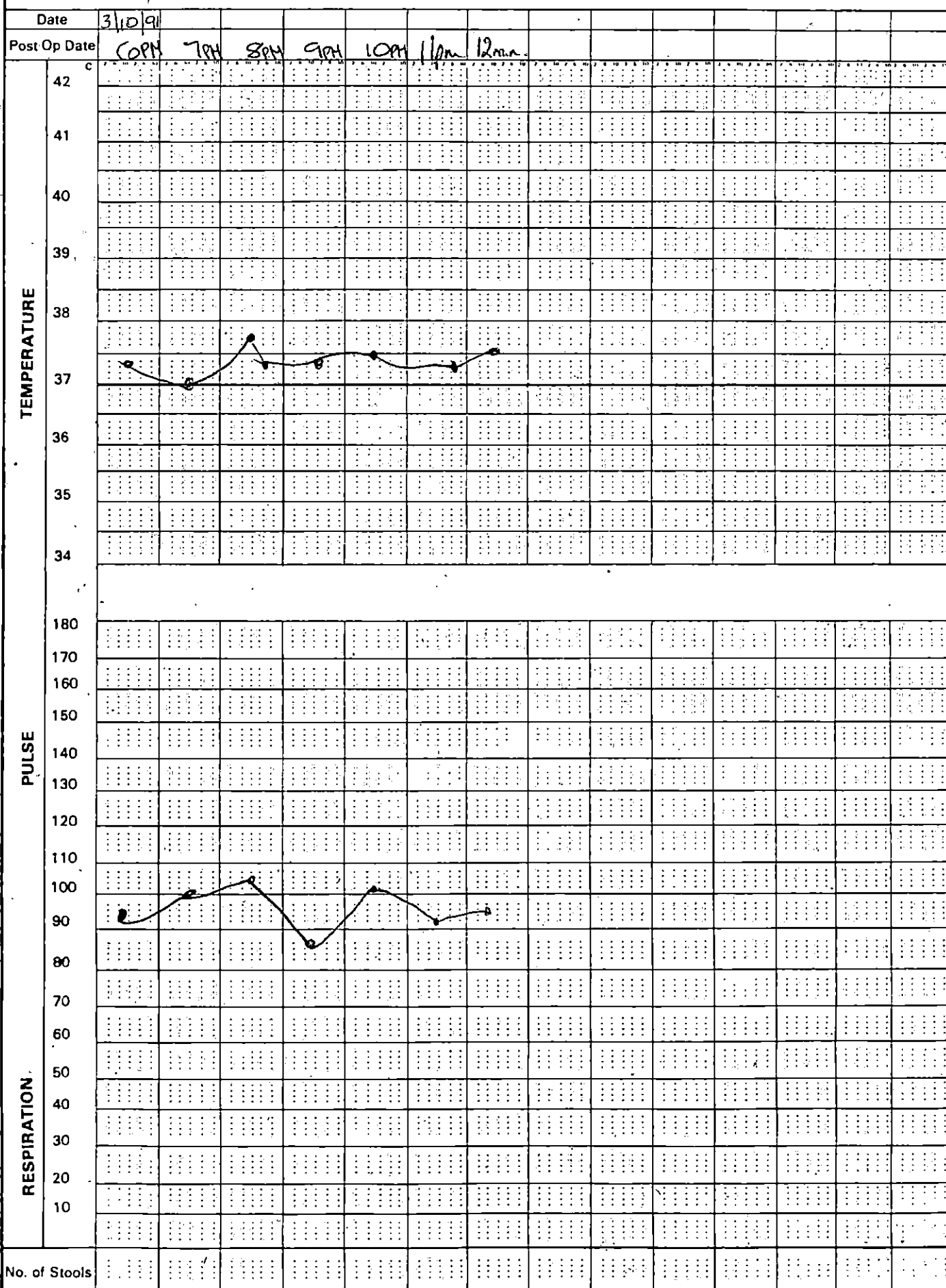
MARY

000043

[illegible]

~~000044~~

Hourly Temp + Pulse



|                                                                             |  |                                                   |  |
|-----------------------------------------------------------------------------|--|---------------------------------------------------|--|
| Hospital <u>STOISHILL</u>                                                   |  | Hospital Code (HOSP) <u>6207H</u>                 |  |
| Time of admission/transfer <u>PHONE 13-251M</u>                             |  | Hospital Case Reference No. (CRN) <u>44000045</u> |  |
| Previously attended this hospital? YES/NO                                   |  | Surname (SN) <u>WATSON</u>                        |  |
| If YES state year                                                           |  | First Forename (FN1) <u>MARY</u>                  |  |
| Address (ADDR) <u>22 FENYARD AVE</u>                                        |  | Second Forename (FN2) <u>I</u>                    |  |
| <u>CHURCHAPLE</u>                                                           |  | Maiden Name (MN)                                  |  |
| Tel. no. <u>180-219</u>                                                     |  | Alternative Case Reference No. (ACRN) <u>37</u>   |  |
| Religion <u>NONE</u>                                                        |  | Age <u>37</u>                                     |  |
| Next of kin (Relationship) <u>DAUGHTER</u>                                  |  | Date of Birth (DOB) <u>06031954</u>               |  |
| Name <u>SIA</u>                                                             |  | Sex (SEX) <u>2</u> 104                            |  |
| Address <u>SIA</u>                                                          |  | Marital State (MRST)                              |  |
| Tel. no. <u>615</u>                                                         |  | Postcode (PC) <u>G158AX</u>                       |  |
| Provisional Diagnosis on Admission                                          |  | GP Practice Code (GPPC) <u>40205</u>              |  |
|                                                                             |  | GP GMC Number (GPC) <u>08012292</u>               |  |
|                                                                             |  | Admitted/transferred from (ADTF) <u>1</u> 125     |  |
|                                                                             |  | Type of Admission (TADM) <u>2</u> 126             |  |
|                                                                             |  | Date placed on Waiting List (DWL)                 |  |
|                                                                             |  | Date of Admission (DOA) <u>191091</u>             |  |
|                                                                             |  | Date of Discharge (DOD) <u>21/1/01</u>            |  |
|                                                                             |  | Time of Discharge                                 |  |
|                                                                             |  | Category of Patient (CAT) <u>2</u> 146            |  |
|                                                                             |  | Type of Facility (TOF) <u>1</u> 147               |  |
|                                                                             |  | Specialty (SPEC) <u>62</u> 148                    |  |
|                                                                             |  | Consultant Surname (CONS) <u>172-173</u>          |  |
|                                                                             |  | Consultant Code (CONC) <u>174-180</u>             |  |
|                                                                             |  | Consultant Initials                               |  |
| To be completed by doctor on discharge of patient                           |  |                                                   |  |
| (1) Main Condition (DG1) <u>Cervical Ca</u>                                 |  | (DG1C) <u>1-66</u>                                |  |
| (2) Other Conditions (DG2)                                                  |  | (DG2C) <u>67-132</u>                              |  |
| (3) (DG3)                                                                   |  | (DG3C) <u>133-198</u>                             |  |
| (4) (DG4)                                                                   |  | (DG4C) <u>1-66</u>                                |  |
| (5) (DG5)                                                                   |  | (DG5C) <u>67-132</u>                              |  |
| (6) (DG6)                                                                   |  | (DG6C) <u>133-198</u>                             |  |
| (1) Main Operation (OP1)                                                    |  | (OP1C) <u>1-68</u>                                |  |
| (2) Other Operations (OP2)                                                  |  | (OP2C) <u>69-136</u>                              |  |
| (3) (OP3)                                                                   |  | (OP3C) <u>137-204</u>                             |  |
| (4) (OP4)                                                                   |  | (OP4C) <u>1-68</u>                                |  |
| Date of Main Operation (DOP1) <u>21/1/01</u>                                |  | Date of Main Operation (DOP1) <u>21/1/01</u>      |  |
| ERROR REPORT COMMENT: Data items specified in boxes below are correct (COM) |  | Contract No. (CTN) <u>135-144</u>                 |  |
| Enter field abbreviations                                                   |  | Local use (LUSE) <u>145-150</u>                   |  |
| Additional notes                                                            |  | National use (NUSE) <u>151-156</u>                |  |

# PATIENT PROFILE

Surname WATSON Hosp. No. \_\_\_\_\_  
 Forenames MARY Sex \_\_\_\_\_  
 D. of B. 6/3/54  
 Address 32 KENDON AVE  
 Ward/Dept. JAD/LB

AGE 37 date \_\_\_\_\_  
 RELIGION: C/S Seen by minister/priest: \_\_\_\_\_  
 Date of admission: 29/9/91 Time: 2PM  
 Type of admission: Arranged  
 Accompanied by: husband  
 From where: home  
 PATIENTS OCCUPATION: Welfare Assistant  
 MARITAL STATUS: married  
 Children: 4 Ages: \_\_\_\_\_  
 Other dependants: \_\_\_\_\_  
 Living alone? \_\_\_\_\_  
 (1) NO—with whom? \_\_\_\_\_  
 (2) YES—any supportive help? \_\_\_\_\_

## REASON FOR THIS ADMISSION

R H ND

## PAST MEDICAL HISTORY

Asthmatic

3 years since last attack.

## CURRENT DRUG THERAPY AT HOME

## ALLERGIES

Septum.

ANY FACTORS WITHIN PATIENT'S LIFESTYLE WHICH  
 ENDANGER RECURRENCE OF THIS ILLNESS

NEXT OF KIN: William

Relationship: husband

000046

Address:

S/A.

Home phone no: \_\_\_\_\_

Work phone no: \_\_\_\_\_

ALTERNATIVE NEXT OF KIN: Arlene

Relationship: Daughter

Address:

S/A.

Phone No: \_\_\_\_\_

## VISITING PROBLEMS

## SPECIAL PROBLEMS AT HOME

(a) With housing? \_\_\_\_\_

(b) Social: \_\_\_\_\_

(c) Other: \_\_\_\_\_

## PATIENT'S UNDERSTANDING OF ILLNESS

Hypert. & nodes.

## INFORMATION GIVEN TO PATIENT RE ILLNESS (date and by whom)

## INFORMATION GIVEN TO RELATIVES (date and by whom)

## PATIENT'S PROPERTY

Checked \_\_\_\_\_

Not Checked \_\_\_\_\_

## VALUABLES IN HOSPITAL SAFE:

Description: \_\_\_\_\_



## SLEEP

Pattern: Solid  
 How many pillows? 1  
 Sedation? NO  
 What else helps?

## MOBILITY

Remarks: Up and about

Assistance needed?  
NO

## DIET

Appetite: Fine  
 Special diet: NO  
 Dislikes:  
 Fluid preferences:

## URINARY

Any problems? NO  
 Special needs:

## BOWELS

Frequency: normal  
 Any problems? NO  
 What helps?

## MENSTRUATION

'Pill' IUCD  
 LMP:  
 Cycle:  
 Any problems?

## HEARING

Any problems? NO  
 Hearing aid? Battery Type?

## VISION

Any problems? NO  
 Glasses? Contact lenses?

## LANGUAGE BARRIER/SPEECH DIFFICULTY

Remark: NO problems

## RECREATIONAL INTERESTS

## SMOKING (type and amount)

10-15 daily

## SOCIAL DRINKING (type and amount)

NO

## PROSTHESIS/APPLIANCE Type:

Help needed:

## GENERAL APPEARANCE/CONDITION

Healthy + tidy appearance

## GENERAL OBSERVATIONS

T 36.4°C P 84 R 125 B/P 75

Height: 5ft Weight: 7st 10" Norton Score:

Urine:

## SKIN INSPECTION

Fine

## ORAL INSPECTION

Condition of mouth: clean

Condition of teeth: clean

Dentures: Upper Lower Partial  
Crown?

Any problems? tooth ache

## ADDITIONAL SIGNIFICANT GENERAL INFORMATION

## DISCHARGE/FUTURE PLANS

|                                                   | Date ordered | Date given | Sign |
|---------------------------------------------------|--------------|------------|------|
| Education of condition/limitations/rehabilitation |              |            |      |
| (a) Patient                                       |              |            |      |
| (b) Relatives                                     |              |            |      |
| Discharge medications                             |              |            |      |
| Wafarin/Steroid/Tetanus card                      |              |            |      |
| Transport home                                    |              |            |      |
| Out-patient appointments...                       |              |            |      |
| Walking stick/crutches                            |              |            |      |
| Dressings:                                        |              |            |      |
| Other:                                            |              |            |      |
| Community Nursing                                 |              |            |      |
| Home help                                         |              |            |      |
| Meals on wheels                                   |              |            |      |
| Social worker                                     |              |            |      |
| Physiotherapy                                     |              |            |      |
| Occupational therapy                              |              |            |      |
| Speech therapy                                    |              |            |      |
| Geriatric waiting list                            |              |            |      |
| Sheltered housing                                 |              |            |      |
| Other:                                            |              |            |      |

G.G.H.B  
STOBHILL GENERAL HOSPITAL

NURSING NOTES

RHND

Surname WATSON Hospital No \_\_\_\_\_  
For names MARY Sex \_\_\_\_\_  
Dof B 6/3/54  
Address 32 KENDON AVE  
000048 Ward / Dept JAD/UR

| Date    | Cervical CA                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 29/9/91 | A/A for theatre tomorrow am for Cua<br>Cystoscopy, staging & proceed to RHND<br>for full prep. ✓ Hatches enema ✓<br>Ussu to be collected in am<br>Please fast overnight                                                                                                                                                                                                                                                                             | SRoo      |
| 30/9/91 | Settled with N/ sedation fasted for<br>am theatre Pre med due at 9am<br>MSSU ✓                                                                                                                                                                                                                                                                                                                                                                      | J Bulley  |
| am.     | Pre-med of amopon 20mg + Scopolamine 0.4mg<br>at 9am. Self care in personal hygiene<br>Returned from theatre at 1.30pm following R.H.N.D.<br>IV In progress O <sub>2</sub> therapy in progress<br>wound satisfactory Bilateral redovac drains<br>in situ. Minimal drainage.<br>Temp 35°C Space blank supplied.<br>Supra pubic catheter in <del>the</del> <sup>the</sup> hourly<br>urine volumes<br>Vomited on return. Stereetil 12.5mg in 2 1.25pm. | Kenne     |
| pm.     | IV continues<br>urine volumes 10-25 mls.<br>BP low @ 90/50 2 units Haemaccel given. BP ↑ 100/50<br>p 80 temp 37°C<br>Wound clean & dry.<br>Mod via (R) redovac Min via (L) redovac<br>Epidural Morphine 4mg @ 5.25pm with effect.                                                                                                                                                                                                                   | PA Allen  |
| 1/10/91 | IV continues, urine volumes low. Man<br>much improved mod via (R) redovac<br>drain even via L drain, wound<br>clean & dry. Epidural morphine 4mg<br>given at 10.40 pm with fair effect<br>only, at 3.15a became distressed<br>in pain. NV informed by cyclomorph<br>10mg IV at 3.30a with desired effect<br>BP low but stable pulse & temp<br>fine                                                                                                  | J Bulley  |
| am.     | IV continues<br>Cath CBD output good.<br>Wound clean & dry. Min via nil redovac's.<br>Ops stable.<br>Scanty bowel sounds S/S fluid only.<br>Epidural Morphine 4mg @ 8.45am with effect.                                                                                                                                                                                                                                                             | PA Allen  |
| pm      | Settled pm IV continues. Redvac's yielding min.                                                                                                                                                                                                                                                                                                                                                                                                     |           |

| Date    | 000049 NURSING NOTES                                                              | Signature |
|---------|-----------------------------------------------------------------------------------|-----------|
|         | Wound clean + dry. Catheter on C&D output set                                     |           |
|         | Morphine (Epidural) 4mgs + maxilon 10mgs @ 6:30pm                                 |           |
|         | Sips only.                                                                        | Mackenzie |
| 2:10-91 | Nulval tablet 4pm. Temp 38.5°C. f.u. insub. Settled night. Epidural Morphine 3mgs |           |
| 2       | e 11pm. IVI as charted. Catheter on C&D output good. Minimal via L. Reduc         |           |
| (3)     | drain moderate (R) 368                                                            | Mackenzie |
| am      | Settled                                                                           |           |
|         | Bed bath, nulval tablet                                                           |           |
|         | IVI continues. Bowel sounds scanty.                                               |           |
|         | 300mls (R) - changed                                                              |           |
|         | min (L)                                                                           |           |
|         | Catheter on C&D output set                                                        |           |
|         | Epidural Morphine 4mgs + maxilon 10mgs                                            |           |
|         | @ 8:45am                                                                          |           |
| pm      | IV continues. Tolerating some fluids.                                             | Mackenzie |
|         | C&D output good.                                                                  |           |
|         | Wound clean & dry.                                                                |           |
|         | Med. via (R) reduce. Min via (L) reduce.                                          |           |
|         | Obs stable.                                                                       |           |
|         | Epidural Morphine 4mgs + maxilon 10mgs IV.                                        |           |
|         | @ 2:30pm                                                                          |           |
| 7:4pm   | Complaining of wound pain.                                                        |           |
|         | Cyclimorph Morphine 10mgs im @ 7:4pm                                              | Pelluso   |
| 3:10-91 | Morphine 10mgs im @ 5am                                                           |           |
| 3       | Slept well. IVI as charted. Catheter on C&D.                                      |           |
|         | Output good. Moderate drainage via (R)                                            |           |
|         | Reduced down minimal via (L) tolerating                                           |           |
|         | oral fluids                                                                       | Mackenzie |
| am      | Epidural removed this am                                                          |           |
|         | 2 supps given. ? result                                                           |           |
|         | Moderate drainage via reducer (R) - 300mls                                        |           |
|         | min via (L)                                                                       |           |
|         | Morphine 10mgs + stamile 12.5mgs im @ 8:45am                                      |           |
|         | Cyclimorph 15mgs im @ 12 midday.                                                  |           |
|         | Wound set                                                                         |           |
|         | showered                                                                          |           |
|         | slp on C&D output set                                                             | Mackenzie |
| P.M.    | Patient seemed bright this evening.                                               |           |
|         | Haemoglobin 9.1. 2 units of packed cells                                          |           |
|         | to be given. 1st unit of packed cells                                             |           |
|         | was prescribed 2ndly. It was slowed                                               |           |
|         | down slightly as patient became pyrexial                                          |           |
|         | Cyclimorph 15mgs given at 4:30pm with good                                        | Mackenzie |

NURSING NOTES

| Date    |                                                                                                                                                                                                                                                                                                                                                                                   | Signature |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 4/10/11 | SLEPT FOR SHORT PERIODS ONLY. CYCLIMORPH 15mg ADMINISTERED AT 4:10AM WITH EFFECT. OBSERVATIONS WHILST                                                                                                                                                                                                                                                                             |           |
| ix      | TRANSPOSED PACKED BLOOD - TEMP 37.5°C PULSE 94. OBSERVATIONS THIS AM - TEMP 36.4°C PULSE 84.                                                                                                                                                                                                                                                                                      | McLennan  |
| AM      | SETTLED THIS AM. URINE output on free drainage, concentrated. Had shower prior lunch time, tolerating fluid & diet. Cyclimorph 15mg 8:50am & 1pm.                                                                                                                                                                                                                                 | McLennan  |
| pm      | Up to sit this pm. Peppermint water for wind. Tolerating fluids and diet. Sp on CBD output four. Cyclimorph 15mg in @ 4:54pm. Slight leakage from rectal site.                                                                                                                                                                                                                    | McLennan  |
| 6/10/11 | Released 1m sedation oral analgesia. "Killer" & Tj given with good effect.                                                                                                                                                                                                                                                                                                        |           |
| ③       | CBD - Release 2 minimal. "Wind" low for 2 hrs this AM.                                                                                                                                                                                                                                                                                                                            | McLennan  |
| am      | Settled am. Bathed and up to sit. Seen by STD. Bil reduces in situ. Wound sat.                                                                                                                                                                                                                                                                                                    |           |
| pm      | oral analgesic for pain. Mobilising fairly well. Nil via drains.                                                                                                                                                                                                                                                                                                                  |           |
| 6/10/11 | Tolerating oral analgesia. Upset and crying. Can give no reason other than she would like to go home. Reassured. Settled and slept well. Release x2 in situ. CBD in situ. Very weepy & distressed this am. Vatum 5mg orally @ 11:5am. Bilateral rectal drains in situ - minimal drainage. Wound clean & dry. Robotic incision good result. Supra pubic catheter on free drainage. | McLennan  |
| 7-10/11 | Settled & slept with w/ sedation, min drain - ago via. Bil rectal drains, Supra pubic catheter on free drainage.                                                                                                                                                                                                                                                                  | McLennan  |
| AM      | VERY UP-TIGHT THIS MORNING. VERY WEEPY. ONE RECTAL DRAIN REMOVED BUT SHE FOUND IT.                                                                                                                                                                                                                                                                                                | McLennan  |

000051

| Date     | NURSING NOTES                                                                                                                                                                                                                                                                                                                             | Signature                    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|          | VERY SORE AND DISTRESSING SO OTHER LONG LEFT AT THE MOMENT. ALTERNATE STAPLES REMOVED. 2 MICROLIT ENEMA GIVEN AND ANUSOL APPLIED TO PILES. GOT UP AND WENT FOR A BATH. PATHOLOGY RESULTS CAME BACK NEGATIVE RESULTS FROM NODES, PT INFORMED. <del>the remaining</del> sutures to be removed tomorrow, drain out tomorrow also, then home. | Johnson<br>Klenke            |
| pm       | Settled evening up as able. Catheter on free drainage to be clamped tomorrow. CSU in am.                                                                                                                                                                                                                                                  | Spae                         |
| 8-10-91  | G/O @ 8:00 aided pain re: distressing to back. Informed H.T.B. Settled & slept fairly well. Catheter clamped & CSU obtained. Rectal drain removed. Staples removed. Wound slightly inflamed at base. Catheter clamped - thinned small amounts of urine. Please observe. Ambulance ordered for Thursday am for home.                       | Johnson<br>Spae              |
| 9-10-91  | Catheter on CSU overnight. Patient upset and weepy at times. Slept for periods only. Wound inflamed and leaking slightly - ice pack applied. Catheter clamped this am.                                                                                                                                                                    | Spae                         |
| AM       | UP FOR BATH THIS MORNING. WOUND STILL SLIGHTLY INFLAMED LOOKING AND LEAKING VERY SLIGHTLY. - ICE PACKS APPLIED. CATHETER CLAMPED THIS AM BUT PASSED NO URINE AS YET.                                                                                                                                                                      | Johnson<br>Spae              |
| pm       | Catheter on free drainage. Home in am.                                                                                                                                                                                                                                                                                                    | Spae                         |
| 10-10-91 | Settled night. Wound inflamed. Foul smelling leakage from base of wound. H.T. CSU - good. Discharge home. Catheter remains in situ for admission 18-10-91 for trial to void urine. Oncology/Gyn appt 2/12 ✓                                                                                                                               | Johnson<br>Spae<br>Hochstadt |
| 19-10-91 | Readmitted - A/A for trial without catheter. Passed 300mls spontaneously with a residual of 50mls @ 3pm. Continues to pass small amounts of urine spontaneously with small residual. Catheter remains clamped - please observe output.                                                                                                    | Spae<br>Hochstadt            |
| 20-10-91 | Settled and slept well. Anusol cream given for bleeding piles. Passed 250mls spontaneously @ 12 noon today with a residual of                                                                                                                                                                                                             | Spae<br>Hochstadt            |

G.G H.B

STOBHILL GENERAL HOSPITAL

## NURSING NOTES

Surname Waksar Hospital No \_\_\_\_\_

For names Alon Sex \_\_\_\_\_

DoI B

Address \_\_\_\_\_

000052  
Signature

Signature

Date \_\_\_\_\_

|           |                                                                                                                                                                 |               |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Dec 10 91 | c/o constipation Rebiolgenema y effects,<br>Residual volume low ..                                                                                              | SKR           |
| 2/11/01   | Both clamped overnight. PV. sport and in good amounts<br>c/o hard lump base of wound - ? review prior to discharge<br>Satisfactory. Discharged. Has return appt | Hacker<br>SKR |

# GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE 21/10/91

SURNAME

CHRISTIAN/FORENAME

UNIT NUMBER

Watson Mary

000053

| FLUID AND SUPPLEMENT | ORAL       | I.V. OR OTHER | TIME    | URINE                    | VOMIT | GASTRIC ASPIRATE | BOWEL | OTHER |
|----------------------|------------|---------------|---------|--------------------------|-------|------------------|-------|-------|
| <u>TKA</u>           | <u>140</u> | <u>8</u>      | 8 a.m.  | <u>290 (50) RESIDUAL</u> |       |                  |       |       |
|                      |            |               | 9 a.m.  |                          |       |                  |       |       |
|                      |            |               | 10 a.m. |                          |       |                  |       |       |
|                      |            |               | 11 a.m. |                          |       |                  |       |       |
|                      |            |               | 12 noon |                          |       |                  |       |       |
|                      |            |               | 1 p.m.  |                          |       |                  |       |       |
|                      |            |               | 2 p.m.  |                          |       |                  |       |       |
|                      |            |               | 3 p.m.  |                          |       |                  |       |       |
|                      |            |               | 4 p.m.  |                          |       |                  |       |       |
|                      |            |               | 5 p.m.  |                          |       |                  |       |       |
|                      |            |               | 6 p.m.  |                          |       |                  |       |       |
|                      |            |               | 7 p.m.  |                          |       |                  |       |       |
|                      |            |               | 8 p.m.  |                          |       |                  |       |       |
|                      |            |               | 9 p.m.  |                          |       |                  |       |       |
|                      |            |               | 10 p.m. |                          |       |                  |       |       |
|                      |            |               | 11 p.m. |                          |       |                  |       |       |
|                      |            |               | 12 mid. |                          |       |                  |       |       |
|                      |            |               | 1 a.m.  |                          |       |                  |       |       |
|                      |            |               | 2 a.m.  |                          |       |                  |       |       |
|                      |            |               | 3 a.m.  |                          |       |                  |       |       |
|                      |            |               | 4 a.m.  |                          |       |                  |       |       |
|                      |            |               | 5 a.m.  |                          |       |                  |       |       |
|                      |            |               | 6 a.m.  |                          |       |                  |       |       |
|                      |            |               | 7 a.m.  |                          |       |                  |       |       |
|                      |            |               | 8 a.m.  |                          |       |                  |       |       |
| TOTALS               |            |               |         |                          |       |                  |       |       |

TOTAL INTAKE

TOTAL OUTPUT

### INSTRUCTIONS

PARENTERAL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORAL

\_\_\_\_\_

Previous 24 hrs. Balance =

Biochemistry Results

Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea

## GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE 20-10-91

SURNAME

WATSON

CHRISTIAN/FORENAME

MAY

UNIT NUMBER

000054

| FLUID AND SUPPLEMENT | ORAL       | I.V. OR OTHER | TIME    | URINE                    | VOMIT | GASTRIC ASPIRATE | BOWEL        | OTHER |
|----------------------|------------|---------------|---------|--------------------------|-------|------------------|--------------|-------|
| <u>TEA</u>           | <u>150</u> |               | 8 a.m.  | <u>200</u>               |       |                  |              |       |
| <u>WATER</u>         | <u>180</u> |               | 9 a.m.  |                          |       |                  |              |       |
| <u>TEA</u>           | <u>150</u> |               | 10 a.m. |                          |       |                  |              |       |
|                      |            |               | 11 a.m. |                          |       |                  |              |       |
|                      |            |               | 12 noon | <u>250</u>               |       |                  |              |       |
| <u>SOUP, MILK</u>    | <u>240</u> |               | 1 p.m.  | <u>90 residual</u>       |       |                  |              |       |
|                      |            |               | 2 p.m.  |                          |       |                  |              |       |
|                      |            |               | 3 p.m.  |                          |       |                  |              |       |
| <u>IRN BRU</u>       | <u>200</u> |               | 4 p.m.  |                          |       |                  |              |       |
| <u>TEA</u>           | <u>140</u> |               | 5 p.m.  |                          |       |                  |              |       |
|                      |            |               | 6 p.m.  |                          |       |                  |              |       |
|                      |            |               | 7 p.m.  |                          |       |                  |              |       |
| <u>COFFEE</u>        | <u>140</u> |               | 8 p.m.  | <u>250 (40) RESIDUAL</u> |       |                  |              |       |
|                      |            |               | 9 p.m.  |                          |       |                  |              |       |
|                      |            |               | 10 p.m. |                          |       |                  |              |       |
|                      |            |               | 11 p.m. | <u>100</u>               |       |                  |              |       |
|                      |            |               | 12 mid. |                          |       |                  |              |       |
|                      |            |               | 1 a.m.  |                          |       |                  |              |       |
|                      |            |               | 2 a.m.  |                          |       |                  |              |       |
|                      |            |               | 3 a.m.  |                          |       |                  |              |       |
|                      |            |               | 4 a.m.  |                          |       |                  |              |       |
|                      |            |               | 5 a.m.  |                          |       |                  |              |       |
|                      |            |               | 6 a.m.  |                          |       |                  |              |       |
|                      |            |               | 7 a.m.  |                          |       |                  |              |       |
|                      |            |               | 8 a.m.  |                          |       |                  |              |       |
| TOTALS               |            |               |         |                          |       |                  |              |       |
| TOTAL INTAKE         |            |               |         |                          |       |                  | TOTAL OUTPUT |       |

## INSTRUCTIONS

## PARENTERAL

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## ORAL

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## Previous 24 hrs. Balance =

## Biochemistry Results

## Time

Serum: Urea  
Sodium  
Potassium  
Chloride  
Bicarbonate  
Creatinine

Urine: Urea



# GREATER GLASGOW HEALTH BOARD

## 24 HOUR FLUID CHART

DATE

19.10.91

SURNAME

Watson Mary

CHRISTIAN/FORENAME

UNIT NUMBER

000055

| FLUID AND SUPPLEMENT | ORAL | I.V. OR OTHER | TIME    | URINE          | VOMIT      | GASTRIC ASPIRATE | BOWEL | OTHER |
|----------------------|------|---------------|---------|----------------|------------|------------------|-------|-------|
| <i>Re Admission</i>  |      |               | 8 a.m.  |                |            |                  |       |       |
|                      |      |               | 9 a.m.  |                |            |                  |       |       |
|                      |      |               | 10 a.m. |                |            |                  |       |       |
|                      |      |               | 11 a.m. |                |            |                  |       |       |
|                      |      |               | 12 noon |                |            |                  |       |       |
|                      |      |               | 1 p.m.  |                |            |                  |       |       |
| TEA                  | 150  |               | 2 p.m.  |                |            |                  |       |       |
| WATER                | 250  |               | 3 p.m.  | 300            | 50 (NASAL) |                  |       |       |
|                      |      |               | 4 p.m.  |                |            |                  |       |       |
| TEA                  | 150  |               | 5 p.m.  | 100 (Residual) | 20         |                  |       |       |
|                      |      |               | 6 p.m.  |                |            |                  |       |       |
| TEA                  | 150  |               | 7 p.m.  | 50             |            |                  |       |       |
|                      |      |               | 8 p.m.  |                |            |                  |       |       |
| WATER                | 250  |               | 9 p.m.  |                |            |                  |       |       |
| Tea                  | 150  |               | 10 p.m. |                |            |                  |       |       |
|                      |      |               | 11 p.m. |                |            |                  |       |       |
|                      |      |               | 12 mid. |                |            |                  |       |       |
|                      |      |               | 1 a.m.  |                |            |                  |       |       |
|                      |      |               | 2 a.m.  |                |            |                  |       |       |
|                      |      |               | 3 a.m.  |                |            |                  |       |       |
|                      |      |               | 4 a.m.  |                |            |                  |       |       |
|                      |      |               | 5 a.m.  | 150            |            |                  |       |       |
|                      |      |               | 6 a.m.  |                |            |                  |       |       |
|                      |      |               | 7 a.m.  | 200            |            |                  |       |       |
|                      |      |               | 8 a.m.  |                |            |                  |       |       |
| TOTALS               |      |               |         |                |            |                  |       |       |

TOTAL INTAKE

TOTAL OUTPUT

### INSTRUCTIONS

#### PARENTERAL

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### ORAL

\_\_\_\_\_

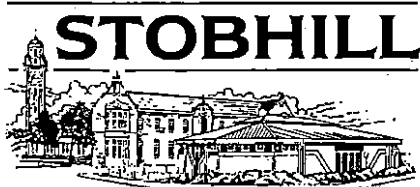
Previous 24 hrs. Balance =

#### Biochemistry Results

#### Time

Serum: Urea  
 Sodium  
 Potassium  
 Chloride  
 Bicarbonate  
 Creatinine

Urine: Urea



NHS TRUST

Stobhill NHS Trust  
Balornock Road, Glasgow G21 3UW  
Telephone: 0141-201 3000

RADIOTHERAPY DEPARTMENT  
T. R. J. EVANS  
Secretary: 0141-201-3639  
Fax: 0141-201-3887

Breast Clinic

TRJE/MMcD/623238

Dict: 26.06.97

Typed: 09.07.97

Dr. Lyon,  
Drumchapel Health Centre,  
80 Kinfauns Drive,  
Glasgow,  
G15.

Dear Dr. Lyon,

Mary Watson, dob. 6.3.54, Unit No. 494748  
32 Kendoon Avenue, Drumchapel, Glasgow, G15

This lady has now completed six cycles of adjuvant chemotherapy, adjuvant radiation therapy to the previous lumpectomy area, and is now on adjuvant Tamoxifen which she will continue for five years in the first instance.

Her main symptoms at present are hot flushes(I have advised her to take Evening Primrose Oil) sore eyes with some occasional blurring and she is awaiting an Ophthalmology opinion I understand.

On examination there is no evidence of local or regional recurrence and there is no evidence of proliferative retinopathy which is a rare side effect of Tamoxifen. She is seeing Mr. Hansell in three months and myself in six months.

Yours sincerely,

T. R. J. Evans

Senior Lecturer & Hon. Consultant in Medical Oncology

c.c. Mr. D.T. Hansell, Consultant Surgeon, Stobhill NHS Trust.

DIRECTORATE OF GENERAL SURGERY  
BREAST CLINIC

MR. D.T.HANSELL

FAX No: 0141 201 3889  
SECRETARY: 0141 201 3780

HP/WEC/OPC 25 9 97

26 September 1997

Dr Lyons  
Springburn Health Centre  
200 Springburn Way  
GLASGOW  
G21 1TR

Dear Dr Lyons

MARY WATSON DOB 6 3 54 UNIT NO 494748  
32 KENDOON AVENUE GLASGOW G15

I saw this pleasant lady at Mr Hansell's Clinic today. As you know she has had a lumpectomy with six cycles of chemotherapy and adjuvant radiotherapy which was completed approximately 2 months ago. She is now on Tamoxifen and should continue with this for five years.

Her main complaint today was one of episodes of frontal headache which do not appear to have any pattern in particular. They do not occur first thing in the morning. She is obviously very concerned that these headaches maybe metastatic in origin. I believe she is awaiting an Ophthalmology opinion.

On examination today both pupils were equal and reactive to light. There was a range of movement in her eyes and fundoscopy was within normal limits. There was no evidence of any local recurrence and as such I have reassured Mrs Watson accordingly and advised her to await Ophthalmology opinion as I am sure these headaches are not of metastatic origin.

DIRECTORATE OF GENERAL SURGERY  
BREAST CLINIC

MR. D.T.HANSELL

FAX No: 0141 201 3889  
SECRETARY: 0141 201 3780

We will see her again in six months' time and I believe Dr Evans will be seeing her in the interim.

Yours sincerely

Dr Heidi Parkinson  
Clinical Assistant to Mr Hansell

cc Dr T R J Evans  
Oncologist  
Stobhill NHS Trust

## DEPARTMENT OF GYNAECOLOGY

Dr J A Davis  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3889

**RA/MB/OPC. 03.10.97.**  
**Typed. 22nd October, 1997.**

Dr. M. Lyons,  
Drumchapel Health Centre,  
Kinfauns Drive,  
GLASGOW, G15.

Dear Dr. Lyons,

**Mrs. Mary Watson, DOB. 06.03.54, Unit No. 494748.**  
**32 Kendoon Avenue, Glasgow, G15.**

I saw this lady for review at Dr. Davis's Gynaecology/Oncology Clinic here on 3rd October, 1997. Constipation is still a problem and she still requires regular laxatives but otherwise she is well. She is currently on Tamoxifen because of her previous breast cancer.

On examination, there is no evidence of recurrent disease and a vault smear was taken.

We will see Mrs. Watson again for review at the clinic here in 6 month's time.

Yours sincerely,

**Rabea Al-Zietni,**  
**Registrar to Dr. J.A. Davis.**



**RADIOTHERAPY DEPARTMENT**  
**T R J Evans**  
**Secretary: 0141 201 3639**  
**Fax: 0141 201 3887**

Stobhill NHS Trust  
Balornock Road, Glasgow G21 3UW  
Telephone: 0141-201 3000

Breast Clinic

Dictated: 8 January 1998  
Typed: 12 January 1998

MMc/RD/623238

Dr Lyon  
Drumchapel Health Centre  
80 Kinfauns Drive  
Glasgow G15

Dear Dr Lyon

**MARY WATSON (06 03 54) UNIT NO 494748**  
**32 KENDON AVENUE DRUMCHAPEL G15**

Diagnosis: left grade I with associated DCIS breast carcinoma diagnosed Oct.1996, T2N1 ER positive  
Treatment: lumpectomy, axillary node clearance, radiotherapy & adjuvant Tamoxifen

I reviewed Mrs Watson in the Oncology clinic today. She has been quite concerned over the persistent cough that has been present over the last two months despite a course of Amoxycillin. Her sputum is white with no associated chest pain or shortness of breath.

On examination, her chest is clear. Chest x-ray today, I am pleased to say, showed no evidence of metastases.

I suspect this is persistent chest infection. I gather there has been an outbreak of microplasma and it may be worth trying her on Erythromycin for this persistent cough. I have strongly reassured her today this is not recurrence of her disease. I have arranged to see her again in six months and she is due to see Mr Hansell in three months.

Yours sincerely

Melanie MacKean  
Senior Registrar in Medical Oncology

cc  
Mr D T Hansell  
Consultant Surgeon  
Stobhill NHS Trust



World  
Health  
Organization

European  
Pilot  
Hospital



Health  
Promoting  
Hospitals

**DIRECTORATE OF GENERAL SURGERY  
BREAST CLINIC**

**MR. D. T. HANSELL**

SECRETARY: 0141-201-3780

FAX No: 0141-201-3889

HP/JH/CLI 09 04 98

14<sup>TH</sup> April 1998

Dr S C Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

Dear Dr Lyon

MARY WATSON DOB 06 03 54 UNIT NO 494748  
28 HALGREEN AVENUE DRUMCHAPEL G15 8A3

I reviewed this lady at Mr Hansell's Breast Clinic today. As you know she had a right mastectomy in 1975 with a recurrence in 1982 and 1997. I was pleased to hear she has remained well since we last saw her with no breast symptoms of note.

On examination there is no evidence of any local nor systemic recurrence. A left mammogram carried out today was entirely normal. I have therefore reassured Mrs Watson accordingly and arranged to review her again in 6 months time.

Yours sincerely

Dr Heidi Parkinson  
Clinical Assistant to Mr D T Hansell MD (Hons) FRCS

See Xray  
result.

7/7/98

CI  
CI. (Examine)

Repeat ①  
mammo Act  
vise

# DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr M Deeny  
Dr R A L Low  
Dr F Mackenzie  
Dr P Owen

Direct Line: 0141 201 3435  
Fax Number: 0141 201 3889

JAD/AC/OPC. 17.04.98  
23rd April 1998

Dr S C Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
GLASGOW  
G15 7TS

Dear Dr Lyon

*Mary Watson, dob 06.03.54. Unit No 494748*  
*28 Halgreen Avenue, Drumchapel G15 8AB*

|            |                     |
|------------|---------------------|
| Follow-up: | Radial Hysterectomy |
|------------|---------------------|

Your patient was reviewed at the Gynaecology/Oncology clinic today. On examination she is well and I could find no evidence of recurrent disease.

She will be reviewed at the clinic again in 12 months.

Yours sincerely

**DR J A DAVIS**

Consultant Gynaecologist



# DIRECTORATE OF GENERAL SURGERY

MR. M. H. CALVERT      MR R. DALLING  
MR. D. T. HANSELL      MR J. S. SMITH  
MR. R. P. TEENAN      MR A. J. MCMAHON

FAX No: 0141-201-3889

DTH/JH/DIC 17 07 98

21<sup>st</sup> July 1998

Dr J Nugent  
The Surgery  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

Dear Dr Nugent

MARY WATSON DOB 06 03 54 UNIT NO 494748  
28 HALGREEN AVENUE GLASGOW G15 8AB

Admitted: 15 07 98  
Discharged: 16 07 98  
Ward: 5  
Consultant: Mr Hansell  
Diagnosis: Left breast lump, previous breast carcinoma.  
Procedure: Lumpectomy (benign).  
Follow-up: Breast Clinic - 6 months.

Initially, I saw Mary at my Breast Clinic for review. There was a lumpy area deep to her left lumpectomy scar and a fine needle aspirate of this area revealed a fairly acellular specimen. She also had noticed a lump in the inferior aspect of her left breast and this too yielded no significant cellular population on FNA.

In view of this latter result I excised the small lump two days ago and I am happy to say that it is benign.

I have reassured her accordingly and will review her as planned at my Clinic in October, at which point she will have a left sided mammogram.

Kind regards

Yours sincerely

Mr D T Hansell MD (Hons) FRCS  
Consultant Surgeon



**NHS TRUST**

Stobhill NHS Trust  
Balornock Road, Glasgow G21 3UW  
Telephone: 0141-201 3000

**RADIOTHERAPY DEPARTMENT**

**T R J Evans**

**Secretary: 0141 201 3639**

**Fax: 0141 201 3887**

Breast Clinic

Dictated: 9 July 1998  
Typed: 13 July 1998

VO/RD/623238

Dr Lyon  
Drumchapel Health Centre  
80 Kinfauns Drive  
Glasgow G15

Dear Dr Lyon

**MARY WATSON (06 03 54) UNIT NO 494748**  
**32 KENDON AVENUE DRUMCHAPEL G15**

I saw this lady today for review. She tells me she has been well but drew my attention to a lump in her left breast she had noticed in the last 2-3 weeks. This is painless and does not seem to be getting any bigger. You will recall her history of grade 1, left breast carcinoma treated by lumpectomy, radiotherapy, chemotherapy and adjuvant Tamoxifen. Mrs Watson underwent mammography in April this year which showed deformity of left breast consistent with previous surgery. On examining this woman, there was a 1cm firm lump at 6 o'clock at the under surface of the left breast. There was no other abnormality.

This lady's case was discussed with Mr Hansell today who performed a fine needle aspiration of this and also the area of spiculation demonstrated at the last mammogram. These needle biopsies demonstrated just fatty tissue. However, after discussion with Mr Hansell, Mrs Watson would like the inferior lump removed. Arrangements have been made for her to be seen again by Mr Hansell in 5 weeks' time. We will keep you up to date.

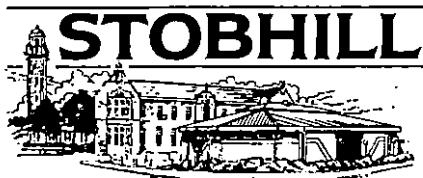
Yours sincerely

VINCENT O'NEILL  
Clinical Research Fellow in Medical Oncology

cc

Mr D T Hansell  
Consultant Surgeon  
Stobhill NHS Trust Hospital





**NHS TRUST**

Stobhill NHS Trust  
Balornock Road, Glasgow G21 3UW  
Telephone: 0141-201 3000

Breast Oncology Clinic

Dated: 20 August 1998

Typed: 24 August 1998

VON/RD/623238

**Dr T R J Evans**  
**Radiotherapy Department**  
**Tel 0141 201 3639**  
**Fax 0141 201 3887**

Dr Lyon  
Drumchapel Health Centre  
80 Kinfauns Drive  
Glasgow G15

Dear Dr Lyon

**MARY WATSON (06 03 54) UNIT NO 494748**  
**32 KENDON AVENUE DRUMCHAPEL G15**

I saw this lady today for review. She tells me she is well and on discovery of a breast lump at her last visit, this patient has since been in to have the lump excised. In keeping with the fine needle findings, this was benign.

Mrs Watson tells me today that she can again feel a lump and on examination, the area around the new scar at about 6 o'clock, did feel indurated. However, I have reassured her on this.

Mrs Watson is currently taking Tamoxifen with no problems. She is due to see Mr Hansell in a month and I have arranged to review her in six months.

Yours sincerely

VINCENT O'NEILL  
Clinical Research Fellow in Medical Oncology

cc  
Mr D T Hansell  
Consultant Surgeon  
Stobhill NHS Trust



**DIRECTORATE OF GENERAL SURGERY  
BREAST CLINIC**

**MR. D. T. HANSELL**

SECRETARY: 0141-201-3780  
FAX No: 0141-201-3889

ED/JH/CLI 08 10 98

12<sup>th</sup> October 1998

Dr Lyon  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
Glasgow G15 7TS

Dear Dr Lyon

MARY WATSON DOB 06 03 54 UNIT NO 494748 (623238)  
28 HALGREEN AVENUE DRUMCHAPEL G15 8AB

Diagnosis: Left Grade 1 with associated DCIS breast carcinoma – October 1996. T2N1 ER positive.

Treatment: Left lumpectomy and axillary node clearance, radiotherapy, adjuvant Tamoxifen 1996.  
July 1998 further excision of benign lump anterior aspect of breast.

I reviewed this 44 year old lady in Mr Hansell's Breast Clinic today. She tells me that she has been well since her last visit. She does however complain of a lumpy region around the most inferior scar on her left breast. She doesn't think this has changed since her last visit.

On examination today both axillae are clear. The right breast is clear. There is a lumpy area around the inferior scar on the left breast but this feels clinically like scar tissue.

Mammography today demonstrated no evidence of malignancy but advised biopsy or FNA of this region.

FNA of this region was described as acellular which is entirely in keeping with scar tissue.

In view of the above I have therefore reassured Mrs Watson. Although she is now 2 years post lumpectomy and she is not to be seen for 6 months she is rather anxious and keen to be seen before this. I have therefore agreed to see her in 3 months time after which she should be seen on a 6 monthly basis.

Yours sincerely

Dr Euan Dickson  
Senior House Officer

*See X-ray report*

cc: Dr T R J Evans, Senior Lecturer & Consultant in Medical Oncology  
Radiotherapy Department, Stobhill NHS Trust



Stobhill NHS Trust  
Balornock Road, Glasgow G21 3UW  
Telephone: 0141-201 3000

**RADIOTHERAPY DEPARTMENT**

**T R J Evans**

**A McDonald**

**Secretary: 0141 201 3639**

**Fax: 0141 201 3887**

Breast Clinic

HMCK/JL/623238

Dictated: 10.02.00

Typed: 14.02.00

Dr S C Lyon  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
GLASGOW G15 7TS

Dear Dr Lyon

Mary Watson, dob 06.03.54 Unit No 494748 Beatson No 623238  
28 Halgreen Avenue, Drumchapel, G15 8AB

Diagnosis: Left breast carcinoma T2 N1 1/13 lymph nodes positive Grade 1 ER positive  
Treated: Left lumpectomy and axillary node clearance, radiotherapy and adjuvant  
Tamoxifen 1996.  
July 1998 further excision of benign breast lump anterior breast

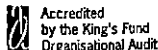
I reviewed this lady in the out patient clinic today. I was sorry to see that she has had such problems with depression and anxiety. She informs me that all her analgesia have been stopped and this is causing her considerable distress. She is in pain to the evenings related to her previous axillary surgery

I have suggested she approach you to discuss her psychological problems further and we will review her in clinic in four months time.

Yours sincerely

**H McKay**  
**SPECIALIST REGISTRAR IN ONCOLOGY**

cc Mr D T Hansell ✓  
Consultant Surgeon  
Stobhill Hospital



DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest  
Dr J A Davis  
Dr M Deeny  
Dr F Mackenzie  
Dr P Owen  
Dr N Siddiqui

Fax No: 0141 201 3889  
Direct Line: 0141 201 3435

SC/SH

Clinic: 23.05.2001  
Typed: 25.05.2001

Dr S C Lyon  
Drumchapel Health Centre  
80/90 Kilfauns Drive  
Glasgow  
G15

Dear Dr Lyon

Mary Watson, d.o.b. 06.03.54, Unit No 494748  
28 Kendoon Avenue, Glasgow

Your patient failed to attend her clinic appointment today, at Dr Davis' Multi-Disciplinary Gyn / Oncology Clinic. In note from her notes, that she had a radical hysterectomy for cervical carcinoma in 1991. That is now ten years and we would therefore be discharging her at this point.

We assume she is well although I do note she has other medical problems. If this is not satisfactory, please write back to us.

Yours sincerely

S Crawford  
Specialist Registrar

# WEST GLASGOW HOSPITALS

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 18 05 01

Typed: 22 05 01

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54  
28 KENDOON AVENUE GLASGOW G15 8AX

494748

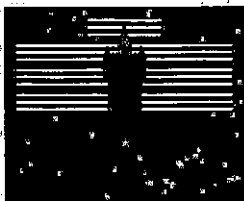
Further to the last letter on this lady, she failed to attend for a mammogram on the 20<sup>th</sup> of April.

Yours sincerely,



T R J Evans  
Senior Lecturer &  
Honorary Consultant in Medical Oncology

letter to GP  
copy to Mr Hansell



# West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY GLASGOW G11 6NT  
TEL 0141 211 1741 - FAX 01412 211 1869

VON/RM/623238

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
GLASGOW  
G21 3UW

Dear Mr Hansell

MARY WATSON 06 03 54 Unit No 494748  
28 KENDON AVENUE GLASGOW G15 8AX

Further to my letter of the 12 12 00 I have now had a chance to review this woman's Western notes. I see there is a history intermittently of chest pain and shortness of breath on and off since the early 1980's which the patient has been investigated by the Respiratory Physicians, and has seen the Cardiologists. I understand in fact that the patient underwent coronary angiography which demonstrated normal arteries. She had been an inpatient with chest pain and breathlessness in October under the physicians and had undergone chest x-ray, VQ scanning and bone scan all of which were satisfactory. She was readmitted just a few weeks ago with pyrexia, a raised white count and breathlessness and this was treated on the assumption that it was a chest infection. Her chest x-ray then really showed no change over previous.

I do not think that this is related to her previous history of her one out of 13 Grade 1 T2 breast cancer diagnosed in 1996. I have elected not to go ahead and perform a CT of chest just now however I will review her as planned in January. We will update you then.

Yours sincerely

Vincent O'Neill  
Specialist Registrar in Medical Oncology

Letter to: GP Dr S C Lyon

Copy to: Mr D T Hansell Cons Surgeon Stobhill Hospital Glasgow ✓

Dictated: 19 12 00

Typed: 27 12 00

Appt.: 09 01 01





# West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 23 11 00

Typed: 28 11 00

Follow-up:

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54  
28 KENDON AVENUE GLASGOW G15 8AB

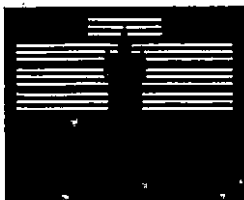
I understand this lady has recently changed her address which is why she has been unable to receive her appointments. She wishes to be followed up at the Beatson Oncology Centre and I have sent her an appointment for the 12<sup>th</sup> of December.

Yours sincerely

A handwritten signature in black ink, appearing to be 'T R J Evans'.

T R J Evans  
Senior Lecturer &  
Honorary Consultant in Medical Oncology

letter to GP  
copy to Mr Hansell



# West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY GLASGOW G11 6NT  
General Clinic - Dr T R J Evans

VO/LMCM/623238

Dictated: 12 12 00

Typed: 13 12 00

Follow-up:

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54  
28 KENDOON AVENUE GLASGOW G15 8AB

I saw this patient today. Unfortunately she had not been attending over the last few months because we had been sending her appointments to her previous address. This problem has now been rectified.

The patient tells me that over the last four weeks or so she has been experiencing an alternation in her bowel habit, but over the last week or two this has now settled and her bowels are what she describes as normal. She describes no pain, abdominal or otherwise.

She does however complain of breathlessness which she describes as her chief problem. This has been on going for at least three months and is worse sometimes compared to others. I understand the patient has been an in-patient under the care of the physicians in the Western, twice in the past three or four months for investigation of this. I see from the computer that a VQ scan performed on October was normal as was a bone scan, and a chest x-ray round about that time demonstrated mid zone atelectasis, but no other changes. These changes were thought to be present at least since February, although not thought significant. The patient in fact was an in-patient a week or so ago and a chest x-ray from that time has not been reported.

On examining Mrs Watson today there was no clinical evidence of loco regional recurrence of her breast cancer. The abdomen appeared normal. There may have been some dullness at the right base, but I was not fully convinced of this.

I found Mrs Watson today a difficult woman to assess. I was not at all convinced that her breathlessness was in any way related to her breast cancer for example due to underlying lymphangitis. I also thought that her bowel problems which seems to now have resolved, may in fact have been related to the courses of antibiotics the patient has taken for presumed chest infections.

I think I need to review the in-patient notes and discharge summary from the physicians along with her radiology.

Today I have taken baseline bloods and I have arranged to see the patient in the early New Year. We will update you then.

Yours sincerely



V O'Neill  
Specialist Registrar

letter to GP  
copy to Mr Hansell



# West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY, GLASGOW G11 6NT  
General Clinic - Dr T R J Evans

JW/LMCM/623238

Dictated: 06 02 01

Typed: 08 02 01

Follow-up:

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54 494748  
28 KENDON AVENUE GLASGOW G15 8AX

I reviewed this lady at Dr Evans oncology clinic today. The results of her recent blood tests are all within normal limits. Unfortunately she has not had her CT scan which is due at Stobhill Hospital on 20 02 01 and she still hasn't received word of the mammography appointment. I will chase this appointment with the x-ray department when we are next at Stobhill for the peripheral clinic.

She has got on going left sided niggling chest pain. She had been on Dihydrocodeine for this which she found helpful though she stopped it. I have given her a prescription for this again today. Exertional dyspnoea remains a problem on going upstairs. She has good days and bad days and these symptoms do vary. She admits to being anxious about her previous diagnosis of breast cancer. I have explained it is impossible to re-assure her on clinical grounds alone and would need the CT scan. If there is any suspicion on the CT scan of her chest wall or axillary recurrence, we may need to go ahead with a MRI scan.

/...

She has an appointment to see us on the 27<sup>th</sup> of February by which time hopefully her CT report will be available for us.

Yours sincerely

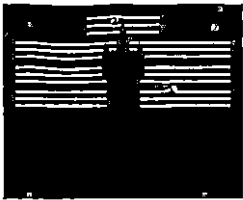
A handwritten signature in cursive script, appearing to read 'J White'.

J White

Specialist Registrar

letter to GP

copy to Mr Hansell



# West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY GLASGOW G11 6NT  
General Clinic - Dr T R J Evans

JW/LMCM/623238

Dictated: 27 02 01

Typed: 28 02 01

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54  
28 KENDOON AVENUE GLASGOW G15 8AX

I have reassured this lady that the CT scan does not show any abnormality to suggest a recurrence of her breast cancer. Unfortunately she still has on going symptoms of chest wall pain. She found the Dihydrocodeine helpful and I have repeat this again today. In addition she still has exertional dyspnoea and a cough productive of chronic catarrh. She admits to smoking heavily and puts this down to her anxiety state of her overall health. It certainly seems since she had a loss of bereavement some of which cancer related and others due to renal failure and road traffic accidents in her family. She certainly has a lot to cope with.

I think there are two ways forward from this situation. One is to try and address her coping mechanisms with her own ill health and the bereavement she has experienced over the years. To this end I will ask Dr Lesley McNair our Clinical Psychologist to see her and see if we can improve her coping mechanism.

The other point is that she has four young daughters, one of who is a nurse and is aware that Tamoxifen has a role in prevention strategies for women with high risk family's. I think it would seem appropriate in view of the early on set of her breast cancer and the other history of malignancy in her family, to ask Dr Davidson to see her at Yorkhill and get involved with the clinical genetic service.

We should give her a routine appointment to see her in the breast clinic at Stobhill in three months time.

She has a follow-up mammography arranged for 02 03 01 and is due to see Mr Hansell 08 03 01.

Yours sincerely



J White

Specialist Registrar

letter to GP  
copy to Mr Hansell



# West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY GLASGOW G11 6NT  
General Clinic - Dr T R J Evans

TRJE/LMCM/623238

Dictated: 09 01 01

Typed: 10 01 01

Follow-up:

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

*Douglas*  
Dear Dr Lyon

MARY WATSON 06 03 54 494748  
28 KENDOON AVENUE GLASGOW G15 8AX

I reviewed this lady who initially underwent a lumpectomy for a grade 1 invasive ductal carcinoma of the left breast with associated DCIS in October 1996 and was 70% ER positive with one out of thirteen nodes positive. She received six courses of adjuvant CMF chemotherapy, adjuvant radiotherapy and is now on adjuvant Tamoxifen from which she experiences no toxicity.

She had multiple problems when I saw her today in the clinic, mainly of intractable recurrent breathlessness with left sided chest pain, but no cough, sputum, wheeze, palpitations or haemoptysis. She also has long standing constipation ever since her original breast surgery.

I checked her blood profile today including her thyroid function test. On examination there was no abnormality on respiratory, cardiovascular or abdominal examination and there was no clinical evidence of loco regional recurrence or contra-lateral primary.

Further to Dr O'Neill's last letter, I know she has been investigated by the physicians here who have noted a normal chest x-ray, VQ scan and bone scan.

/...



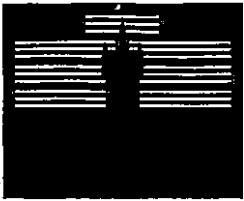
In the first instance I have arranged the blood profile to be taken today and also a mammogram at Stobhill and a CT scan of the chest and abdomen at Stobhill Hospital and will see her back with the results in four weeks time.

Yours sincerely

T J E

T R J Evans  
Senior Lecturer &  
Honorary Consultant in Medical Oncology

( ) letter to GP  
copy to Mr Hansell



# West Glasgow Hospitals

BEATSON ONCOLOGY CENTRE  
WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 15 03 01

Typed: 19 03 01

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54  
28 KENDON AVENUE GLASGOW G15 8AX

Yet again this lady did not attend for her recent mammogram on the 2<sup>nd</sup> of March. She is due to be seen again in the breast clinic in three months time and it would be more appropriate to try and attempt to do this on the day she is actually in the clinic to ensure that she complies given the number of recent times she has failed to attend for a mammogram.

Yours sincerely

T R J Evans  
Senior Lecturer &  
Honorary Consultant in Medical Oncology

letter to GP  
copy to Mr Hansell



# YORKHILL NHS TRUST

Tel: 0141 201 0000

EXT. 0802 / 0803 / 0805 / 0806

## WEST OF SCOTLAND CANCER GENETICS SERVICE

### Cancer Genetics Associates:

Mark Longmuir  
Lesley Snadden  
Catherine Watt

### MacMillan Cancer Genetics Nurses:

Louise Irvine and Heather Malloch

### Consultants:

Dr Rosemarie Davidson (Head of Service)  
Dr Margo Whiteford

Institute of Medical Genetics  
Yorkhill  
Glasgow G3 8SJ

Tel: 0141 201 0802 or 201 0365  
Fax: 0141 357 4277

CMW/20104/DH

May 31, 2001

Mr. Douglas Hansell  
Consultant Surgeon  
STOBHILL HOSPITAL  
GLASGOW

Dear Mr. Hansell,

I hope you are well.

Mrs. Mary Watson 28 Kendoon Avenue Glasgow G15 8AX (DOB 6/03/54)

Dr. White Specialist Registrar in Oncology referred this woman to the Department of Medical Genetics where I saw her on behalf of Dr. Rosemarie Davidson Consultant Clinical Geneticist. Mrs. Watson is due to attend for follow up at the breast clinic at Stobhill Hospital.

Mrs. Watson was diagnosed with cervical cancer in 1991 and then in 1996 she developed breast cancer. Mrs. Watson is one of 8 siblings and her mother (who died as a result of a myocardial infarction) was one of 9 siblings and there are many cousins in the family. There is no other breast cancer or ovarian cancer in this extended family. This would reduce the likelihood of an inherited predisposition and it is unlikely to be one of the gene faults we know of at present.

I explained to Mrs. Watson that the families who are most likely to have a mutation in one of these genes BRCA 1 and BRCA 2 are those families where there are 4 or more women affected at a young age, particularly if there is both breast and ovarian cancer.

From our guidelines and the family history at present we would not consider Mrs. Watson's daughters to be at significant increased risk of breast cancer and they would not require early screening.

We discussed several other issues in relation to her cancer diagnosis. Mrs. Watson is experiencing significant menopausal symptoms including hot flushes, night sweats and mood swings. Mrs. Watson says that she has low self-esteem and she feels that she has a poor quality of life. I note that she has had 5 years Tamoxifen therapy. Mrs. Watson asked about using hormone replacement therapy and we discussed the benefits and possible risks involved with HRT - its long term use and links with breast cancer. However I explained that she should discuss this matter with you.

Mrs. Watson is also having financial difficulties and I said that I would contact Sister Cathy Campbell on her behalf to enquire about accessing a Macmillan Grant.

I have enclosed a copy of Mrs. Watson's clinic letter for her notes.

Best wishes.  
Yours sincerely

A handwritten signature in black ink, appearing to read 'Catherine M. Watt'. The signature is fluid and cursive, with the first name 'Catherine' being more prominent than the last name 'Watt'.

Ms. Catherine M. Watt  
Cancer Genetics Associate.

CMW/20104/MW

May 31, 2001

Mrs. Mary Watson  
28 Kendoon Avenue  
Glasgow  
G15 8AX

Dear Mrs. Watson,

Thank you for attending the Cancer Family History Clinic, I hope that you found it useful. In this letter I will go over what we talked about at the clinic.

I explained that cancer is a common disease that affects 1 in 3 individuals. Most cancer 90-95% occurs by chance and it is sporadic. It is likely that only 5-10% of the disease occurs because of an inherited predisposition or gene fault. Breast cancer is a common disease, which affects 1 in 12 individuals at some point in their lifetime. In a family tree it is not unusual to see two relatives affected by breast cancer.

In families where there is an inherited predisposition or gene fault cancer tends to occur at a younger age; the same type of cancer may affect several family members; there may be unusual cancers; two different cancers may affect one family member or an individual may have bilateral primary cancers.

I explained that a person's body consists of millions of cells that all contain the genetic information that is unique to that individual. This information is contained in structures called chromosomes; these are arranged in pairs, one of each pair being inherited from each parent. The genes are arranged on these chromosomes. Some genes are responsible for eye colour; some genes are responsible for hair colour and some genes are responsible for the control of the cell.

If the genes that are responsible for the control of the cell become damaged then it is possible for that cell to grow uncontrollably, and grow into a cancer. The cell can repair some damage to the genes and the body's immune system can also destroy damaged cells. It also takes time for any one cell to accumulate enough damaged genes to become a cancer cell. This is why most cancer is a disease of old age.

In a person with an inherited predisposition to breast cancer one of these important genes is already damaged, either in a previous generation or when the individual is at a very early stage in the womb. This means that all the cells have one damaged gene already. It therefore takes time to accumulate other bits of damage and thus, the cancer occurs at a younger age.

There are genes which act as instructions determining cell growth. These genes instruct the cells to multiply and divide. If these genes are faulty then the "wrong" instructions are sent out and the cells multiply and divide abnormally eventually becoming a cancer.

You were diagnosed with cervical cancer in 1991 and underwent hysterectomy. In October 1996 you were diagnosed with breast cancer you had a lumpectomy and axillary clearance followed by radiotherapy, chemotherapy and Tamoxifen. There is no other breast cancer or ovarian cancer in your family, which would reduce the likelihood of an inherited predisposition and it is unlikely to be one of the gene faults we know of at present.

So far scientists have identified two predisposition genes, BRCA 1 (located on chromosome 17) and BRCA 2 (located on chromosome 13). The families who are most likely to have a mutation in one of these genes are those families where there are 4 or more women affected at a young age, particularly if there is both breast and ovarian cancer.

From our guidelines and the family history described we would **not** consider your family to be at significant increased risk of developing breast cancer. It would be helpful if you could find out more details on your mother's family. You asked about the increased risk associated with an individual having two primary cancers. I explained that it would be useful to find out more information on your cervical cancer but generally speaking it is not a cancer linked to BRCA 1 and BRCA 2 genetic mutations.

We talked about different issues in relation to your diagnosis and treatment of breast cancer. You told me that you have been experiencing menopausal like symptoms (hot flushes, night sweats and mood swings) which have had a significant impact on your quality of life. In particular you are troubled by the loss of your teeth and the fact that you now have to wear dentures. You feel that you have lost confidence, you have low self-esteem and as a result you feel that your personal and social life has suffered. We talked about the role of Cancer BACUP in providing support to individuals affected by cancer and their relatives the telephone number is 0141 553 1553.

I said that I would write to Mr. Hansell at Stobhill Hospital. I will also contact Sister Cathy Campbell Breast Care Nurse to inquire about accessing Macmillan Funding for you. Previously you missed your appointment at the breast clinic because you were undergoing investigations for respiratory problems.

We discussed possible protective factors. This is an area we do not fully understand however it would appear these factors could reduce the likelihood of breast cancer. A diet high in fresh fruit and vegetables (the current recommended amount is five pieces per day); regular exercise and moderate alcohol. Smoking **increases** the risk of cancer and it is best avoided. Breast self examination is a sensible thing to do as long as it does not make you too anxious. Having said all this some women who do all these things still get cancer so there is no way of being certain of avoiding the disease.

I hope this letter explains what we discussed. If you obtain further family information I would be grateful if you could pass this on to me. Similarly if you would like another appointment this can be arranged by contacting me on 0141 201 0805.

Best wishes.  
Yours sincerely

Ms. Catherine M. Watt  
Cancer Genetics Associate

Digestive Diseases Directorate

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW

Mr. D. T. Hansell

General Surgical Clinic

Symptomatic One-Stop Breast Clinic

Combined Surgery/Oncology Breast Clinic

Breast Family History Clinic

Clinic Co-ordinator: 0141-201-3000 Page 4232

Secretary: 0141-201-3780

HP/JH/CLI 28 03 02

2<sup>nd</sup> April 2002

Dr S C Lyon  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
Glasgow  
G15 7TS

Dear Dr Lyon

MARY WATSON DOB 06 03 54 UNIT NO 494748  
28 HALGREEN AVENUE DRUMCHAPEL G15 8AB

Diagnosis: Left Grade 1 with associated DCIS breast carcinoma - October 1996.  
T2 N1 ER positive:  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy.  
Adjuvant Tamoxifen 1996.  
July 1998 further excision of benign lump anterior aspect of breast.

I reviewed this lady at Mr Hansell's Breast Clinic today. As you know she has been rather erratic in attending ourselves and has also been erratic in attending for mammograms. I was pleased to hear she has remained well since we last saw her. Her only complaint was of occasional left calf discomfort. I understand this has previously been investigated and had settled down. She states she simply gets cramp in her left calf at night. It does not occur during the day.

On examination both calves were the same size. There was no swelling and no erythema. I therefore reassured her accordingly. I have however advised her if it were to persist she should let you know and we would be more than happy to see her again. On examination of her breasts there is no evidence of any local nor systemic recurrence. I have therefore reassured Mrs Watson accordingly. I have arranged to review her in one year as she is now more than 5 years post op.

Yours sincerely

Dr Heidi Parkinson  
Clinical Assistant to Mr D T Hansell MD (Hons) FRCS



**BEATSON ONCOLOGY CENTRE**  
**WESTERN INFIRMARY GLASGOW G11 6NT**  
General Clinic - Dr T R J Evans

IM/LMCM/623238

Dictated: 10 09 02  
Typed: 17 09 02

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 02 54  
28 KENDON AVENUE GLASGOW G15 8AX 494748

Diagnosis: Carcinoma cervix 1991  
Treatment: Radical hysterectomy  
Grade 1 invasive ductal carcinoma T2, one out of thirteen nodes positive,  
weekly ER positive  
Treatment: Six courses of adjuvant CMF chemotherapy  
Adjuvant radiotherapy  
Adjuvant Tamoxifen for five years

I reviewed Mrs Watson in the oncology clinic today. She remains generally well. She does complain of persistent niggling left sided chest pain which has been previously investigated and which has not altered in character. She had no other complaints.

On examination today there was no evidence of loco regional recurrence of her disease. Abdominal examination was unremarkable and her chest was clear to auscultation.

I have checked routine bloods today and arranged to see her back at the clinic in one months time. In the meantime she is due to see Mr Hansell in six months.

Yours sincerely

  
I Macpherson  
Research Fellow in Oncology

letter to GP  
copy to Mr Hansell

Digestive Diseases Directorate

Mr. D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic  
MR/GR

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-300 Page 4232  
Secretary: 0141-201-3780

Clinic & Dictated: 26.06.03  
Typed: 27.06.03

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital

Dear Mr Hansell

**Mary Watson, D.O.B. 06.03.54, Unit No. 494748**  
**28 Kendoon Avenue, Glasgow, G15 8AX**

Diagnosis: Left Grade 1 with associated DCIS breast carcinoma - October 1996  
T2 N1 - ER positive  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy,  
adjuvant Tamoxifen 1996  
July 1998 further excision of benign lump - anterior aspect of breast

This lady was seen at the Breast Clinic in your absence on 26<sup>th</sup> June. She is now some seven years post original diagnosis and has no evidence of recurrence, contra-lateral disease or lymphadenopathy. She remains very anxious about her breast and indeed is losing sleep over the possibility of recurrent disease in the left breast. I understand that she did see a Psychologist at the Beatson but this apparently has proved to be of no help to her. She has reached the stage of saying that she would prefer to have a completion mastectomy on the left and whilst she realises that this is not entirely logical, the anxiety does appear to be taking over her life. I have said that I would discuss this with you and that you would be in touch with her if you felt that a further consultation before her next appointment in a year was appropriate.

Yours sincerely

**Dr Marion Rankin**

Clinical Assistant to Mr D T Hansell MD (Hons) FRCS  
c.c.  
Dr S C Lyon  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
GLASGOW  
G15 7TS

Digestive Diseases Directorate

Mr. D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic  
MR/GR

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW



Clinic Co-ordinator: 0141-201-300 Page 4232  
Secretary: 0141-201-3780

Clinic & Dictated: 26.06.03  
Typed: 27.06.03

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital

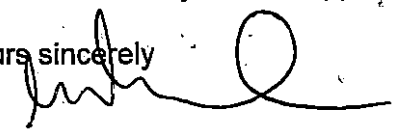
Dear Mr Hansell

**Mary Watson, D.O.B. 06.03.54, Unit No. 494748**  
**28 Kendoon Avenue, Glasgow, G15 8AX**

Diagnosis: Left Grade 1 with associated DCIS breast carcinoma - October 1996  
T2 N1 - ER positive  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy,  
adjuvant Tamoxifen 1996  
July 1998 further excision of benign lump - anterior aspect of breast

This lady was seen at the Breast Clinic in your absence on 26<sup>th</sup> June. She is now some seven years post original diagnosis and has no evidence of recurrence, contra-lateral disease or lymphadenopathy. She remains very anxious about her breast and indeed is losing sleep over the possibility of recurrent disease in the left breast. I understand that she did see a Psychologist at the Beatson but this apparently has proved to be of no help to her. She has reached the stage of saying that she would prefer to have a completion mastectomy on the left and whilst she realises that this is not entirely logical, the anxiety does appear to be taking over her life. I have said that I would discuss this with you and that you would be in touch with her if you felt that a further consultation before her next appointment in a year was appropriate.

Yours sincerely

  
**Dr Marion Rankin**

Clinical Assistant to Mr D T Hansell MD (Hons) FRCS  
c.c.

Dr S C Lyon  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
GLASGOW  
G15 7TS

**BEATSON ONCOLOGY CENTRE**  
**WESTERN INFIRMARY GLASGOW G11 6NT**

*General Clinic - Dr T R J Evans*

Tel no: 0141 211 1741 Fax no: 0141 211 2891

TRJE/LC/623238

Dictated: 09 09 03  
Typed: 15 09 03

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 02 54  
28 KENDOON AVENUE GLASGOW G15 8AX

This lady did not attend the clinic today. This is not unusual for Mrs Watson not to attend and I have therefore taken the precaution of organising a further appointment.

Yours sincerely



T R J Evans  
Senior Lecturer & Honorary Consultant  
in Medical Oncology

letter to GP  
copy to Mr Hansell

**BEATSON ONCOLOGY CENTRE**  
**WESTERN INFIRMARY GLASGOW G11 6NT**

*General Clinic - Dr T R J Evans*

Tel no: 0141 211 1741 Fax no: 0141 211 2891



CK/LC/50623238H

Dictated: 30 09 03  
Typed: 02 10 03

Mr D T Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

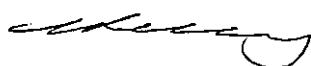
MARY WATSON 06 02 54  
28 KENDOON AVENUE GLASGOW G15 8AX

Diagnosis: Carcinoma of the cervix 1991  
Grade 1 invasive ductal carcinoma of the left breast  
Treatment: Radical hysterectomy  
Six courses of CMF chemotherapy followed by adjuvant radiotherapy and Tamoxifen

I reviewed this lady in the medical oncology clinic today. She tells me she is well. She has no new symptoms. She does have long standing back pain and I understand that she has been reviewed by the orthopaedic surgeons regarding this.

Mary has had a number of psychological problems related to her diagnoses and finds coming to the clinic a difficult prospect. Given that she is now seven years out of treatment, I have therefore discharged her from the clinic. We would of course be happy to see her again in the future should the need arise.

Yours sincerely



C Kelly  
Specialist Registrar in Medical Oncology

letter to GP  
copy to Mr Hansell, Mr Reece

E-mail Subject Line: Consultant Surgeon, Mr DOUGLAS HANSELL, 0603546323, Watson, Mary

|                        |                      |                |              |
|------------------------|----------------------|----------------|--------------|
| Clinic                 | Day Date 27.1.04     | Time 9.15      | Hospital No. |
| Consultant to complete | Appointment category | Clinic Details |              |

Date: 29 December 03 GP Urgency: Routine

CHI 0603546323

Please arrange for this patient to attend **Stobhill Hospital, Consultant Surgeon, General Surgery, Mr DOUGLAS HANSELL**

Surname **Watson**  
Forename **Mary**  
Address **28 Kendoon Avenue**  
**Glasgow**

Title **Miss**  
Date of birth **06/03/54**  
  
Tel **944 4831**

Post code **G15 8AX**  
Previous name  
" address

Previous hospital attendance Y/N Yes  
If Yes, please indicate year Year 2003

Unit number 623238

Referral checked by

Referring clinician: Dr West  
Drumchapel Health Centre  
80 Kinfauns Drive  
Glasgow  
G15 7TS

041 211 6100, fax:  
Practice Number. 40436

This lady was seen by you over the last few years following a grade one DCIS breast carcinoma in October 1996. She had a lumpectomy and axillary clearance, radiotherapy and Tamoxifen. She has now ceased taking the Tamoxifen. She returned with an area of lumpiness just medial and above the scar in her left breast and although it does not seem a very significant lump to me she is very anxious about it and I would be grateful if you could review her.

Yours sincerely,

**DR B A K WEST**

21/06/1958 Asthma NOS (H33zz)  
05/12/1985 [V]Sterilisation (ZV252)  
30/09/1991 Cervical intraepithelial neoplasia (B831.)  
30/09/1991 No smear - benign hysterectomy (685H.)  
30/10/1991 Chemotherapy (8BAD.)  
14/03/1995 FH: Asthma (12D2.)  
14/03/1995 FH: Neoplasm - \* (124..)   
01/01/1996 H/O: depression (1465.)  
21/10/1996 Malignant neoplasm of bone, connective tissue, skin and breast (B33..) [Left]  
"BREAST"  
21/12/1996 Lumpectomy of breast (71312)  
11/02/1997 Alopecia (M240.)  
15/05/1997 gems TREATMENT CENTRE (Z1026)  
16/01/1998 Chest infection (H06z0)  
25/10/1998 Constipation (19C..)   
12/10/2000 [D]Chest pain (R065.)  
12/10/2000 VQ - Ventilation perfusion scan (574A.)  
"NAD"  
07/12/2000 Tonsillitis (H03..)

|               |                                     |
|---------------|-------------------------------------|
| DATE RECEIVED | 31 DEC 2003                         |
| URGENT        | <input checked="" type="checkbox"/> |
| SOON          | <input type="checkbox"/>            |
| ROUTINE       | <input type="checkbox"/>            |
| REMARKS       |                                     |
| SIGNATURE     |                                     |
| DATE          | 08.01.04                            |

Watson, Mary, 0603546323, 06/03/1954 Mr DOUGLAS HANSELL Consultant Surgeon  
Stobhill Hospital Routine  
ES \\Gps40436serv2\Documents\Dr West\Watson, Mary 2003 12 29 #1.doc

27/02/2001 Computerised tomograph scan (567..)"NAD"  
30/07/2001 [D]Chest pain (R065.)  
30/07/2001 Acute lower respiratory tract infection (H062.)  
02/01/2002 Chest pain (182..)"MI -ve"  
30/10/2002 Notes summary on computer (9344.)  
11/06/2003 Blood sample -> Biochem Lab (4143.)"tft and chol"  
16/06/2003 biochemistry report received (Z1040)"tft, cholesterol"  
08/12/2003 Acquired hypothyroidism (C04..)  
Thyroxine Sodium tabs 25micrograms 1 tab daily  
Simvastatin tabs 40mg 1 tab nocte  
Diclofenac Sodium ec tabs 25mg 1 tab 3 times daily  
26/06/2002 Drugs and other substances-adverse effects in theraputic use (TJ...)  
"Septrin"  
14/03/1995 H/O: drug allergy (14L..)

Digestive Diseases Directorate

Mr. D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-3000 Page 4232  
Secretary: 0141-201-3780

MR/GR

Clinic & Dictated: 27.01.04  
Typed: 28.01.04

Dr G West  
Drumchapel Health Centre  
80 Kinfauns Drive  
GLASGOW  
G15 7TS

Dear Dr. West

**Mary Watson, D.O.B. 06.03.54, Unit No. 10494748E  
28 Kendoon Avenue, Glasgow, G15 8AX**

Thank you for your letter of 29<sup>th</sup> December regarding Mrs Watson. I must apologise for the fact that although she is a patient on regular review following her carcinoma of breast, you were asked to provide a further referral letter. This would not normally be the case and it is unclear who gave the patient the advice that she had to have a referral letter from yourself.

I am glad to say that the area of lumpiness which Mrs Watson was concerned about appears to be less prominent to her now and in fact I could find no discrete abnormality today. I requested a routine mammogram which is due in April and she will keep her review appointment in June.

Yours sincerely

**Dr Marion Rankin**

Clinical Assistant to Mr D T Hansell MD (Hons) FRCS



Digestive Diseases Directorate

Mr. D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic  
MR/GR/10494748E

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-3000 Page 4232  
Secretary: 0141-201-3780

Clinic & Dictated: 26.08.04  
Typed: 27.08.04

Dr G West  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
GLASGOW  
G15 7TS

Dear Dr West

**Mary Watson, 06.03.54, 28 Kendoon Avenue, Glasgow, G15 8AX**

Diagnosis: Grade 1 invasive ductal carcinoma – left breast – October 1996  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy and  
adjuvant Tamoxifen – 1996  
Further excision of benign lump in the anterior aspect of breast -  
July 1998

Mrs Watson has failed to attend two appointments on 24<sup>th</sup> June and 26<sup>th</sup> August. I assume this may be because her anxiety levels are still high but for the moment have sent no further appointment. I would be grateful if you could let us know whether it is appropriate for another appointment to be sent.

Yours sincerely

**Dr Marion Rankin**

Clinical Assistant to Mr D T Hansell MD (Hons) FRCS

Digestive Diseases Directorate

Mr. D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic  
MR/GR/10494748E

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-3000 Page.4232  
Secretary: 0141-201-3780

Clinic & Dictated: 11.11.04  
Typed: 12.11.04

Dr G West  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
GLASGOW  
G15 7TS

Dear Dr West

**Mary Watson, 06.03.54, 28 Kendoon Avenue, Glasgow, G15 8AX**

Diagnosis: Grade 1 invasive ductal carcinoma with associated DCIS –  
October 1996  
ER positive  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy and  
adjuvant Tamoxifen – (now discontinued)  
Further excision of benign lump in the anterior aspect of  
chest - July 1998

Mrs Watson re-appeared at the clinic today, having failed the previous three appointments which apparently she didn't receive, nor had she had her mammogram in April. We arranged this today and I am pleased to say that there is no evidence of active breast disease. Clinical examination was unremarkable.

She remains concerned about the appearance of the breast, in particular the fact that it is smaller than the contra-lateral breast. I have suggested to her that she might wish to try a specialist lingerie service which has now opened in Cumbernauld as they may be able to provide a small filler for the bra which would make her feel more comfortable about the appearance.

We have arranged to review her in one year.

Yours sincerely

**Dr Marion Rankin**

Clinical Assistant to Mr D T Hansell MD (Hons) FRCS

Digestive Diseases Directorate

Mr. D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic  
SM/GR/10494748E

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW

Clinic Co-ordinator: 0141-201-3000 Page 4232  
Secretary: 0141-201-3780

Clinic & Dictated: 10.11.05  
Typed: 14.11.05

Dr J Nugent  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
GLASGOW  
G15 7TS

Dear Dr Nugent

**Mary Watson, D.O.B. 06.03.54, (CHI NO. 6323), 28 Kendoon Avenue, Glasgow, G15 8AX**

Diagnosis: Grade 1 invasive ductal carcinoma with associated DCIS –  
October 1996  
ER positive  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy and  
adjuvant Tamoxifen – (now discontinued)  
Further excision of benign lump in the anterior aspect of  
chest - July 1998

This lady failed to attend the Breast Clinic today. She will be sent another appointment for 9<sup>th</sup> February, 2006.

Yours sincerely

**MR SUBHASIS MITRA**  
Specialist Registrar

Digestive Diseases Directorate

Surgical Division  
Stobhill Hospital  
Balornock Road  
Glasgow G21 3UW

Mr. D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic  
MR/GR/10494748E

Clinic Co-ordinator: 0141-201-3000 Page 4232  
Secretary: 0141-201-3780

Clinic & Dictated: 09.02.06  
Typed: 10.02.06

Dr N Nugent  
Drumchapel Health Centre  
80-90 Kinfauns Road  
GLASGOW  
G15 7TS

Dear Dr Nugent

**Mary Watson, D.O.B. 06:03.54, (CHI NO. 6323), 28 Kendoon Avenue, Glasgow, G15 8AX**

Diagnosis: Grade 1 invasive ductal carcinoma with associated DCIS –  
October 1996, ER positive  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy and adjuvant  
Tamoxifen

This lady was seen for review at the Breast Clinic. She is well with no evidence of recurrence, contra-lateral disease or lymphadenopathy.

She will be seen for final review and mammogram in one year. Thereafter she could be discharged to the routine screening service.

Yours sincerely

**Dr Marion Rankin**

Clinical Assistant to Mr D T Hansell MD (Hons) FRCS

# BREAST CLINIC

## DIRECT REPORT - PROVISIONAL

DATE: 8/3/07

NAME: MARY WATSON

CRIS 5168722

MAMMOGRAPHY: Post surgical deformity @ breast.

Calc oil cyst @ breast - R

Benign calc<sup>s</sup> at site of surgery. - R

nil else.

Compare with prev. when available.

L. Keen.

ULTRASOUND:

**Acute Services Division**  
**Surgery and Anaesthetics Directorate**

**Department of General Surgery**

Mr D. T. Hansell  
General Surgical Clinic  
Symptomatic One-Stop Breast Clinic  
Combined Surgery/Oncology Breast Clinic  
Breast Family History Clinic

Digestive Diseases Directorate  
Surgical Division  
Stobhill Hospital  
133 Balornock Road  
GLASGOW  
G21 3UW



Clinic Date 08/03/2007  
Typed 09/03/2007  
Our Ref LB/GR  
Clinic Co-ordinator: 0141 201 3000 Page 4232  
Secretary: 0141 201 3780

Dr SUSAN LYON  
DRUMCHAPEL HEALTH CENTRE  
80/90 KINFAUNS DRIVE  
G15 7TS

Dear Dr LYON

**MARY WATSON ~ 06/03/1954 ~ CHI: 0603546323 ~ CRN: 5063238H**  
**28 Kendoon Avenue, GLASGOW, G15 8AX**

Diagnosis: Grade 1 invasive ductal carcinoma with associated DCIS -  
October 1996, ER positive  
Treatment: Left lumpectomy and axillary node clearance, radiotherapy and adjuvant Tamoxifen

I saw Mrs Watson today in the clinic.

Clinical examination was unremarkable and a mammogram today showed post surgical deformity and some benign looking calcifications in the left breast but these will be compared with the previous films when these are available. Assuming that these all come back OK I have discharged her from the clinic but if there are any ongoing issues we will happily see her again.

Yours sincerely

**MISS LESLEY BROWN**  
**SHO 3**

WATSON, MARY

# Acute Services Division

## Digestive Diseases Directorate

### Department of General Surgery

Mr. D. T. Hansell

General Surgical Clinic

Symptomatic One-Stop Breast Clinic

Combined Surgery/Oncology Breast Clinic

Breast Family History Clinic



Surgical Division  
Stobhill Hospital  
133 Balornock Road  
GLASGOW  
G21 3UW

Clinic Co-ordinator  
0141 201 3000 Page 4232  
Secretary  
0141 201 3780

Clinic &        27/03/2007  
Dictated  
Typed        27/03/2007  
Our Ref       LB/LM/50623238H

Mrs Mary Watson  
28 Kendoon Avenue  
Glasgow  
G15 8AX

Dear Mrs Watson

Your old mammograms have now been compared. These are unchanged from previous. This is obviously very reassuring.

We have discharged you to the Screening Programme but should you have any ongoing concerns, we would happily see you back.

Yours sincerely

**MISS LESLEY BROWN**  
**SHO 3**

cc. Dr Susan Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
G15 7TS

|                      |        |             |      |                 |
|----------------------|--------|-------------|------|-----------------|
| Hospital<br>use only | Clinic | Day<br>Date | Time | Hospital<br>No. |
|----------------------|--------|-------------|------|-----------------|

Transport required?

## REFERRAL LETTER

### MEDICAL IN CONFIDENCE

Attachments

**REFERRAL TO**

Urology  
GGC General Referral

Western Infirmary/Gartnavel General  
Dumbarton Road  
Glasgow  
G11 6NT

— **Consultant / receiving practitioner  
and/or specialty clinic**

— **Hospital and hospital address**

Hospital location code.

G516H

Email address

**Urgency of referral**

ROUTINE

**Date of referral**

20-Aug-2012

**Date sent**

21-Aug-2012

**PATIENT DETAILS****Surname**

Watson

**Forename(s)**

Mary

**Title**

Miss

**Sex**

Female

**Date of birth**

06-Mar-1954

**CHI no.**

0603546323

**Area of  
Residence****Patient's address**

28 Kendoon Avenue  
Glasgow  
G15 8AX

Contact number(s)

Voice: 07544340921

\*101004070908E\*

Unique Care Pathway Number: 101004070908E

**REGISTERED GP DETAILS****Name**

Dr SC Lyon

**GMC code**

3298581

**GP code**

06084

**Practice name**

Dr Nugent and Partners (18829)

**Practice code**

40436

**Practice address**

80-90 Kinfauns Drive  
Drumchapel  
Glasgow  
G15 7TS

Contact number(s)

Voice: 041 211 6100

Facsimile: 0141 211 6104

**REFERRING GP DETAILS****Name**

Dr. Judith Marshall

**GMC code**

6102347

**GP code**

03191

**Practice name**

Dr Nugent &amp; Partners (40436)

**Practice code**

40436

**Practice address**

Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

Contact number(s)

Voice: 0141 211 6100



**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: Incontinence management - FAO Miss Seaward

Comment: Dear Miss Seaward,

I would be grateful if you could see this lady. She has a history of previous breast cancer and also cervical cancer for which she had a total abdominal hysterectomy and exenteration with chemoradiotherapy. This was 21 years ago and since then she has been incontinent of urine. She says she has not been assessed in recent times for this incontinence. She finds it very embarrassing and it limits her function as she feels she can't go out of the house. She fell away from getting pads through the NHS because by mistake they delivered it to her neighbour which caused her humiliation.

I have recently met Mrs Watson and have a number of concerns about her general health and I feel that I am gradually beginning to get to know her and sort out some of these problems that she has. She was very embarrassed about the incontinence and says that I was the first person that she had told for a good number of years. I offered to refer her to yourselves for consideration of any help that you may be able to offer her and I did discuss whether a long term catheter would be more acceptable to her. She just feels that she has no control over her bladder at all. Because of her anxieties regarding attending your service I did ask if a female consultant would be her preference and she said yes immediately.

I would be grateful therefore if you could see her in your clinic. However I know it is not always possible to guarantee there will be female doctors working but if this was possible it would greatly help Mrs Watson and also when going forward for any further hospital investigations that she may need.

If you require any further information please do not hesitate to contact me.

Yours sincerely

DR J MARSHALL

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history****Pre-existing conditions** (High & medium priority - all)

| Description                                             | Comment     | Date of onset | Date recorded |
|---------------------------------------------------------|-------------|---------------|---------------|
| Acquired hypothyroidism                                 | -           | 08-Dec-2003   | 08-Dec-2003   |
| Chest pain                                              | MI -ve      | 02-Jan-2002   | 02-Jan-2002   |
| [D]Chest pain                                           | -           | 30-Jul-2001   | 30-Jul-2001   |
| [D]Chest pain                                           | -           | 12-Oct-2000   | 12-Oct-2000   |
| Chest infection                                         | -           | 16-Jan-1998   | 16-Jan-1998   |
| Alopecia                                                | -           | 11-Feb-1997   | 11-Feb-1997   |
| Malign neop of bone, connective tissue, skin and breast | Left BREAST | 21-Oct-1996   | 21-Oct-1996   |
| H/O: depression                                         | -           | 01-Jan-1996   | 01-Jan-1996   |
| Cervical intraepithelial neoplasia                      | -           | 30-Sep-1991   | 30-Sep-1991   |
| [V]Sterilisation                                        | -           | 05-Dec-1985   | 05-Dec-1985   |

**Past procedures** (High and medium priority - all)

| Description                    | Date performed | Date recorded |
|--------------------------------|----------------|---------------|
| Lumpectomy of breast           | 21-Dec-1996    | 21-Dec-1996   |
| No smear - benign hysterectomy | 30-Sep-1991    | 30-Sep-1991   |

**Family conditions** (All priorities)

| Description      | Date of Onset |
|------------------|---------------|
| FH: Neoplasm - * | 14-Mar-1995   |

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

| <u>Drug name</u>                                   | <u>Quantity</u> | <u>Formulation</u> | <u>Dosage</u>        | <u>Frequency</u> | <u>Date started</u> | <u>Date last issued</u> |
|----------------------------------------------------|-----------------|--------------------|----------------------|------------------|---------------------|-------------------------|
| Gaviscon Original Aniseed Relief Oral suspension   | 300             | 300 LIQ            | 15 ml 3 times daily  | -                | 23-Mar-2011         | 19-Jul-2012             |
| Atorvastatin Tablets 40 mg                         | 56              | 56 TABS            | 1 Tab At night       | -                | 23-Mar-2011         | 20-Jul-2012             |
| Dihydrocodeine Tartrate Tablets 30 mg              | 100             | 100 TABS           | 1 Tab qds if req     | -                | 12-May-2011         | 19-Jul-2012             |
| Glyceryl Trinitrate Pump spray 400 micrograms/dose | 1               | 1 SPRAY            | 2 Puffs subling prn  | -                | 12-May-2011         | 22-Jun-2012             |
| Levothyroxine Sodium Tablets 100 micrograms        | 56              | 56 TABS            | 1 Tab In the morning | -                | 12-May-2011         | 20-Jul-2012             |

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

| <u>Drug name</u>                      | <u>Quantity</u> | <u>Formulation</u> | <u>Dosage</u>            | <u>Frequency</u> | <u>Date started</u> | <u>Date last issued</u> |
|---------------------------------------|-----------------|--------------------|--------------------------|------------------|---------------------|-------------------------|
| Citalopram Hydrobromide Tablets 10 mg | 7               | 7 tablet           | ONE TO BE TAKEN EACH DAY | -                | 15-Aug-2012         | 15-Aug-2012             |
| Mirtazapine Tablets 15 mg             | 7               | 7 tablet           | ONE TO BE TAKEN AT NIGHT | -                | 08-Aug-2012         | 08-Aug-2012             |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| <u>Description/Question</u> | <u>Result/Comment</u>                                         | <u>Date</u> |
|-----------------------------|---------------------------------------------------------------|-------------|
| Current smoker:             |                                                               | 17-Aug-2012 |
| Current smoker:             | Disease: SPICE Basic Health Values, now 10 per day priority=2 | 07-Oct-2008 |
| Ex smoker:                  | Disease: SPICE Basic Health Values, priority=2                | 01-Nov-2007 |
| Current smoker:             | Disease: SPICE Basic Health Values, priority=2                | 27-Jun-2006 |
| Current smoker:             | Disease: SPICE Basic Health Values, priority=2                | 03-Nov-2005 |
| Teetotaler:                 | Disease: SPICE Basic Health Values, priority=2                | 07-Oct-2008 |
| Teetotaler:                 | Disease: SPICE Basic Health Values, priority=2                | 01-Nov-2007 |
| Teetotaler:                 | Disease: SPICE Basic Health Values, priority=2                | 27-Jun-2006 |
| Teetotaler:                 | Alcohol Intake\$.clm - No Action Required                     | 14-Mar-1995 |
| Enjoys light exercise:      | Disease: SPICE Basic Health Values, priority=2                | 07-Oct-2008 |
| Enjoys light exercise:      | Disease: SPICE Basic Health Values, priority=2                | 27-Jun-2006 |

**Clinical warnings****Allergies**

| <u>Description</u>               | <u>Date recorded</u> |
|----------------------------------|----------------------|
| Adverse reaction to trimethoprim | 26-Jun-2002          |

**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes  
 Patient will accept any site:Yes  
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
 Patient has disability or requires wheelchair access:No  
 Referred By:Referring GP  
 Electronic Attachment Present:No

**Social circumstances**

Ethnic Origin: (White) Scottish

**Cervical Cytology, Stobhill Hospital**

0141-201 3536

|                |                   |             |                  |
|----------------|-------------------|-------------|------------------|
| Name           | Date of Birth     | Unit Number | Pathology Number |
| WATSON, Mary   | 06 Mar 54         | 494748      | C99-09655        |
| Consultant /GP | Location          |             | Date Received    |
| Dr J A DAVIS   | Ward 4B, Stobhill |             | 29/07/99         |

Clinical Comments:

Cytology Report:

**NEGATIVE**

Smear taken from the vaginal vault.

Please repeat the smear as clinically indicated.

Reported by:

Mrs M Adam

Date despatched:

06/08/99

Code

1.6.0.3





## GYNAECOLOGICAL CYTOLOGY

HOSPITAL .....

OINT PEN FIRMLY

LAB. NUMBER..... C9909655

|                                 |  |                                         |  |                             |  |                                         |  |
|---------------------------------|--|-----------------------------------------|--|-----------------------------|--|-----------------------------------------|--|
| S 494748 F/M                    |  | Birth Date                              |  | D M Y                       |  | CHI. Number                             |  |
| F WATSON MARY                   |  | Date of Examination                     |  | 28 07 99                    |  | Hospital Record Number                  |  |
| P 28 HALGREEN AVE               |  | Address Results to be sent if different |  |                             |  | Previous Examination or Cytology Number |  |
| P DRUMCHAPEL                    |  | Postal Code                             |  | 40544                       |  | Date of Previous Examination            |  |
| G15 8AB                         |  | Name and Full Postal Address of G.P.    |  | Name and Address of Sender  |  | Postal Code                             |  |
| Drummond Ave                    |  | Dr DAVIS                                |  | SEC 4B                      |  |                                         |  |
| G15 7TS                         |  | G.P. Clinic                             |  | Reason for Smear            |  | Date of L.M.P.                          |  |
| F.P. Clinic                     |  | 09                                      |  | 1st Ever Examination        |  | No. of Pregnancies                      |  |
| W.W. Clinic                     |  | 01                                      |  | Routine Repeat              |  | Age at Menopause                        |  |
| Maternity                       |  | 00                                      |  | Repeat of previous non-neg. |  | Radiation (Pelvic) YES 1                |  |
| Gynaecology                     |  | 03                                      |  | Other (Specify)             |  | Hormone Treatment YES 1                 |  |
| G.U.M.                          |  | 04                                      |  |                             |  |                                         |  |
| Other                           |  | 05                                      |  |                             |  |                                         |  |
| Colposcopy                      |  | 20                                      |  |                             |  |                                         |  |
| Contraception                   |  | Smear Type                              |  | Appearance of Cervix        |  |                                         |  |
| Nil                             |  | Cervical 1                              |  | Intact                      |  | 1                                       |  |
| I.U.C.D. Oral                   |  | Vaginal 2                               |  | Ectopy                      |  | 2                                       |  |
| Past 2 2                        |  | Other 3                                 |  | Infected                    |  | 3                                       |  |
| Current 3 3                     |  |                                         |  | Suspicious                  |  | 4                                       |  |
|                                 |  |                                         |  | Malignant                   |  | 5                                       |  |
| Clinical Diagnosis and Comments |  | Result                                  |  | Result                      |  |                                         |  |
| KAND 157                        |  | Unsatisfactory                          |  | Trich                       |  | 1                                       |  |
| Clinician's Signature           |  | Negative                                |  | Yeast                       |  | 2                                       |  |
| Pathologist's Comments          |  | Borderline                              |  | Virus                       |  | 3                                       |  |
| c/8/99                          |  | Mild Dyskaryosis                        |  | ADVICE                      |  |                                         |  |
| Date                            |  | Moderate Dyskaryosis                    |  | Routine Repeat 3yrs         |  | 1                                       |  |
|                                 |  | Severe Dyskaryosis                      |  | Repeat in Mths              |  | 2                                       |  |
|                                 |  | ? Invasion                              |  | Refer to Colposcopy         |  | 3                                       |  |
|                                 |  | Glandular Abnormality                   |  | Refer to Gynaecology        |  | 4                                       |  |
|                                 |  | Adenocarcinoma                          |  |                             |  |                                         |  |
|                                 |  | Other                                   |  |                             |  |                                         |  |

0157811

S



## GYNAECOLOGICAL CYTOLOGY

HOSPITAL

C98 05040

USE BALLPOINT PEN FIRMLY

LAB. NUMBER

|                                                                                     |             |             |                             |                                         |                                   |                              |  |                                   |                      |
|-------------------------------------------------------------------------------------|-------------|-------------|-----------------------------|-----------------------------------------|-----------------------------------|------------------------------|--|-----------------------------------|----------------------|
| 494748                                                                              |             | WATSON MARY |                             | Birth Date                              |                                   | D M Y                        |  | ← CHI. Number →                   |                      |
| 28 HALGREEN AVE                                                                     |             | F           |                             | Date of Examination                     |                                   | 17 04 98                     |  | Hospital Record Number            |                      |
| DRUMCHAPEL                                                                          |             | M           |                             | Previous Examination or Cytology Number |                                   |                              |  |                                   |                      |
| For permanent Address (with postal code) 06/03/1954 Results to be sent if different |             | G15 8AB     |                             | G.P. Prac. 40544                        |                                   | Date of Previous Examination |  |                                   |                      |
| Postal Code                                                                         |             | Postal Code |                             | Name and Address of Sender              |                                   | DR DAVIS                     |  | REPT OF GYNAECOLOGY, SEABHILL NHS |                      |
| Postal Code                                                                         |             | Postal Code |                             | Name and Address of Sender              |                                   | DR DAVIS                     |  | REPT OF GYNAECOLOGY, SEABHILL NHS |                      |
| SENDER                                                                              | G.P.        | 1           | Reason for Smear            | 1                                       | Date of L.M.P.                    | Contraception                |  | Smear Type                        | Appearance of Cervix |
|                                                                                     | F.P. Clinic | 2           | 1st Ever Examination        | 2                                       | No. of Pregnancies                | I.U.C.D.                     |  | Cervical                          | Intact               |
|                                                                                     | W.W. Clinic | 3           | Routine Repeat              | 3                                       | Age at Menopause                  | Nil                          |  | Vaginal                           | Ectopy               |
|                                                                                     | Maternity   | 4           | Repeat of previous non-neg. | 4                                       | Radiation (Pelvic)                | Past                         |  | Other                             | Infected             |
|                                                                                     | Gynaecology | 5           | Other (specify)             |                                         | Hormone Treatment                 | Current                      |  |                                   | Suspicious           |
|                                                                                     | G.U.M.      | 6           |                             |                                         |                                   |                              |  |                                   | Malignant            |
|                                                                                     | Other       | 7           |                             |                                         |                                   |                              |  |                                   |                      |
|                                                                                     | Colposcopy  | 8           |                             |                                         |                                   |                              |  |                                   |                      |
| Clinical Diagnosis and Comments                                                     |             |             |                             |                                         | FOR LAB. USE ONLY                 |                              |  |                                   |                      |
| Routine vault smear.                                                                |             |             |                             |                                         | Negative 1 Trich 1                |                              |  |                                   |                      |
| RHND for review (CA)                                                                |             |             |                             |                                         | Borderline 2 Yeast 2              |                              |  |                                   |                      |
| Clinician's Signature                                                               |             |             |                             |                                         | Mild Dyskaryosis 3 Virus 3        |                              |  |                                   |                      |
| Pathologist's Comments                                                              |             |             |                             |                                         | Moderate 4                        |                              |  |                                   |                      |
| NEGATIVE Vault smear.                                                               |             |             |                             |                                         | Severe 5                          |                              |  |                                   |                      |
| Please repeat as clinically indicated.                                              |             |             |                             |                                         | Other 6                           |                              |  |                                   |                      |
| Dr. M. Laing                                                                        |             |             |                             |                                         | Unsatisfactory 7                  |                              |  |                                   |                      |
| Pathologist's Signature                                                             |             |             |                             |                                         | Routine Repeat in 3 years 1       |                              |  |                                   |                      |
| Date                                                                                |             |             |                             |                                         | Repeat in ..... Months 2          |                              |  |                                   |                      |
|                                                                                     |             |             |                             |                                         | Refer to Gynaecology/Colposcopy 3 |                              |  |                                   |                      |

0197811

# INPATIENT ADMISSION ASSESSMENT FORM

WAITING LIST COPY

Day of admission: WEDNESDAY

Date of admission: 25.9.96

Time of admission: 10.30 AM  
(please report to reception at Main Entrance)

Ward: S

Transport required: YES/NO NO Type: \_\_\_\_\_

Patients Details (LABEL on all copies)

494748  
WATSON MARY  
32 KENDON AVE  
DRUMCHAPEL  
06/03/1954  
G15 8AX G.P. Prac. 40205

TEL NO.  
HOME 9642 7780  
BUSINESS

Consultant: MR. HANSELL

Procedure: CONNECTION

Date of clinic: 17.9.96

Ordered YES/NO

G.P. DETAILS (LABEL)

DR.  
DRUMCHAPEL HEALTH CENTRE  
80-90 KINFAUNS DRIVE  
GLASGOW  
G15 7TS  
G.P. Prac. 40205

# HOSPITAL MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY  
BEFORE IT WILL BE DISPENSED

ST. JAMES N.H.S. TRUST  
GL. 10W  
G21 3UW  
Telephone 0141-201 3000

FORM NO. 42725

Dear Dr. ....  
Your patient **MARY WATSON**  
Age... Unit No. **494.748**  
Address... **32 Kendon ave.**

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment from date of discharge is shown in "Recommended Duration of Treatment" column. Please check Pharmacy use column to identify the product supplied.  
(A-SEVEN DAYS SUPPLY HAS ~~HAS NOT~~ BEEN DISPENSED BY THE HOSPITAL.)  
(\*Delete as applicable).

Under the care of **Mr. Hansen**  
was seen as an outpatient/discharged from Ward\* **5** on **10/10/96**  
with a diagnosis of **② Breast lumpectomy + ANC**  
Please TICK box if child-proof containers are UNSUITABLE ☐

## Note to hospital prescriber:

- Use a ballpoint pen
- In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
- If treatment is to be for an indefinite period, mark "INDEFINITE"
- If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

| Medicine        | Dosage Form<br>eg. Tablets | Dose        | Times of Administration |          |          |                   | Recommended<br>Duration of Treat-<br>ment from Date of<br>Discharge (Days) | PHARMACY USE             |                                                     |
|-----------------|----------------------------|-------------|-------------------------|----------|----------|-------------------|----------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
|                 |                            |             |                         |          |          |                   |                                                                            | No. of<br>Days<br>Supply | Quantity, Name and Strength<br>supplied by Pharmacy |
| <b>D.F118</b>   | <b>tablets</b>             | <b>30mg</b> | <b>4</b>                | <b>6</b> | <b>h</b> | <b>PRN (Mars)</b> | <b>indef.</b>                                                              | <b>20x</b>               | <b>Marlen</b>                                       |
| <b>Diazepam</b> | <b>tablets</b>             | <b>2mg</b>  | <b>4</b>                | <b>6</b> | <b>h</b> | <b>Noct</b>       | <b>indef.</b>                                                              | <b>7x</b>                | <b>7x</b>                                           |
|                 |                            |             |                         |          |          |                   |                                                                            |                          |                                                     |
|                 |                            |             |                         |          |          |                   |                                                                            |                          |                                                     |
|                 |                            |             |                         |          |          |                   |                                                                            |                          |                                                     |
|                 |                            |             |                         |          |          |                   |                                                                            |                          |                                                     |
|                 |                            |             |                         |          |          |                   |                                                                            |                          |                                                     |
|                 |                            |             |                         |          |          |                   |                                                                            |                          |                                                     |
|                 |                            |             |                         |          |          |                   |                                                                            |                          |                                                     |

Medicine Sensitivity 1. 2. Dispensed by: **Em**

Checked by: **CP** Date Dispensed: **10/10/96**

OTHER TREATMENT and COMMENTS (including details of appliances, etc.)

**F.u to be arranged by sister Cambell**

MEDICATION COLLECTED BY (MESSENGER)

## FOR WARD USE ONLY

DRs. NAME IN BLOCK CAPITALS **M. McARTHUR** SIGNATURE **M. McARTHUR** DATE **10/10/96**

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Radiopager No. **4046**

|                                           |  |
|-------------------------------------------|--|
| Received on Ward by                       |  |
| Issued by                                 |  |
| Date Issued                               |  |
| Signature of Patient<br>or Representative |  |

MEDICAL HYSTERECTOMY - PROCEDURAL LISTINGS.

Stobhill Hospital - Gynaecological Oncology Audit

NURSING PROCEDURES - WARD LEVEL

000003

PLEASE COMPLETE AT FIRST O P VISIT APPROXIMATELY 6 MONTHS POST-OP  
PERSONAL DETAILS - CONFIDENTIAL

Name *Mary Watson*

Today's date:

Age:

Theatre date: *Mon 20/9/91*

Hospital No:

=      mths post-op

BOWEL FUNCTION: Normal 0                      10 problems

is patient's bowel function back to normal                      Y/N

if not:

is patient suffering from diarrhoea                      Y/N

constipation                      Y/N

pain (from bowel)                      Y/N

is this operation induced                      Y/N

and not present before operation                      Y/N

if present before operation is condition worse                      Y/N

REMARKS:

BLADDER FUNCTION: 0                      10 problems

is bladder function back to normal                     

if not:

is catheter removed                      Y/N if so when                      = weeks post op.

if catheter removed but problems remain, please state type below:

urgency                      Y/N

frequency                      Y/N

urgency with incontinence                      Y/N

definite incontinence (req. to wear pads)                      Y/N

loss of sensation                      Y/N

difficulty in voiding                      Y/N

urinary retention                      Y/N

UTI                      Y/N

dysuria                      Y/N

problem with bladder, did this commence with                      Y/N

gynaecological problem                      Y/N

post-operatively                      Y/N

present before operation is condition any worse                      Y/N

REMARKS:

PLEASE COMPLETE IF APPLICABLE

all problems: 0                      10 problems

REMARKS:



## RADICAL HYSTERECTOMY - PATHOLOGY

DR.

Stobhill Hospital Gynaecological Oncology Audit

Patient code number (025)

Date:

Patient name: Mary Haxton

Hospital No:

000118

| Histology | original |    |  | hysterectomy   |
|-----------|----------|----|--|----------------|
| Squamous  | ( )      | 1  |  | Squamous ( ) 1 |
| Adeno     | ( )      | 2  |  | Adeno ( ) 2    |
| Adeno sq  | ( )      | 3  |  | Adeno sq ( ) 3 |
| Adeno ac  | ( )      | 4  |  | Adeno ac ( ) 4 |
| Verruc    | ( )      | 5  |  | Verruc ( ) 5   |
| Clear c   | ( )      | 6  |  | Clear c ( ) 6  |
| Endometr  | ( )      | 7  |  | Endometr ( ) 7 |
| Other     | ( )      | 10 |  | Other ( ) 10   |

Clinical stage ( ) Surgical stage ( ) Microinvasion ( )

RECENT CONE BIOPSY Y/N Date:

LETT 2 Y/N Date:

Differentiation

Well ( ) 1 Mod ( ) 2 Poor ( ) 3 Anaph ( ) 4

Tumour size mm trans A.P. Up/Down Max Depth  
 CIN Present: No, I, II or III 0/1/2/3.

Lymphatic space involvement Y/N

Vascular space involvement Y/N Complete excision Y/N

HYSTERECTOMY

No residual disease Y/N.

Differentiation

Well ( ) 1 Mod ( ) 2 Poor ( ) 3 Anapl ( ) 4

Tumour size mm trans A.P. Up/Down Max Depth  
 CIN present: No, I, II or III 0/1/2/3.

Vaginal involvement Y/N

Lymphatic space involvement Y/N Vascular space involvement Y/N

Endometrial spread Y/N Myometrial spread Y/N

Peritoneal washings +ve, -ve, not taken. ( ) 1/2/3

Excision margins Vaginal clear Y/N

Cervix clear Y/N or Uncertain 1/2/3.

Paracervical glands identified Y/N if Y +ve/-ve ( ) 1/2.

| Lymph nodes.    | No. | +ve |  | No.             | +ve     |
|-----------------|-----|-----|--|-----------------|---------|
| Rt iliac        | ( ) | ( ) |  | Lt iliac        | ( ) ( ) |
| Rt obturator    | ( ) | ( ) |  | Lt obturator    | ( ) ( ) |
| Rt common iliac | ( ) | ( ) |  | Lt common iliac | ( ) ( ) |

Para aortic ( ) ( )

Trans peritoneal spread Y/N Specify where

RADICAL HYSTERECTOMY - THEATRE PROCEDURES

DR.

Stobhill Hospital Gynaecological Oncology Audit  
THE TECHNIQUE

000117

Patient Code number (25) Date of operation: *Mon 20/1/91*  
Patient Name: *Mary Watson* Hospital No:

EUA Y/N and packing Y/N Cystoscopy Y/N Laparotomy Y/N

Para aortic node sampling Y/N Peritoneal washings Y/N

Radical hysterectomy Y/N Pelvic node dissection

Pelvic node sampling only Y/N *rt* Y/N  
*lt* Y/N

R.S.O. Y/N L.S.O. Y/N Omentectomy Y/N

Ligation of rt int iliac Y/N of lt int iliac Y/N

Blood loss ( ) mls. Blood transfusion Y/N ( ) units

Intraoperative problems Y/N Haemorrhage >700mls) Y/N  
Opening bladder Y/N  
Ureteric damage Y/N  
Bowel perforation Y/N  
Major vessel damage Y/N  
Other Y/N  
Specify:

Procedure abandoned Y/N Reason:

Outside expertise requested Y/N

Surgeon: General Y/N Urologist Y/N Vascular Y/N  
Orthopaedic Y/N Plastic Y/N

Specialised techniques used:

- 1 Pre operative haemodilution Y/N
- 2 Ultra sonic aspiration Y/N
- 3 Laser hyperthermal ablation Y/N

Added surgical procedures:

- 1 Small bowel repair Y/N
- 2 Small bowel resection and anastomosis Y/N
- 3 Large bowel repair Y/N
- 4 Large bowel resection and anastomosis Y/N
- 5 Colostomy Y/N
- 6 Major vessel repair Y/N
- 7 Bladder repair Y/N
- 8 Ureteric repair Y/N Bilateral Y/N
- 9 Trans ureteric anastomosis Y/N
- 10 Nephrectomy Y/N
- 11 Ureteric stents Y/N

000110

## RADICAL HYSTERECTOMY - Pretreatment &amp; Referral.

## Stobhill Hospital Gynaecological Oncology Audit

Patient code number: (025) Date: 30/9/93  
 NAME: Mary WATSON D O B: 6/3/54 Age: 37  
 Hospital number:  
 Residential area: code for patient:

Referral source - Hospital ( ) Consultant ( )  
 Other: ( ) Specify source:  
 Colposcopy ( )  
 Date of referral:  
 Referral Direct admission ( ) Date:  
 To GOPD ( ) Date:  
 To colposcopy ( ) Date:  
 Other ( ) Date:  
 Specify:

Presentation: Cytology ( ) Symptoms ( ) Examination ( )  
 Biopsy ( ) Other ( ) Specify:

Diagnosis: Clinically ( ) Colposcopically ( )  
 Colp biopsy ( ) Cone biopsy ( )  
 Curettage ( ) Biopsy ( )  
 Other ( )

Pre-treatment investigations arranged by Stobhill:

Hb ( ) U&E ( ) LFTs ( ) Bl grp ( )  
 CXR ( ) IVP ( ) CAT ( ) MRI ( )  
 U/scan Abdo/pelvic ( ) Vaginal ( )  
 Urodynamics ( ) ECG ( ) Other ( ) Specify:

Pre-treatment investigations carried out by referring hospital:

Hb ( ) U&E ( ) LFTs ( ) Bl grp ( )  
 CXR ( ) IVP ( ) CAT ( ) MRI ( )  
 U/scan Abdo/pelvic ( ) Vaginal ( )  
 Urodynamics ( ) ECG ( ) Other ( ) Specify:

## Patient details:

Marital status: M(arried), S(ingle), W(idowed),  
 D(ivorced).

Parity: Weight: Kgs.  
 Last smear: (date). Abnormal/normal:

Most recent F.P.: O/C ( ) NR ( )  
 IUCD ( )  
 Sheath ( )  
 Diaph ( )  
 Depo ( )  
 Ster ( )  
 Vasect ( )  
 Safe p ( )  
 Withdr ( )  
 None ( )

Past history of CIN: Y/N

# BIOCHEMISTRY DEPARTMENT



E2

Name: WATSON MARY Sex: F D.O.B.: 6/ 3/54 Hospital: STOB Ward: 4B  
 Address: 32 KENDON AVE GLASGOW Consultant: M Mac  
 Date sampled: 17/ 9/93 Date received: 20/ 9/93  
 Hospital Number: 494748 Accession Number: 46734  
 Clinical Information: MOOD SWINGS

| Date                                         | Time | LI   | UA  | TESTO | PROG | SHBG | Androgen Index | LMG |
|----------------------------------------------|------|------|-----|-------|------|------|----------------|-----|
| 17/ 9/93                                     | 1030 | 13.4 | 9.3 | 740   |      |      |                | N/K |
| <p>TEST ABNORMAL</p> <p>000114</p> <p>02</p> |      |      |     |       |      |      |                |     |

COMMENT: Note: Reference values depend on age, sex and menstrual status; please contact laboratory for details.  
 ISSUED AT 19:20:13 ON 23/ 9/93  
 FAI = (TESTO \* 100) / SHBG

GONADAL

E2

## GREATER GLASGOW HEALTH BOARD

STOBHILL GENERAL HOSPITAL  
GLASGOW, G21 3UW

Telephone: 041-558 0111

Dear Dr. \_\_\_\_\_  
 Your patient MARY WATSON Age \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Under the care of DR. PAULS was discharged from Ward 4B on 10.10.91  
 with a diagnosis of Radical Hysterectomy & Node Dissection

A discharge letter will follow. The patient was discharged on the drug treatment detailed below.  
 Further duration of treatment from date of discharge is shown in "Recommended Duration of Treatment" column.  
 A five days supply has ~~has not~~ been dispensed by the hospital. (\*Delete as applicable).

## Note to the hospital prescriber:

- (a) In the "Recommended Duration of Treatment" column it is important to state the number of days for which treatment should be continued from the date of discharge.  
 (b) If treatment is to be for an indefinite period, mark 'INDEFINITE'.  
 (c) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

To the Hospital Pharmacist, please supply the following:

| Medicine               | Form of Preparation e.g. tablets | Dose         | Times of Administration |           |           |           | Recommended Duration of Treatment from Date of Discharge (Days) | Quantity, Name & Strength Supplied by Pharmacy |
|------------------------|----------------------------------|--------------|-------------------------|-----------|-----------|-----------|-----------------------------------------------------------------|------------------------------------------------|
| <u>LYLX</u>            | <u>CAPSULES</u>                  | <u>11</u>    | <u>6</u>                | <u>12</u> | <u>12</u> | <u>12</u> | <u>5</u>                                                        | <u>20 Caps</u>                                 |
| <u>PROTHIADEN</u>      | <u>TABS</u>                      | <u>75mg</u>  |                         |           |           | <u>✓</u>  | <u>Indef</u>                                                    | <u>5 Boxes 75mg</u>                            |
| <u>FERRUS SULPHATE</u> | <u>TABS</u>                      | <u>200mg</u> | <u>✓</u>                | <u>✓</u>  | <u>✓</u>  | <u>✓</u>  | <u>2 1/2</u>                                                    | <u>15 g/100ml</u>                              |
|                        |                                  |              |                         |           |           |           |                                                                 |                                                |
|                        |                                  |              |                         |           |           |           |                                                                 |                                                |
|                        |                                  |              |                         |           |           |           |                                                                 |                                                |

Drug/Medicine Sensitivity

Pharmacist

NOT OK

Date Dispensed

10.10.91

OTHER TREATMENT and COMMENTS (including details of appliances, etc.)

THIS FORM MUST BE COMPLETED FULLY

John Lyle

# **DIVISION OF SURGERY**

## **SURGICAL UNIT 5**

**MR. D. T. HANSELL** (SEC: 0141-201-3780)

**MR. M. H. CALVERT** (SEC: 0141-201-3770)

**MR. R. P. TEENAN** (SEC: 0141-201-3770)

FAX No: 0141-201-3889

DTH/JH/CLI 9 5 96

13th May 1996

Dr J A Davis  
Consultant Gynaecologist  
Department of Gynaecology  
Stobhill NHS Trust

Dear Dr Davis

MARY WATSON DOB 6 3 54 UNIT NO 494748  
32 KENDON AVENUE DRUMCHAPEL G15 8AY

Thank you for referring this lady whom I saw at my Clinic today. As you say she has noticed a lump in the outer aspect of her left breast in the region of where a previous cyst has been aspirated at Professor George's Clinic. I note that she had a mammogram there within the year and this was reported as normal.

On examination there was an area of thickening lateral to the left nipple but no discrete lump today. I performed a fine needle aspirate of this area and it shows some unusual cells which may represent an area of florid epitheliosis.

I have elected in consultation with the Pathologist to review this lady in 2 months and repeat a fine needle aspirate at that time. Obviously if there is any worry thereafter we would advocate an open biopsy.

Kind regards

Yours sincerely

Mr D T Hansell MD (Hons) FRCS  
Consultant Surgeon

cc: Dr S Lyon  
Drumchapel Health Centre  
80 Kinfauns Drive  
Glasgow G15 7TS

## DIVISION OF GYNAECOLOGY

Dr. C.A. Forrest (Clinical Director)  
Dr. J.A. Davis  
Dr. D. McKay Hart  
Dr. R.A.L. Low  
Dr. R.M. Still  
Dr. M. Deeny

Direct Line. 201 3435  
Fax No: 0141 201 3889

**JAD/MB/OPCLIN. 03.05.96.**  
***Typed. 9th May, 1996.***

Dr. S. Lyon,  
Drumchapel Health Centre,  
80/90 Kinfauns Drive,  
GLASGOW, G15 7TS.

Dear Dr. Lyon,

***Mrs. Mary Watson, DOB. 06.03.54, Unit No. 494748.***  
**32 Kendoon Avenue, Drumchapel, G15 8AA.**

Your patient attended my clinic on 3rd May, 1996. She has two problems. Firstly, she has a lump in the left breast which is a little tender and constipation. The constipation of course is due to her previous surgery and she has been coping with this over the years. There is certainly no evidence of active disease today.

I confirm the presence of a lump in the left breast and have arranged for her to see Mr. Hansell in his clinic next Thursday to assess this.

***Yours sincerely,***

***J.A. Davis,***  
**Consultant Gynaecologist.**

## DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A Low  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3889

JAD/AC/OPC. 02.08.96  
13th August, 1996

Dr S Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
GLASGOW G15 7TS

Dear Dr Lyon

*Mary Watson, dob 06.03.54. Unit No 494748*  
32 Kendoon Avenue, Drumchapel, G15 8AA

Your patient attended the clinic today. She is well from the point of view from her cancer, having no evidence of active disease. However, she is still very troubled by constipation and would now like to reconsider surgery in the way of a colostomy to alleviate this.

As she has seen Paddy O'Dwyer in the past, he would like me to refer her back to him.

I will see her again in 6 months' time.

Yours sincerely

DR J A DAVIS  
Consultant Gynaecologist



## DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A Low  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3889

JAD/AC/OPC. 02.08.96  
13th August, 1996

Mr Paddy O'Dwyer  
Consultant Surgeon  
Western Infirmary  
GLASGOW  
G11 6NT

Dear Paddy

*Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Drumchapel, G15 8AA*

I would be grateful if you would see this lady who suffers severely from constipation. This is mainly as a result of surgery she had for a carcinoma of the cervix way back in 1991. She has been seen by Mr Finlay but more recently apparently was under your care at the Western Infirmary when you had suggested that she might need a colostomy.

As she lives in Drumchapel, she would like to see you again for review.

I would be grateful therefore if you could send her an appointment. She does have Western Infirmary notes, but I don't know her number as we never received any correspondence from you at the time.

Yours

Best wishes

Jo

**DIVISION OF SURGERY  
SURGICAL OUTPATIENT CLINIC**

**MR. D. T. HANSELL**

FAX No: 0141-201-3889

Secretary: 0141-201-3780

SM/JH/CL1 17 9 96

19th September 1996

Dr S Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow  
G15 7TS

Dear Dr Lyon

MARY WATSON DOB 6 3 54 UNIT NO 494748  
32 KENDOON AVENUE GLASGOW G15 8AA

I reviewed this lady at Mr Hansell's Clinic this morning. She was seen in May when an FNA of a left breast lump showed possible florid epitheliosis. The Cytopathologist advised that the FNA be repeated which was done this morning. The left sided breast lump was still palpable above and lateral to the left nipple. An FNA was carried out and reported as benign. I discussed this lady with Mr Hansell and he feels that since the lump has been present for sometime now it is worth having it excised although from the FNA there is no necessity to do so. Mrs Watson was given the choice and has opted for a lumpectomy which we have organised for Wednesday the 25th of September. We will arrange further follow up as necessary at that time.

Yours sincerely

Dr Scott MacKenzie  
SHO to Mr Hansell

# INPATIENT ADMISSION ASSESSMENT FORM

Day of admission: WEDNESDAY

Date of admission: 25.9.96

Time of admission: 10.30 AM  
(please report to reception at Main Entrance)

Ward: S

Transport required YES/NO NO Type..... Ordered YES/NO

Patients Details (LABEL-on all copies)

  
494748  
WATSON MARY  
32 KENDON AVE  
DRUMCHAPEL  
06/03/1954  
G15 8AX G.P.Prac.40205

TEL NO.  
HOME:  
944 7700  
BUSINESS  
M

G.P. DETAILS (LABEL)

DR.  
DRUMCHAPEL HEALTH CENTRE  
80-90 KINFAUNS DRIVE  
GLASGOW  
G15 7TS  
G.P. Prac. 40205

## INVESTIGATIONS REQUESTED (CONSULTING DOCTOR TO COMPLETE)

Please tick

NO ☐

YES ☒

SPECIFY BELOW

|                      | Undertaken on - | Satisfactory |
|----------------------|-----------------|--------------|
| <u>ECG - 17/9/96</u> | .....           | Yes/No       |
| .....                | .....           | Yes/No       |
| .....                | .....           | Yes/No       |
| .....                | .....           | Yes/No       |
| .....                | .....           | Yes/No       |
| .....                | .....           | Yes/No       |

Unsatisfactory results - action taken

## REQUIRES SURGICAL/ANAESTHETIC OPINION

Comments .....

Cancel Yes/No Reason if cancelled .....

By whom cancelled .....

Initials.....

Patient notified ☐ Waiting list notified (secretary) ☐

Form to waiting list secretary ☐

PLEASE RETURN FORM TO ASSESSMENT NURSE ROOM 27 GENERAL OUT PATIENT DEPARTMENT

## INPATIENT ADMISSION ASSESSMENT FORM

### OUT-PATIENT ASSESSMENT

Height:

B.P.:

Weight:

Pulse:

YES

NO

Can you arrange your own transport to hospital  
for admission .....

1

#### Have you ever suffered from any of the following:-

Chest pain on exercise or at night .....

2

Breathlessness .....

3

Asthma or bronchitis .....

4

High blood pressure .....

5

Heart murmur .....

6

Fainting easily .....

7

Convulsions or fits .....

8

Jaundice (yellowness) .....

9

Indigestion or heartburn .....

10

Kidney or urinary trouble .....

11

Anaemia or other blood problems .....

12

Excessive bleeding or bruising .....

13

Arthritis .....

14

Muscle disease or progressive weakness .....

15

Diabetes .....

16

#### Have you ever had:-

A serious illness .....

17

Allergy or reaction to medicines, Elastoplast, etc. ....

18

#### Do you:-

Take medicines (tablets, patches, injections, inhalers)? .....

19

Smoke .....

20

Drink more than 1 1/2 pints of beer or 3 shorts a day .....

21

Have you ever misused drugs .....

22

If a woman, are you pregnant or taking the "pill" .....

23

Have you had a General Anaesthetic before .....

24

Have you/your family had any problems after the anaesthetic .

25

Do you have any Dunture, caps, crowns .....

26

Do you have contact lenses, hearing aid, pacemaker/other

prosthesis .....

27

Is there anything else the surgeon/anaesthetist should know

28

### WARD ASSESSMENT

Pulse:

B.P.:

Heart Sounds:

Chest:

Comment:

Consent Signed: Y/N

Dr Signature: .....

# ADMISSION ASSESSMENT

(To be completed by the Assessment Nurse prior to admission or by a member of the Multidisciplinary Team on the day of admission)

PULSE: 120/78 BP: 72 WEIGHT: (56 Kg) HEIGHT: 1.61m BMI: 25

1. ARE YOU CURRENTLY TAKING MEDICATION PRESCRIBED BY YOUR DOCTOR?

YES

☒

NO

☐

1. #Dihydrocodeine
2. Unitdose
3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

2. ARE YOU ALLERGIC TO ANYTHING?

YES

☒

NO

☐

IF YES, STATE ALLERGY: Septicon

## CARDIO-VASCULAR

3. CHEST PAIN stress related (Anxiety)
4. HIGH BLOOD PRESSURE
5. FAINTING
6. HEART MURMUR
7. ANAEMIA/BLOOD DISORDERS
8. EXCESSIVE BLEEDING/BRUISING

YES

☒  
☐  
☐  
☐  
☐  
☐

NO

☐  
☒  
☒  
☒  
☒  
☒

G15 8AX G.P. Prac. 40205

DRUMCHAPEL

WATSON MARIAN

F M

## RESPIRATORY

9. BREATHLESSNESS
10. ASTHMA OR BRONCHITIS

PEAK FLOW RATE (PPF):

As a child.

☐  
☒
☒  
☐

## GASTRO-INTESTINAL

11. HEPATITIS/JAUNDICE
12. INDIGESTION/HEARTBURN

☐  
☐
☒  
☒

## GENITO-URINARY

13. KIDNEY OR URINARY PROBLEMS Loss of sensation
- 14(A) PREGNANT/TAKING THE PILL
- (B) L.M.P. \_\_\_\_\_

☒  
☐
☐  
☒

## CENTRAL NERVOUS SYSTEM

15. CONVULSIONS/FITS

☐
☒

## MUSCULO-SKELETAL

16. ARTHRITIS
17. MUSCLE DISEASE OR PROGRESSIVE WEAKNESS?
18. MOBILITY AID/LIMITED MOBILITY?

☐  
☐  
☐
☒  
☒  
☒

494748



ENDOCRINE

19. DIABETES ?

YES

NO

☐☒

SENSES

20. GLASSES/CONTACT LENS

☐☒

21A. HEARING IMPAIRED

☐☒

21B. HEARING AID

☐☒

PAST MEDICAL HISTORY

22. SERIOUS ILLNESS ?

☒☐

1. cervical CA DATE 1991  
2. \_\_\_\_\_ DATE \_\_\_\_\_  
3. \_\_\_\_\_ DATE \_\_\_\_\_

23. PREVIOUS OPERATIONS

DATE

COMPLICATIONS

1. Hysterectomy 1991 \_\_\_\_\_  
2. Cone Biopsy 1991 \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

24. HAS ANY MEMBER OF YOUR FAMILY HAD PROBLEMS WITH ANAESTHETICS ?

YES

NO

☐☒

EX

25(A) DO YOU SMOKE ?

☒☐☐

(B) WHEN DID YOU STOP ? \_\_\_\_\_

(C) HOW MANY PER DAY ? 15

(D) ADVICE OFFERED

☒

26. ARE YOU, OR HAVE YOU EVER BEEN AN INTRAVENOUS DRUG USER ?

☐☒

TYPE OF DRUG(S): \_\_\_\_\_

27(A) HOW MUCH ALCOHOL DO YOU TAKE IN AN AVERAGE: WEEK \_\_\_\_\_

(B) MINIMAL INTERVENTION

☐

(IF >21 UNITS/WEEK FOR FEMALES  
OR >28 UNITS/WEEK FOR MALES)

28. IS THERE ANY OTHER INFORMATION ABOUT YOURSELF WHICH YOU THINK THAT WE SHOULD KNOW ?

Hypodyst. Neuropathy.  
High Fibre diet.

29. REQUIRES FURTHER ASSESSMENT: ANAESTHETIST

☐

DIETITIAN

☐

REASON: \_\_\_\_\_

SURGEON

PHYSIO/OT

ASSESSOR'S SIGNATURE: [Signature]

DATE: 17/9/96

# DIVISION OF SURGERY

## SURGICAL UNIT 5

MR. D. T. HANSELL (SEC: 0141-201-3780)

MR. M. H. CALVERT (SEC: 0141-201-3770)

MR. R. P. TEENAN (SEC: 0141-201-3770)

FAX No: 0141-201-3889

DTH/JH

11th October 1996

Chief Housing Officer  
Housing Department  
Glasgow

To Whom it May Concern

MARY WATSON  
32 KENDON AVENUE GLASGOW G15 8AY

This lady has recently undergone major surgery for breast cancer, and will be requiring long-term further therapy.

She will be debilitated for some considerable time and her current housing is less than satisfactory taking account of this.

I would strongly support a move to more suitable accommodation if this were possible.

Kind regards

Yours sincerely

Mr D T Hansell MD (Hons) FRCS  
Consultant Surgeon

# **DIVISION OF SURGERY**

## **SURGICAL UNIT 5**

**MR. D. T. HANSELL (SEC: 0141-201-3780)**  
**MR. M. H. CALVERT (SEC: 0141-201-3770)**  
**MR. R. P. TEENAN (SEC: 0141-201-3770)**

FAX No: 0141-201-3889

SMcK/JH/DIC 18 10 96

21st October 1996

Dr S Lyon  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
Glasgow  
G15 7TS

Dear Dr Lyon

MARY WATSON DOB 6 3 54 UNIT NO 494748  
32 KENDOON AVENUE DRUMCHAPEL G15 8AX

Admitted - 25 09 96

Re-admitted - 06 10 96

Discharged - 10 10 96

Diagnosis - Left breast cancer.

Procedure - 1. Left lumpectomy. 2. Extended left lumpectomy and axillary node clearance.

Follow-up - To be arranged by Sister Campbell.

This lady was admitted as arranged for a left lumpectomy. Although clinically and radiologically benign an FNA carried out on this lump had been reported as atypical but probably benign. She was seen again at the Clinic for a second FNA which was reported as benign. It was however decided that excision was worthwhile and this was duly carried out. Frozen section analysis performed on the operative specimen was reported as malignant. This result was duly communicated to the patient who was understandably extremely distressed. An abdominal ultrasound and Isotope Bone scan were performed. No evidence of metastatic disease was demonstrated. After several days at home she was re-admitted for definitive surgery. An extended left lumpectomy and axillary node clearance was then carried out. Post operatively Mrs Watson did well. Further follow up will be organised by Sister Catherine Campbell, Breast Nurse Specialist. Thereafter she will be reviewed at the Combined Surgical/Oncology Clinic.

Yours sincerely

Dr Scott MacKenzie  
SHO to Mr Hansell



**RADIOTHERAPY DEPARTMENT**

**T R J Evans**

**Secretary: 0141 201 3639**

**Fax: 0141 201 3887**

Breast Clinic

Dictated: 24 October 1996

Typed: 25 October 1996

TRJE/RD

Mr D T Hansell  
Consultant Surgeon  
Stobhill NHS Trust

Dear Douglas

**MARY WATSON (06 03 54) UNIT NO 494748**  
**32 KENDOOON AVENUE DRUMCHAPEL G15 8AX**

Many thanks for asking me to see this 42 year old lady who has undergone complete excision of a grade I invasive ductal carcinoma with associated DCIS, with 1/13 lymph nodes positive in the axilla and 70% of the nuclei weakly positive for oestrogen receptors. There is no evidence of metastatic disease either clinically or at the staging procedures.

I have arranged for her to attend the Western Infirmary on 29 October to start the first of six courses of CMF chemotherapy followed by adjuvant radiation and Tamoxifen. Subsequently, she will be followed up at Stobhill clinic and I would advise she have a mammogram one year after completing adjuvant treatment.

Best Wishes

Yours sincerely

**T R J EVANS**  
Senior Lecturer & Honorary Consultant in Medical Oncology

cc  
Dr S Lyon  
Springburn Health Centre  
200 Springburn Way  
Glasgow G21 1TR



DAVID COMLEY  
DIRECTOR OF HOUSING  
GLASGOW CITY HOUSING

DRUMRY NEIGHBOURHOOD OFFICE

35 HECLA AVENUE  
GLASGOW G15 8LG  
TELEPHONE 0141 287-1225  
FAX 0141 287-1240

DRU/JA/LJ

18 October 1996

Mr D T Hansell  
Consultant Surgeon  
Stobhill NHS Trust  
Balornock Road  
Glasgow  
G21 3VW

Dear Mr Hansell

MRS MARY WATSON, 32 KENDON AVENUE, G15 8AY

Thank you for your letter dated 11th October 1996 regarding the above named.

In order for me to reassess Mrs Watson's application, could you please supply me with additional information on Mrs Watson's debilitation and if she requires the use of any walking aids etc.

I trust this information is of assistance.

Yours sincerely

  
John Apczynski  
Housing Officer

# DIVISION OF SURGERY

## SURGICAL UNIT 5

MR. D. T. HANSELL (SEC: 0141-201-3780)

MR. M. H. CALVERT (SEC: 0141-201-3770)

MR. R. P. TEENAN (SEC: 0141-201-3770)

FAX No: 0141-201-3889

DTH/JH

31st October 1996

Mr John Apczynski  
Housing Officer  
Drumry Neighbourhood Office  
35 Hecla Avenue  
Glasgow  
G15 8LG

Dear Mr Apczynski

MRS MARY WATSON 32 KENDOON AVENUE GLASGOW G15 8AY

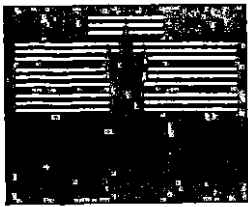
Thank you for your further letter regarding this lady. This lady's main problem will be tiredness and this will limit her mobility. She will however require no particular walking aids or other artificial means of support.

I hope that this now clarifies the situation.

Kind regards

Yours sincerely

Mr D T Hansell MD (Hons) FRCS  
Consultant Surgeon



# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE

WESTERN INFIRMARY, DUMBARTON ROAD

GLASGOW G11 6NT

Tel - 0141-211 1741

Fax - 0141-337 1712

JDB/JB/623238

Dictated - 5.11.96

Typed - 8.11.96

Mr Hansell  
Consultant Surgeon  
Stobhill Hospital  
GLASGOW

494748

Dear Dr Lyon

RE Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow, G15 8AX  
Hospital Number 623238  
DOB 6.3.54

Diagnosis Left breast carcinoma, T2 N1. (1 of 13 lymph nodes positive), grade one, ER positive.

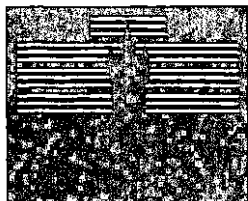
I reviewed this 42 year old lady at the oncology clinic on the 5th November. Unfortunately, she has had considerable nausea and vomiting as well as heartburn following her first cycle of CMF chemotherapy. Today, the 8th day however, she has been feeling a lot better and her symptoms are now subsiding. I have today given her Gaviscon and Omeprazole for her heartburn which has been a considerable problem. I will ensure that she also gets stronger anti-emetic therapy prior to her next course of chemotherapy in two weeks time.

She will be reviewed back here on the 19th November.

Yours sincerely

Dr Johann De Bono  
Research Fellow in Oncology

cc GP  
Mr Hansell, Cons Surgeon, Stobhill



# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE

WESTERN INFIRMARY, DUMBARTON ROAD

GLASGOW G11 6NT

Tel - 0141-211 1741

Fax - 0141-337 1712

JDB/JB/623238

Dictated - 29.10.96

Typed - 31.10.96

Mr Hansell  
Consultant Surgeon  
Stobhill Hospital  
GLASGOW

Dear Dr Lyon

RE Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow, G15 8AX  
Hospital Number 623238  
DOB 6.3.54

494748

**Diagnosis** Left breast carcinoma T2 N1 (1 of 13 lymph nodes positive), grade one, ER positive.

I reviewed this 42 year old lady at the oncology clinic today. As you are aware, she has recently been diagnosed to have a T2 N1 tumour which was a grade one invasive ductal carcinoma of the left breast. Essentially, this is a good prognosis tumour, however, in view of her node involvement, she requires adjuvant treatment in the form of chemotherapy. Since, she has had a lumpectomy, she will also require radiotherapy after her chemotherapy is completed.

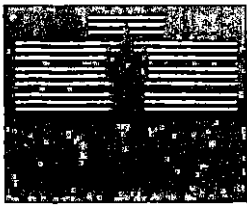
Today, she received her first cycle of combination chemotherapy in the form of CMF. She also received the usual anti-emetic therapy. She will once her chemotherapy is completed, be started on Tamoxifen 20mg per day.

She has been complaining what I suspect is neuralgia related to an axillary nerve trauma caused by her axillary clearance and I have today prescribed Di-Hydrocodeine to try and control her pain. She had been Co-Codamol to no effect. Should her allergy continue to be a major problem, she may benefit from oral Carbamazepine and this will be considered when we see her back in our clinic in a weeks time. The intention will be to give her 6 cycles of chemotherapy at 3 weekly intervals. Her prognosis is good.

Yours sincerely

Dr Johann De Bono  
Research Fellow in Oncology

cc GP  
Mr Hansell, Cons Surgeon, Stobhill



# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE WESTERN INFIRMARY GLASGOW G11 6NT

HM/LMCM/623238

Dictated: 19 11 96  
Typed: 22 11 96,

Mr Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54  
32 KENDON AVENUE DRUMCHAPEL GLASGOW 494768

Diagnosis: Left breast carcinoma T2 N1  
One out of fifteen lymph nodes positive grade one ER positive

I reviewed this pleasant lady in the out-patient clinic prior to her second cycle of CMF chemotherapy. I was sorry to hear that she had had such problems with nausea and vomiting and heartburn following her first cycle of chemotherapy. Her dyspeptic symptoms subsided with Omeprazole and Gaviscon, but sadly she managed to loose the Omeprazole tablets and has subsequently has had recurrence of her symptoms. I was concerned that the dyspepsia was associated with Dexamethasone as it was particularly bad for the three days immediately following chemotherapy. I have therefore substituted Kytril for this.

She continues to use Dihydrocodeine for analgesia and feels that she does not want to alter this regime as she feels she is taking a large number of tablets. We will therefore keep Carbamazepine in reserve. She was complaining of sore eyes and I have prescribed Hypermellose eye drops.

We will review her in the clinic in three weeks time. She understands she can contact us at any time should the need arise.

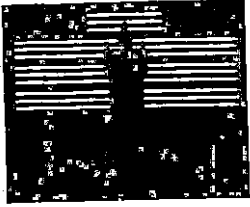
Yours sincerely

*H McKay*

H McKay  
Research Fellow in Medical Oncology

letter to GP  
copy to Mr Hansell

*Yfde*



# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE WESTERN INFIRMARY - GLASGOW

Direct Line: 0141 211 2545  
FAX No: 0141 337 1712

Dr Lyon  
Drumchapel Health Centre  
80 Kinfauns Drive  
GLASGOW  
G15

Dictated: 10 December 1996  
Typed: 17 December 1996

TRJE/LMCC/623238

Dear Dr Lyon

494748

MARY WATSON - 32 KENDOON AVENUE - DRUMCHAPEL - GLASGOW - DOB 6.3.54

This lady is having some toxicity from her chemotherapy mainly in the form of hair loss, gritty eyes, conjunctivitis, nausea and vomiting. There has been no febrile episodes.

On examination there was no evidence of recurrent disease; and I have added Cyclizine 50 mgs tds for 5 days to the Domperidone 20 mgs tds for 5 days and given her Kytril 1 mg bd for 3 days. She persists with the Folinic Acid and there has been no dose reduction.

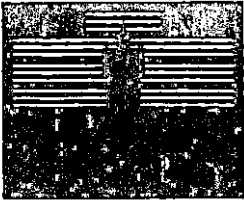
She will return again in 3 weeks' time.

Yours sincerely

T R J Evans  
SENIOR LECTURER AND HONORARY CONSULTANT IN MEDICAL ONCOLOGY

cc / Mr Hansell  
Consultant Surgeon  
STOBHILL HOSPITAL

file



# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 31 12 96

Typed: 08 01 97

Mr Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54 494748  
32 KENDON AVENUE DRUMCHAPEL GLASGOW

This lady has been well apart from a one week history of cough, not productive of any sputum with no breathlessness or febrile episodes. This has now improved after a weeks course of antibiotics. She is otherwise well and her chest is clear. There is no evidence of recurrent disease and her blood count today is satisfactory. She has therefore has her fourth course of CMF chemotherapy and will be seen again in three weeks.

Yours sincerely

T R J Evans  
Senior Lecturer and Honorary Consultant in Medical Oncology

letter to GP  
copy to Mr Hansell





# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 11 02 97

Typed: 19 02 97

Mr D Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54 494748  
32 KENDOON AVENUE DRUMCHAPEL GLASGOW

This lady is well with no toxicity apart from the alopecia. There is no evidence of recurrent disease. Her blood counts were satisfactory and she has received her sixth and final course of CMF chemotherapy today. Adjuvant radiation has already been planned.

She starts adjuvant Tamoxifen today and I have warned her about the likely side effects, although of course having had a hysterectomy the increased risk of endometrial carcinoma does not apply for her.

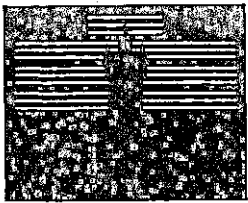
She is due some dental work in ten days time and I have re-iterated once again how she must have her blood count and prior to this to make sure she is not either thrombocytopaenic or neutropaenic prior to dental work being done.

She will be seen again in six weeks time at Stobhill.

Yours sincerely

  
T R J Evans  
Senior Lecturer and Honorary Consultant in Medical Oncology

letter to GP  
copy to Mr Hansell



# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE

Tel - 0141-211 1739

Fax - 0141-337 1712

AA/JB/623238.

Dictated - 6.2.97

Typed - 16.2.97

Mr Hansell  
Consultant Surgeon  
Stobhill Hospital  
GLASGOW

Dear Dr Lyon

RE Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow  
Hospital Number 623238  
DOB 6.3.54

Diagnosis T2 N1 grade one, left breast carcinoma.  
Treatment Breast conservation surgery, axillary clearance, adjuvant CMF, adjuvant radiotherapy.

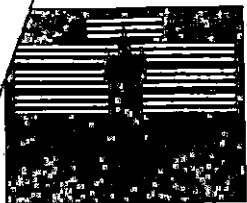
I reviewed this lady in the oncology clinic today. She is well with no symptoms or signs of recurrence. She was referred here for consideration of adjuvant post operative radiotherapy and she would of course be suitable for this and was told about what it involved today and she is keen to have this. It involves a 5 week course of daily out patient radiotherapy treatment, the side effects anticipated are mild tiredness, erythema and itching of the left breast itself.

We will of course keep you informed as to her progress.

Yours sincerely

A Armour  
Registrar

cc GP  
Mr Hansell, Consultant Surgeon, Stobhill



# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE WESTERN INFIRMARY GLASGOW G11 6NT

TRJE/LMCM/623238

Dictated: 21 01 97  
Typed: 28 01 97

Mr Hansell  
Consultant Surgeon  
Stobhill Hospital  
Glasgow

Dear Dr Lyon

MARY WATSON 06 03 54 49/748  
32 KENDON AVENUE DRUMCHAPEL GLASGOW

This lady who is on adjuvant chemotherapy for node positive breast cancer, thought she had palpated a new lump in the left breast. The only other event since the last course of chemotherapy was a viral illness for which she has now completely recovered and the fact that two of her front teeth have broken. She is planning to see her dentist for these to be repaired in two weeks and I have stressed the importance for a blood count done the day before to make sure she is not neutropaenic or thrombocytopaenic before embarking on any dental procedures.

She has grade 2 alopecia but there has been no problem with sore eyes or nausea or vomiting on this occasion. She does have a bout of abdominal pain lasting for about one day at about seven or eight days after her chemotherapy.

On examination there is no mucositis. I can find no evidence of recurrent disease in the left breast with no nodules in the scar. There is some general deep lumpiness beneath the scar but I think this is purely a post operative change. I have prescribed her fifth course of CMF today and she will be seen again in three weeks for her sixth and final course. Following that she will need radiation therapy unless she has a lumpectomy, and also Tamoxifen and I will write to Dr Canney to organise the radiation treatment.

Yours sincerely

T R J Evans  
Senior Lecturer and Honorary Consultant in Medical Oncology

letter to GP  
copy to Mr Hansell

# DEPARTMENT OF GYNAECOLOGY

Dr J A Davis  
Dr M Deeny

Direct Line: 0141 201 3435  
Fax Number: 0141 201 3889

JAD/AC/Dict. 02.04.97  
7th April 1997

Dr S Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
GLASGOW G15 7TS

Dear Dr Lyon

*Mary Watson, dob 06.03.54. Unit No 494748*  
*32 Kendoon Avenue, Glasgow G15 8AA*

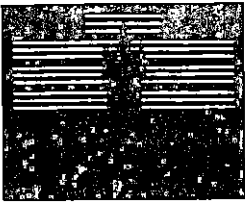
|            |                                               |
|------------|-----------------------------------------------|
| Follow-up: | Radical Hysterectomy 1991<br>Ca Breast - 1996 |
|------------|-----------------------------------------------|

Your patient was reviewed at the Gynaecology/Oncology clinic today. On examination she is well and I could find no evidence of recurrent disease.

She will be reviewed at the clinic again in 6 months.

Yours sincerely

**DR J A DAVIS**  
Consultant Gynaecologist



# West Glasgow Hospitals University NHS Trust

19 SEP 1996

MR P J O'DWYER'S SURGICAL UNIT

494748

DW/LH

18th September 1996

Dr Jo Davis  
Consultant Gynaecologist  
Department of Gynaecology  
Stobhill General Hospital  
Glasgow G21 3UW

cc to Dr S C Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Glasgow

Dear Dr Davis

MARY WATSON DOB 6/3/54  
32 KENDON AVENUE DRUMCHAPEL G15 8AA HOSPITAL NO. 623238

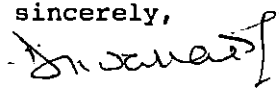
Thank you for referring Mrs Watson back to Mr O'Dwyer's care. The patient seems to have been troubled by slow transit constipation and dates this from the time of her hysterectomy. The current situation is that her bowels will only move every three to four weeks with the aid of PicoLax. Although this has been the case for three or four years, she is finding it increasingly troublesome and feels that this has partly been the cause of her break up of her relationship.

She has previously been investigated by Mr Finlay at the Royal and there does not appear to be a full copy of the results of the investigations performed there, in our notes.

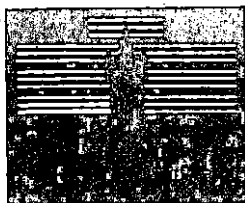
I have had a chat with Mrs Watson today regarding potential surgical intervention for her treatment. A colostomy would not necessarily palliate her if she has genuine slow transit in which case we would be looking at a sub-total colectomy and this has been discussed with her before. There is an associated morbidity with this operation and no guarantee of good long term result.

I have re-discussed this with Mr O'Dwyer today and he is not too keen to embark on surgery. We will therefore see her again in a few months time to re-discuss the pros and cons of treatment and see if we really feel that this is indicated.

Yours sincerely,

  
DAVID WALLACE  
SURGICAL REGISTRAR





# West Glasgow Hospitals University NHS Trust

## BEATSON ONCOLOGY CENTRE

Tel - 0141-211 1743

Fax - 0141-337 1712

PAC/JB/623238

Dictated - 8.5.97

Typed - 14.5.97

Mr Hansell  
Consultant Surgeon  
Stobhill Hospital  
GLASGOW

Dear Dr Lyon

696768

RE Mary Watson, 32 Kendoon Avenue, Drumchapel, Glasgow.  
Hospital Number 623238  
DOB 6.3.54

|           |                                                        |
|-----------|--------------------------------------------------------|
| Diagnosis | Carcinoma of the breast.                               |
| Treatment | Adjuvant radiotherapy 46Gy in 23 fractions plus boost. |

This lady has now completed her palliative radiotherapy as above. I would expect her to have an erythema in the treated area lasting for two or three weeks following completion of her treatment, but this should settle down spontaneously.

She will be reviewed by Dr Evans at the Stobhill breast clinic in the near future.

Yours sincerely

P A Canney  
Consultant in Clinical Oncology

cc GP  
Mr Hansell, Consultant Surgeon, Stobhill

Consultant Surgeons:  
Mr. J.K. Todd  
Mr. C.W. Imrie  
Mr. I.G. Finlay  
Mr. W.R. Murray

FO00354.

ROYAL INFIRMARY  
GLASGOW

G4 0SF

TELEPHONE 041- 552 3535  
FAX 041- 552 6268

Surgical Unit - Main Building

MR I G FINLAY'S CLINIC

000102

Dr O Owens  
Senior Registrar  
Department of Gynaecology  
Stobhill General Hospital  
GLASGOW  
G21 3UW

IP/JW/411828K

3 December 1992

Dear Dr Owens

Mary Watson (06.03.54)  
32 Kendoon Avenue, Glasgow G15 8AX

*Must be filed  
JAD oncology  
patient*

Thank you for referring Mary Watson, a 38 year old woman, who is troubled by constipation. She tells me that she underwent a radical hysterectomy in September 1991 for carcinoma of the cervix. She has been reviewed regularly every three months since then. She tells me that prior to surgery she had a normal bowel habit having her bowels open every day. She now requires laxatives, enemas and suppositories to achieve defaecation. Without medication she might have to wait six to seven days between bowel actions. She is also experiencing problems with micturition. She tells me that her appetite is affected by her constipation but her weight remains steady. I note she has had four children in the past.

On examination she looked well. On abdominal examination she has a right paramedian scar in the lower abdomen. On palpation she was tender in the right iliac fossa. On the space of the perianal region on getting her to bear down there was no evidence of perineal descent. Digital examination revealed a normal anorectal angle with a small rectocele anteriorly. There was no blood on the glove. Proctoscopy showed haemorrhoids and sigmoidoscopy showed a normal mucosa. It was interesting that during insufflation of the bowel and during sigmoidoscopy she complained of abdominal discomfort similar to the sort of pain she gets when she is constipated.

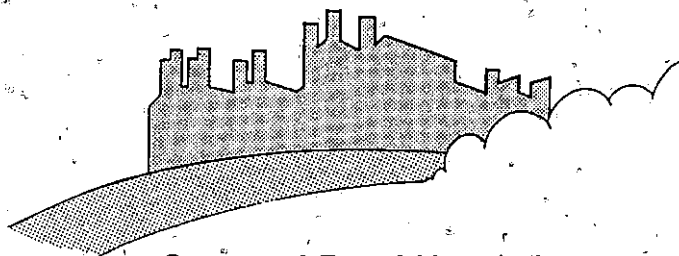
It would appear that Mrs Watson suffered hindgut neuropathy following her hysterectomy. I have arranged for her, in the first instance, to undergo a barium enema, transit studies and a video proctogram. We will see her back in Mr Finlay's clinic when the results are to hand.

Yours sincerely



I PICKFORD  
Senior Registrar

c.c. Dr Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 7PU.



150 YEARS  
**GRH**  
1843 .. 1993

Gartnavel Royal Hospital  
1055 Great Western Road  
Glasgow G12 0XH Telephone 041-334 6241 EXT. 244

AM/CM

DEPARTMENT OF CLINICAL PSYCHOLOGY

Dictated: 3rd March 1993

Typed: 15th March 1993

Dr J A Davis  
Consultant Gynaecologist  
Dept of Gynaecology  
Stobhill General Hospital  
GLASGOW  
G21 3UW

000103

Dear Dr Davis

Mary Watson DOB 06 03 54  
32 Kendoon Avenue Drumchapel  
GRHPS No 034871

Further to my letter of 16th February 1993, regarding the above woman, I have not heard anything from Ms Watson, in response to the letter asking if any further appointments were required, following the couple's non-attendance. I therefore assume that they no longer wish to be seen and have discharged Ms Watson's case. I do feel that the couple would benefit from the opportunity to discuss their difficulties further and I would be happy to see them again should they wish to re-attend. I am sorry I could not be of more help in this case, but thank you for the referral.

Yours sincerely

*Amanda Miller*

Amanda Miller  
Chartered Clinical Psychologist

cc Dr Whitby 24 Merryton Avenue Drumchapel



DIVISION OF OBSTETRICS &  
GYNAECOLOGY

Dr D McKay Hart (Chairman)  
Dr J A Davis (Secretary)  
Dr C A Forrest  
Dr R M Still  
Dr R A L Low

Extension No: 4042

Fax Number: 041 557 0468

OJO\JDOPC. 30.07.93

5th August 1993

000104

Dr S Whitby  
24 Merryton Avenue  
GLASGOW  
G15 7PU

Dear Dr Whitby

Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Glasgow G15 8AX

Mrs Watson has failed to keep two gyn outpatient appointments. I would be grateful if you could contact her to find out what is going on and to ask your secretary to phone the outpatient department at Stobhill to arrange a further appointment.

Yours sincerely

DR O J OWENS  
Senior Registrar

DIVISION OF OBSTETRICS &  
GYNAECOLOGY

Dr D McKay Hart (Chairman)  
Dr J A Davis (Secretary)  
Dr C A Forrest  
Dr R M Still  
Dr R A L Low

Extension No: 4042

Fax Number: 041 557 0468

OJO/AC/OPC. 17.09.93

21st September 1993

000105

Dr S Whitby  
24 Merryton Avenue  
GLASGOW  
G15 7PU

Dear Dr Whitby

Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Glasgow G15 8AX

This lady was reviewed today in Dr Davis's clinic. There is no evidence of any disease and the patient does not wish any further investigation with Mr Finlay regarding her bowel problem.

She occasionally gets spasms from her bladder. She also tells me she gets some mood swings and I am not sure whether hormone replacement therapy would help or not. I have checked her hormone levels, FSH, LH and E2 and will write to you when the results are available.

The other thing she has is a sebaceous cyst between both her breasts and she is keen to have this removed.

I have put her name on the waiting list for this to be done.

Yours sincerely

DR O J OWENS  
Senior Registrar

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A L Low  
Dr R Still

Ext No: 4042  
Fax No: 041 557 0468

JAD/AC/DICT. 19.12.93

000106

21st December 1993

Mr John Smith  
Consultant Surgeon  
Stobhill General Hospital  
Glasgow  
G21 3UW

Dear John

Mary Watson, 32 Kendoon Avenue, Drumchapel.  
Unit No 494748

I have a patient who had radical hysterectomy earlier in the year and when last seen on 17th September was complaining about a small sebaceous cyst between her breasts.

Owen Owens my Senior Registrar suggested we remove this and has apparently put her on my waiting list.. I don't see that I will get to deal with this for a long time and I am wondering if you have an outpatient procedure list to which you could add Mrs Watson.

I am sure she would appreciate being admitted as an outpatient for what would appear to be relatively minor surgery.

Yours sincerely

Jo

GREATER GLASGOW HEALTH BOARD



Stobhill General Hospital  
Glasgow G21 3UW

Telephone: 041-558 0111  
Ext No: 4042  
Fax No: 041 557 0468

JAD/AC/DICT. 19.12.93

21st December 1993

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A L Low  
Dr R Still

000107

Mr John Smith  
Consultant Surgeon  
Stobhill General Hospital  
Glasgow  
G21 3UW

Dear John

Mary Watson, 32 Kendon Avenue, Drumchapel.  
Unit No 494748

I have a patient who had radical hysterectomy earlier in the year and when last seen on 17th September was complaining about a small sebaceous cyst between her breasts.

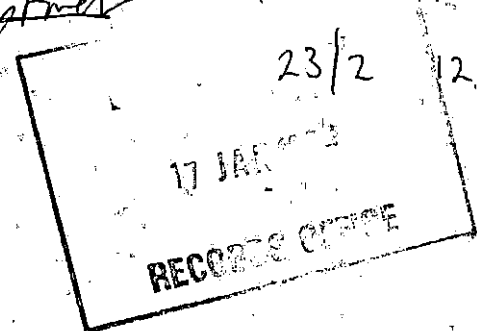
Owen Owens my Senior Registrar suggested we remove this and has apparently put her on my waiting list. I don't see that I will get to deal with this for a long time and I am wondering if you have an outpatient procedure list to which you could add Mrs Watson.

I am sure she would appreciate being admitted as an outpatient for what would appear to be relatively minor surgery.

Yours sincerely

Jo

Letter to patient



SURGICAL DIVISION  
GENERAL SURGERY - UNIT 6

Mr R Dalling  
Mr J S Smith  
Mr D T Hansell

Ext. 3180

Fax No: 041 557 0468

JSS/JH/CLI 6 1 94

12th January 1994

000108

Mrs Mary Watson  
32 Kendoon Avenue  
Drumchapel

Dear Mrs Watson (Hospital No 494748)

I understand that Dr Davis has you on his list to remove a small sebaceous cyst between your breasts. If this will be suitable to you then I could arrange to do this as a day case at Stobhill Hospital where you would simply come up to our Day Case Surgical Unit. We can discuss the surgery which would be relatively simple when you come.

Yours sincerely

Mr J S Smith  
Consultant Surgeon

cc: Dr J A Davis  
Consultant Gynaecologist  
Ward 4B  
Stobhill General Hospital

**SURGICAL DIVISION - GENERAL SURGERY**

WARD 5  
MR M H CALVERT  
MR PORTEOUS

WARD 6  
MR R DALLING  
MR J SMITH  
MR D T HANSELL

FAX NO: 041 557 0468

LYH/PVT/DICTATED &  
TYPED: 23 02 94

000109

Dr Whitby  
Drumchapel Health Centre  
GLASGOW G15

Dear Dr Whitby

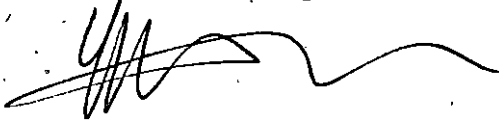
Mary Watson: DOB 06 03 54 Unit No 494748  
32 Kendoon Ave. Glasgow G15 8AX

Admitted: DAY CASE 23 02 94  
Ward: Day Stay Surgical Unit

Further to Dr Davis' letter, this lady attended the Day Stay Surgical Unit today for removal of a small sebaceous cyst under local anaesthesia. She will attend your surgery for removal of sutures in 5 days.

An Out Patient Clinic appointment will be arranged for 6 weeks' time for the results of the histology of this cyst.

Yours sincerely



DR LY HIEW  
SHO

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A L Low  
Dr R Still

Ext No: 4042  
Fax No: 041 557 0468

OJO/AC/JDOPC. 18.03.94

000110

22nd March 1994

Dr Whitby  
Drumchapel Health Centre  
Drumchapel  
Glasgow G15

Dear Dr Whitby

Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Glasgow G15 8AX

I saw this patient back for review today. There is no evidence of recurrent disease and I have asked her to return again in 6 months' time.

Yours sincerely

DR O J OWENS  
Senior Registrar

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A L Low  
Dr R Still

Ext No: 4042  
Fax No: 041 557 0468

OJO/AC/JDOPC. 18.03.94

22nd March 1994

000111

Mr P O'Dwyer  
Consultant Surgeon  
Western Infirmary  
Dumbarton Road  
Glasgow  
G11 6NT

Dear Paddy

Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Glasgow G15 8AX

I believe you are seeing this patient who was formerly under investigation with Ian Findlay. As you know she has a neuropathy and she is still a little bit uncertain as to whether she wishes to pursue surgery. In any event I believe you are organising counselling for her and I did explain to her that if nothing was done she would have to put up with the symptoms of constipation for the next 30 odd years.

From a gynaecological point of view there is no evidence of recurrence from her cervical cancer and I have asked her to return again in 6 months' time.

Yours sincerely

DR O J OWENS  
Senior Registrar



DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest

Dr R M Still

Dr R A L Low

Dr J A Davis

Dr D M Hart

Fax No: 041 557 0468

SM/AMMCS

Cli 16.9.94.

000112

Typed 22nd September, 1994.

Dr. S. Whitby,  
22 Merryton Avenue,  
Glasgow,  
G15 7PU.

Dear Dr. Whitby,

Mary Watson, dob 6.3.54. Unit No. 494748  
32 Kendoon Avenue, Glasgow, G15 8AX.

This patient was seen at the gynaecology/oncology clinic on 16.9.94. She was well and there was no evidence of disease.

She will be reviewed in six month's time

Yours sincerely

S. Monaghan

SHO 3 to Dr. Davis

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A L Low  
Dr R Still

Ext No: 4042  
Fax No: 041 557 0468

SM/AMMCS  
CLI. 16.09.94

000113

22nd September 1994

Dr S Whitby  
Drumchapel Health Centre  
80-89 Kinfauns Drive  
GLASGOW

Dear Dr Whitby

Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Glasgow G15 8AX

This patient was seen at the gynaecology/oncology clinic on 16th September 1994. She was well and there was no evidence of disease.

She will be reviewed in 6 months' time.

Yours sincerely

DR STEVE MONAGHAN  
Registrar to Dr Davis

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A L Low  
Dr R Still  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3887

JAD/AC/DICT. 16.06.95

19th June 1995

Mrs Mary Watson  
32 Kendoon Avenue  
GLASGOW  
G15 8AX

Dear Mrs Watson

I notice that you haven't been able to attend my clinic for the last few appointments. I still think it is important that we see you from time to time and I am therefore enclosing another appointment for you to come and see me.

Yours sincerely

DR J A DAVIS  
Consultant Gynaecologist

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A L Low  
Dr R Still

Direct Line: 0141 201 3435  
Fax No: 0141 201 3887  
SM/EM

Dictated: 30.06.95  
Typed: 10.07.95

Dr S Whitby  
Drumchapel Health Centre  
80-89 Kinfauns Drive  
Glasgow  
G15 8DX

Dear Dr Whitby

MARY WATSON · DOB 06.03.54 · UNIT NO 494748  
32 KENDON AVENUE GLASGOW G15 8AX

I reviewed this patient today at Dr Davis' Clinic. She had a radical hysterectomy in 1991 which was successful from a surgical point of view but has left her with residual bowel problems. She has unfortunately got chronic constipation which is very difficult to treat in these patients. I feel that in the future she is probably heading for a colostomy but obviously this is a big decision and she wants to make sure it is the right decision. She is, however, very demoralised by her condition and very unhappy with her life at present.

In the past I note she has been having Dihydrocodeine, 30 mg 6 hourly for pain, and, although I can appreciate this has a constipating effect on her bowels, in general it seems to help this pain which is a major distress for her at the moment. I think it would be helpful in the short term to give her some analgesics but would agree with you totally that we would not want this to be a long term prescription.

I am writing to Sister Finlayson, Stoma Care Sister, to make an appointment for Mrs Watson with her so that she can find out a bit more about colostomies in order to make an informed decision about going ahead with an operation.

I have arranged to review her again in 6 months' time.

Yours sincerely

Dr Steven Monaghan  
Registrar

DIVISION OF GYNAECOLOGY

Dr C A Forrest (Lead Consultant)

Dr J A Davis

Dr D McKay Hart

Dr R A L Low

Dr R Still

Direct Line: 0141 201 3435

Fax No: 0141 201 3887

SM/EM

Dictated: 30.06.95

Typed: 10.07.95

Sister Aileen Finlayson

Stoma Care Sister

Stobhill NHS Trust

Glasgow

G21 3UW

Dear Sister Finlayson

MARY WATSON DOB 06.03.54 UNIT NO 494748

32 KENDON AVENUE GLASGOW G15 8AX

The above named patient had a radical hysterectomy in 1991 and as a result has chronic constipation. It has come to such a bad state of affairs that we are considering colostomy as a measure to treat it. Obviously Mrs Watson is quite distressed by the prospect of colostomy and is quite ignorant as to what this entails. I felt that you would be the best person to inform her of what colostomies involve and how it is probably the best way forward and hopefully it would be liberating in getting rid of her symptoms.

I wonder if you could see her in the near future with regard to this counselling.

Many thanks for your help.

Yours sincerely

Dr Steven Monaghan

Registrar

## DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A Low  
Dr R M Still  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3889

JAD/AC/OPC. 29.12.95  
7th January 1996

Dr S Whitby  
Drumchapel Health Centre  
80-89 Kinfauns Drive  
GLASGOW  
G15 8DX

Dear Dr Whitby

Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Glasgow G15 8AX

Would you please investigate this patient's for not attending my clinic. As you know, she is a lady who has had treatment for cervical carcinoma in the past and does need follow-up. Her last appointment with me was last summer and she has missed two appointments since then.

Would you please investigate the reasons for her non-attendance. We will send her another appointment and perhaps you would encourage her to keep it.

Yours sincerely

DR J A DAVIS  
Consultant Gynaecologist

## DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A Low  
Dr R M Still  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3889

JAD/AC/OPC.02.02.96  
7th February 1996

Dr S Whitby  
Drumchapel Health Centre  
80-90 Kinfauns Drive  
GLASGOW  
G15 8DX

Dear Dr Whitby

*Mary Watson, dob 06.03.54. Unit No 494748*  
*32 Kendoon Avenue, Glasgow G15 8AX*

Your patient has yet again failed to attend my follow-up clinic. I do hope she is getting regular review and I would be grateful if you could let me know if she is attending your surgery.

Yours sincerely

**DR J A DAVIS**  
Consultant Gynaecologist

22 FEB 1996

A. P. SCOTT  
M.B.Ch.B.Glas

B. A. K. WEST  
M.B.Ch.B  
F.R.C.G.S.Edin

J. C. NUGENT  
M.B.Ch.B.Glas  
M.R.C.G.P.

S. C. LYON  
M.B.Ch.B.Glas  
M.R.C.G.P.

DRUMCHAPEL HEALTH CENTRE 80 KINFAUNS DRIVE GLASGOW G15 7TS

Telephone 041 - 211 6100

19/2/96  
New phone

Dear Dr Davis,

Re: MARY WATSON  
32 KENDON AVE  
DRUMCHAPEL G15  
D.O.B. 6/3/54  
Hosp NO 494748

Mrs Watson has failed to attend your clinic (for follow-up of cervical) on the last 2 occasions. I have been seeing her fairly frequently in the surgery for prescriptions etc but she has not had any further formal follow up. The last time I saw her was the day before she was due to see yourself & at that time she was fairly positive & said she was going to attend. However, seemingly when the day came she got up & ready & then could not face going. Seeing her



## DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A Low  
Dr R M Still  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3889

JAD/AC/DICT. 10.03.96  
14th March 1996

Dr S Lyon  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
GLASGOW G15 7TS

Dear Dr Lyon

*Mary Watson, dob 06.03.54. Unit No 494748*  
*32 Kendoon Avenue, Drumchapel G15 8AY*

Many thanks for your letter explaining why Mrs Watson hasn't attended our clinic. I notice that it is many years since her hysterectomy and although her bowel problem is fairly severe, I would doubt very much if she was going to need a colostomy at this late date. The decision, obviously, will remain with Mrs Watson, as to whether she ever has this surgery.

Certainly, we would wish to see her in the follow-up clinic, so I will be sending her another appointment.

Yours sincerely

**DR J A DAVIS**  
Consultant Gynaecologist

## DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A Low  
Dr R M Still  
Dr M Deeny

Direct Line: 201 3435  
Fax No: 0141 201 3889

JAD/AC/DICT. 03.05.96  
3rd May 1996

Mr D T Hansell  
Consultant Surgeon  
Ward 5  
Stobhill Hospital  
GLASGOW  
G21 3UW

Dear Douglas

*Mary Watson, dob 06.03.54. Unit No 494748*  
*32 Kendoon Avenue, Glasgow G15 8AX*

Would be kind enough to see this lady who I operated on for a carcinoma of the cervix in 1991. From this point of view she has done well, except for severe constipation.

She came for review today and mentioned that she had a lump in the left breast in the upper outer quadrant. I would be grateful if you would see her with a view to this because I was quite easily able to confirm that she had this small lump there.

With her past history, she is quite understandably very worried.

Many thanks for seeing her. We have given her an appointment to come to your clinic at 2 p.m. on 9th May 1996.

Yours sincerely

**DR J A DAVIS**  
Consultant Gynaecologist



Stobhill NHS Trust  
Balornock Road, Glasgow G21 3UW  
Telephone: 0141-201 3000  
Direct Line: 201 3435  
Fax No: 0141 201 3889

JAD/AC/DICT. 03.05.96  
3rd May 1996

## DEPARTMENT OF GYNAECOLOGY

Dr C A Forrest (Clinical Director)  
Dr J A Davis  
Dr D McKay Hart  
Dr R A Low  
Dr R M Still  
Dr M Deeny

Mr D T Hansell  
Consultant Surgeon  
Ward 5  
Stobhill Hospital  
GLASGOW  
G21 3UW

Dear Douglas

*Mary Watson, dob 06.03.54. Unit No 494748  
32 Kendoon Avenue, Glasgow G15 8AX*

Would be kind enough to see this lady who I operated on for a carcinoma of the cervix in 1991. From this point of view she has done well, except for severe constipation.

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With her past history, she is quite understandably very worried.

Many thanks for seeing her. We have given her an appointment to come to your clinic at 2 p.m. on 9th May 1996.

Yours sincerely

*DR J A DAVIS*

Consultant Gynaecologist



World  
Health  
Organization

European  
Pilot  
Hospital



Health  
Promoting  
Hospitals

[illegible]



| REGULAR PRESCRIPTIONS - PARENTERAL MEDICINES |              |                           | DOSE     | ROUTE    | TIMES FOR ADMINISTRATION      |         |          |           |         |         |         |          |          |                |  |  | Prescribers<br>Signature (Full) | DISCONTINUED<br>Signed |
|----------------------------------------------|--------------|---------------------------|----------|----------|-------------------------------|---------|----------|-----------|---------|---------|---------|----------|----------|----------------|--|--|---------------------------------|------------------------|
| Pharmacy Use                                 | Date Started | MEDICINE (Block Capitals) |          |          | am<br>6                       | am<br>8 | am<br>10 | mid<br>12 | pm<br>2 | pm<br>4 | pm<br>6 | pm<br>10 | pm<br>12 | Other<br>Times |  |  |                                 |                        |
|                                              | A33991       | EPIDURAL MORPHINE         | 3-4mgs   | EPIDURAL | 8 hourly if required          |         |          |           |         |         |         |          |          |                |  |  | BON                             | 000058                 |
|                                              | B30991       | MINIHEP                   | 5,000 IU | SC       | ✓                             |         |          |           |         |         |         |          |          |                |  |  | BON                             |                        |
|                                              | C30991       | STREPTOL                  | 12.5mgs  | IM       | 8 hourly if required          |         |          |           |         |         |         |          |          |                |  |  | BON                             |                        |
|                                              | D21091       | MORPHINE                  | 10mg     | IM       | Up to 4 hourly for pain       |         |          |           |         |         |         |          |          |                |  |  | BON                             |                        |
|                                              | E31091       | CYCLIMORPH                | 15mg     | IM       | 4 hourly as required for pain |         |          |           |         |         |         |          |          |                |  |  | BON                             | 3/10                   |
| F                                            |              |                           |          |          |                               |         |          |           |         |         |         |          |          |                |  |  |                                 |                        |
| G                                            |              |                           |          |          |                               |         |          |           |         |         |         |          |          |                |  |  |                                 |                        |

## REGULAR PRESCRIPTIONS - OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

|    |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|-------|------------------|------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| H1 | 10-91 | PATACERMOL       | 2 TABS     | PO   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J4 | 10-91 | LYGEP            | 2 capsules | ORAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| K7 | 10-91 | PROTHIADEN       | 75mg       | ORAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L8 | 10-91 | FERROUS SULPHATE | 200mg      | ORAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| R  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| T  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| V  |       |                  |            |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## ONCE ONLY PRESCRIPTIONS

## DIET:

| DATE GIVEN | TIME OF ADMIN | MEDICINE (Block Letters) | DOSE  | ROUTE | SIGNATURE | GIVEN BY | TIME GIVEN |
|------------|---------------|--------------------------|-------|-------|-----------|----------|------------|
| 20/9/91    | 9am           | OMNIPON                  | 20mg  | IM    | BON       |          |            |
| 20/9/91    | 9am           | SCOPOLAMINE              | 0.4mg | IM    | BON       |          |            |
| 20/9/91    | 9am           | TEMALZEPAM               | 20mg  | ORAL  | BON       |          |            |
| 1/10/91    | 3.10          | Cyclimorph               | 10mgs | IM    | BON       | Shull    |            |
| 2/10/91    | 7.45pm        | Morphine                 | 10mg  | IM    | BON       | Shull    | 7.45pm     |
| 6/10/91    | 11.50am       | DIAZEPAM                 | 5m    | PO    | BON       | Shull    | 11.50am    |
| 6/10/91    | 10pm          | Temalazepam              | 10mg  | PO    | BON       | Shull    |            |

## PLEASE / WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

|                            |                |
|----------------------------|----------------|
| TOTAL PARENTERAL NUTRITION |                |
| INSULIN                    | FLUID/ADDITIVE |
| ORAL ANTICOAGULANT         | ANAESTHETIC    |
| TOPICAL APPLICATION        | VARIABLE DOSE  |

## IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

| MEDICINE | ADVERSE REACTION |
|----------|------------------|
| 1        |                  |
| 2        |                  |

| WARD | NAME OF PATIENT | AGE/DOB | HEIGHT | WEIGHT | UNIT NUMBER | CONSULTANT |
|------|-----------------|---------|--------|--------|-------------|------------|
| 4B   | MARY WATSON     |         |        |        |             | DR DAVIS   |

| KNOWN MEDICINE SENSITIVITIES | 1 | 2 |
|------------------------------|---|---|
|                              |   |   |

**Department of Pathology, Stobhill Hospital**

**0141-201 3536**

|                |               |             |                  |
|----------------|---------------|-------------|------------------|
| Name           | Date of Birth | Unit Number | Pathology Number |
| WATSON, Mary   | 06-Mar-54     | 494748      | H99-02607        |
| Consultant /GP | Location      |             | Date Received:   |
| Mr D T HANSELL | Surgical OPD  |             | 11/03/99         |

Histopathology Report

**Clinical History:** Previous benign lumpectomy with scar in inferior aspect of left breast.

**FNA left breast (HP)**

**Micro:** The aspirate contains fat and foamy macrophages only. No epithelial cells are identified. The cytological appearances are in keeping with fat necrosis.

**Conclusion:** "Acellular"

9

Reported by:  
Dr G D Smith

Date despatched:  
12/03/99

DCode  
FNB.C1



REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

AFFIX REPORT TOP EDGE TO LINE ABOVE

STOBHILL NHS TRUST

DEPARTMENT OF PATHOLOGY

|                           |               |               |                   |
|---------------------------|---------------|---------------|-------------------|
| Name                      | Age           | Ward          | Physician/Surgeon |
| WATSON Mary               | 63.54         | 5             | Mr. Hansell       |
| Nature of Specimen        | Date Received | Report Issued | Unit No.          |
| Oestrogen Receptor Report | 14.10.96      | 14.10.96      | 494748            |

REPORT

SUPPLEMENTARY REPORT: 70% of the carcinoma cell nuclei are weakly positive for oestrogen receptors.

  
Dr M Rahilly

  
Lab. No 96 9200 04L.2



STOBHILL NHS TRUST

DEPARTMENT OF PATHOLOGY

|                    |               |               |                   |
|--------------------|---------------|---------------|-------------------|
| Name               | Age           | Ward          | Physician/Surgeon |
| WATSON Mary        | 6.3.54        | 5             | Mr Hansell        |
| Nature of Specimen | Date Received | Report Issued | Unit No.          |
| As below           | 7.10.96       | 11.10.96      | 494748            |

## REPORT

H9519 Left axillary nodesGross An irregular mass of fibrofatty tissue 110x60x30mm.Microscopy A total of thirteen lymph nodes are identified. In one lymph node there is a small focus of subcapsular metastatic carcinoma in keeping with a micrometastasis.H9520 Left breast lumpGross A previously incised skin ellipse 45x18mm with an open incision 35mm long and underlying breast tissue 110x55x40mm with a central biopsy cavity.Microscopy There is breast tissue with changes in keeping with previous surgery. There are two foci of residual grade 1 ductal carcinoma and two foci of ductal carcinoma in situ. These lesions lie adjacent to the previous biopsy cavity and are not present at the surgical margins. Elsewhere in the tissue there is prominent adenosis.H9521 Cavity shavingsGross Seven irregular pieces of fibrofatty tissue, largest 12x12x5mm.Microscopy There are pieces of sclerosed breast tissue with both simple and sclerosing adenosis.

There is no evidence of either carcinoma or DCIS.

Dr D. Millan

Lab. No.

H96-9519 08S.2

H96-9520 04L.2

H96-9521 04L.8

## STOBHILL NHS TRUST

## DEPARTMENT OF PATHOLOGY

| CH<br>Name         | Age           | Ward          | Physician/Surgeon |
|--------------------|---------------|---------------|-------------------|
| WATSON Mary        | 6.3.54        | 5             | Mr Hansell        |
| Nature of Specimen | Date Received | Report Issued | Unit No.          |
| Left breast lump   | 7.10.96       | 10.10.96      | 494748            |

## REPORT

Gross A wedge of firm tissue 20 x 12 x 9mm.

Microscopy There is sclerosed breast tissue with numerous lobules and foci of ductal carcinoma in situ (DCIS) of cribriform and comedo type. No malignant, infiltrating tumour is identified. This confirms the frozen section report.  
See also H96 9200.

Dr D. Millan

H96 9515 04L.2

Lab. No.

STOBHILL NHS TRUST

CH

DEPARTMENT OF PATHOLOGY

|                        |               |               |                   |
|------------------------|---------------|---------------|-------------------|
| Name                   | Age           | Ward          | Physician/Surgeon |
| WATSON Mary            | 6.3.54        | 5             | Mr. Hansell       |
| Nature of Specimen     | Date Received | Report Issued | Unit No           |
| Lumpectomy left breast | 25.9.96       | 2.10.96       | 494748            |

## REPORT

Gross Unorientated fibrofatty tissue 50 x 50 x 35mm received fresh. On section a firm white tumour 25 x 25 x 25mm is present. It reaches one excision margin focally. A frozen section showed invasive ductal carcinoma reaching the painted excision margin.

Blocks: A-frozen section; B,C-tumour and lateral margins; C-cruciate blocks.

Microscopy This is an invasive ductal carcinoma of no special type, grade 1 (tubules 1, pleomorphism 2, mitosis 2). The carcinoma is associated with mixed intermediate and high grade ductal carcinoma in situ showing cribriform, papillary and comedo patterns. Invasive carcinoma infiltrates fat and crosses the surgical margins in several places. Some foci of possible lymphatic permeation are identified.

Summary: Left breast lumpectomy: Grade 1 invasive ductal carcinoma of no special type 25 x 25mm - local excision incomplete.

Dr M. Rahilly

MR

Lab No

H96 9200 04L.2

S.T.O. 82

204178

H96 8924

FNB.C2

STOBHILL NHS TRUST

DEPARTMENT OF PATHOLOGY

|                     |               |               |                   |  |
|---------------------|---------------|---------------|-------------------|--|
| CH<br>Name          | Age           | Ward          | Physician/Surgeon |  |
| WATSON Mary         | 6.3.54        | SOPD          | Mr Hansell        |  |
| Nature of Specimen  | Date Received | Report Issued | Unit No.          |  |
| FNA L. breast (UOQ) | 17.9.96       | 18.9.96       | 494748            |  |

## REPORT

The aspirate contains moderate numbers of benign epithelial groups in a blood-stained background. There are no concerning cytological features in this material.

Conclusion: Benign (C2)

Dr M. Rahilly



H96 8924 FNB.C2



Lab. No.



## GYNAECOLOGICAL CYTOLOGY

HOSPIT. STOBHILL NHS TRUST

USE BALLPOINT PEN FIRMLY

LAB. NO. C96 10530

494748

WATSON MARY  
32 KENDOOON AVE  
DRUMCHAPEL

F

M

06/03/1954

G15 8AX

G.P. Prac. 40205

Address Results to be sent if different

Previous Examination

or Cytology Number

Date of Previous

Examination

← CHL Number →

Hospital Record

Number

Postal Code

Postal Code

Name and Full Postal

Address of G.P.

Dr Lyons  
Drumchapel H.C.

Name and Address of

Sender

Dr Davis

43 (OP)

Stobhill

Postal Code

Sender

G.P.

F.P. Clinic

W.W. Clinic

Maternity

Gynaecology

G.U.M.

Other

1

2

3

4

5

6

7

Reason for Smear

1st Ever Examination

Routine Repeat

Repeat of

previous non-neg.

Other (specify)

1

2

3

4

Date of L.M.P.

No. of Pregnancies

Age at Menopause

Radiation (Pelvic)

YES 1

Hormone Treatment

YES 1

Contraception

I.U.C.D.

Oral

Nil 1 1

Past 2 2

Current 3 3

Smear Type

Cervical

Vaginal

Other

Appearance of Cervix

Intact

Ectopy

Infected

Suspicious

Malignant

1

2

3

4

5

Clinical Diagnosis and Comments

RHND 1991

S  
S  
S

Clinician's Signature

W Donaldson

Pathologist's Comments

NEGATIVE Vault smear.

Please repeat as clinically indicated.

M. Adam

10.8.96

Pathologist's Signature

Date

2/8

FOR LAB. USE ONLY

Negative

Borderline

Mild Dyskaryosis

Moderate

Severe

Other

Unsatisfactory

Trich

Yeast

Virus

1

2

3

4

5

6

7

R  
E  
S  
U  
L  
TA  
D  
V  
I  
C  
E

Routine Repeat in 3 years

Repeat in ..... Months

Refer to Gynaecology/Colposcopy

1

2

3



## GYNAECOLOGICAL CYTOLOGY

HOSPITAL STOBHILL NHS TRUST

USE BALLPOINT PEN FIRMLY

LAB. NUM

C96 06331

|                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                 |                                                                                                                                   |                                                  |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|
| Surname <b>WATSON</b>                                                                                                                                                               |                                                                                                                                      | Birth Date <b>06/03/54</b>                                                                                      |                                                                                                                                   | CHI. Number                                      |                                                                                           |
| Forenames <b>MARY</b>                                                                                                                                                               |                                                                                                                                      | Date of Examination <b>03/05/96</b>                                                                             |                                                                                                                                   | Hospital Record Number <b>45100286</b>           |                                                                                           |
| Previous Surname                                                                                                                                                                    |                                                                                                                                      | Previous Examination or Cytology Number <b>494748</b>                                                           |                                                                                                                                   | Date of Previous Examination                     |                                                                                           |
| Permanent Address (with postal code)<br><b>32 KENDON AVE</b><br><b>9/90W</b><br>Postal Code <b>915</b>                                                                              |                                                                                                                                      | Address Results to be sent if different                                                                         |                                                                                                                                   | Postal Code                                      |                                                                                           |
| Name and Full Postal Address of G.P.<br><b>DR LYONS</b><br><b>Drumchapel 14-C</b><br>Postal Code                                                                                    |                                                                                                                                      | Name and Address of Sender<br><b>DR. DAVIS</b><br><b>Sec 4B</b><br>Postal Code <b>14/5</b>                      |                                                                                                                                   |                                                  |                                                                                           |
| Sender<br>G.P.<br>F.P. Clinic<br>W.V. Clinic<br>Maternity<br>Gynaecology<br>G.U.M.<br>Other                                                                                         | Reason for Smear<br>1. 1st Ever Examination<br>2. Routine Repeat<br>3. Repeat of previous non-neg.<br>4. Other (specify)<br>5. 6. 7. | Date of L.M.P.<br>No. of Pregnancies<br>Age at Menopause<br>Radiation (Pelvic) YES 1<br>Hormone Treatment YES 1 | Contraception<br>I.U.C.D. Oral<br>Nil 1 1<br>Past 2 2<br>Current 3 3                                                              | Smear Type<br>Cervical 1<br>Vaginal 2<br>Other 3 | Appearance of Cervix<br>Intact 1<br>Ectopy 2<br>Infected 3<br>Suspicious 4<br>Malignant 5 |
| Clinical Diagnosis and Comments<br><b>RHND 9/91</b>                                                                                                                                 |                                                                                                                                      |                                                                                                                 | FOR LAB. USE ONLY                                                                                                                 |                                                  |                                                                                           |
| Clinician's Signature <b>Moh Hassan</b>                                                                                                                                             |                                                                                                                                      |                                                                                                                 | Negative 1 Trich 1<br>Borderline 2 Yeast 2<br>Mild Dyskaryosis 3 Virus 3<br>Moderate 4<br>Severe 5<br>Other 6<br>Unsatisfactory 7 |                                                  |                                                                                           |
| Pathologist's Comments<br><b>NEGATIVE</b> Vault smear.<br>Please repeat as clinically indicated.<br>J. Salkeld 16.5.96<br>Pathologist's Signature <b>J. Salkeld</b> Date <b>3/5</b> |                                                                                                                                      |                                                                                                                 | ROUTINE REPEAT<br>Routine Repeat in 3 years<br>Repeat in ..... Months<br>Refer to Gynaecology/Colposcopy                          |                                                  |                                                                                           |

## STOBHILL NHS TRUST

## DEPARTMENT OF PATHOLOGY

|                     |               |               |                   |
|---------------------|---------------|---------------|-------------------|
| CH<br>Name          | Age           | Ward          | Physician/Surgeon |
| WATSON Mary         | 63-54         | SOPD          | Mr Hansell        |
| Nature of Specimen  | Date Received | Report Issued | Unit No.          |
| FNA L. breast (UOQ) | 9-5-96        | 10-5-96       | 494748            |

## REPORT

Microscopy: Sheets and groups of small ductal epithelial cells (some with a myoepithelial component admixed) in general show good cell-to-cell cohesion and virtually no nuclear pleomorphism; a few "stripped" nuclei are present. However, this is a very cellular aspirate and in a few groups of cells there is mild cellular enlargement and anisocytosis. The cytopathology suggests epithelial hyperplasia. Careful clinical follow up is advised.

Conclusion: Atypical, probably benign.

Dr G.D. Smith

H96 4440 FNB C3

Lab No.

| Name           | Date of Birth | Unit Number    | Pathology Number |
|----------------|---------------|----------------|------------------|
| WATSON, Mary   | 06-Mar-54     | 494748         | H98-09685        |
| Consultant /GP | Location      | Date Received: |                  |
| Mr D T HANSELL | Surgical OPD  | 09/10/98       |                  |

## Histopathology Report

Clinical History: FNA of lumpy area under scar.

FNA Left Breast (ED)  
2 slides

Micro: The aspirate contains scanty fatty fragments and a few foreign body giant cells, consistent with reaction to previous surgery. No malignant cells are identified.

Conclusion: Acellular.

SM

9

Reported by:

Dr M Rahilly

Date despatched:

10/10/98

DCode

FNB.C1





**Department of Pathology, Stobhill NHS Trust**

**0141-201 3536**

|                |                  |             |                  |
|----------------|------------------|-------------|------------------|
| Name           | Date of Birth    | Unit Number | Pathology Number |
| WATSON, Mary   | 06-Mar-54        | 494748      | H98-06706        |
| Consultant /GP | Location         |             | Date Received:   |
| Mr D T HANSELL | Ward 5, Stobhill |             | 15/07/98         |

*Histopathology Report*

*Clinical summary: Previous lumpectomy in left breast, with axillary node clearance and radiotherapy. FNA: C1.*

**Lumpectomy left breast (inferior aspect)**

**Gross:** Fatty breast tissue (35x32x20mm) showing no morbid features.

**Micro:** Cryostat section reported as no significant abnormality. Paraffin histology reveals fatty tissue only. There is no evidence of malignancy.

Reported by:  
Dr G D Smith

GDJ.

Date despatched:  
20/07/98

DCode  
04L.0



**Department of Pathology, Stobhill NHS Trust**

**0141-201 3536**

|                 |               |             |                  |
|-----------------|---------------|-------------|------------------|
| Name            | Date of Birth | Unit Number | Pathology Number |
| WATSON, Mary    | 06-Mar-54     | 623238      | H98-06483        |
| Consultant / GP | Location      |             | Date Received:   |
| Mr D T HANSELL  | Surgical OPD  |             | 10/07/98         |

**Histopathology Report**

**Clinical History:** Previous conservation treatment. Indurated scar. Also new lump inferiorly.

**H98 06483 FNA Left Scar (DH)**

**Two slides**

**Micro:** Unfortunately the aspirate is entirely cellular.

**H98 06484 Left Inferior Breast Lump (DH)**

**Two slides**

**Micro:** This contains a few fatty fragments only. No epithelial cell population is identified.

**Reported by:**

**Dr M Rahilly** *MR*

**Date despatched:**  
**13/07/98**

**DC Code**  
**FNB.C1**



**Department of Pathology, Stobhill NHS Trust****0141-201 3536**

|                |               |                |                  |
|----------------|---------------|----------------|------------------|
| Name           | Date of Birth | Unit Number    | Pathology Number |
| WATSON, Mary   | 06-Mar-54     | 494748         | H98-03368        |
| Consultant /GP | Location      | Date Received: |                  |
| Mr D T HANSELL | Surgical OPD  | 09/04/98       |                  |

**Histopathology Report**

**Clinical History:** Left lumpectomy 1996 - grade 1 ductal carcinoma. Indeterminate opacity on mammography. FNA from upper outer quadrant.

**FNA left breast (HP)**

**Micro:** The aspirate contains blood and a few scraps of fibrous tissue. No epithelial cells are encountered.

**Conclusion - "Acellular"**

*NA***Reported by:****Dr G D Smith***GD***Date despatched:****14/04/98****DCode****FNB.C1**

**USE BALLPOINT PEN FIRMLY**

LAB. NUMBER

C97.04460

|                                                                                                                                                        |  |                                                                                   |  |                                                                                                              |  |                                                         |  |                                                                                                                 |  |                                                                   |  |                                                           |  |                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|-----------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|
| S. 10                                                                                                                                                  |  |  |  | Birth Date<br>_____                                                                                          |  | D<br>_____                                              |  | M<br>_____                                                                                                      |  | W<br>_____                                                        |  | CHI. Number<br>_____                                      |  |                                                                                           |  |
| F. 494748                                                                                                                                              |  | WATSON MARY.<br>32 KENDON AVE<br>GLASGOW                                          |  | Date of Examination<br>04/04/97                                                                              |  | Hospital Record Number<br>C 96 10530                    |  | Date of Previous Examination<br>06/08/96                                                                        |  | results to be sent if different<br>_____                          |  | Previous Examination or Cytology Number<br>C 96 10530     |  |                                                                                           |  |
| F. 32 KENDON AVE<br>GLASGOW                                                                                                                            |  | 06/03/1954<br>G.P. Prac. 40205                                                    |  | Postal Code<br>G15 8AX                                                                                       |  | Name and Address of Sender<br>DR. NEUGENT DR DAVIS STOA |  | 32 PRINCE AVE H.C.<br>STOA                                                                                      |  | Postal Code<br>_____                                              |  | Date of Previous Examination<br>06/08/96                  |  |                                                                                           |  |
| SENDER<br>G.P.<br>F.P. Clinic<br>W.W. Clinic<br>Maternity<br>Gynaecology<br>G.U.M.<br>Other<br>Colposcopy                                              |  | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8                                              |  | Reason for Smear<br>1st Ever Examination<br>Routine Repeat<br>Repeat of previous non-neg.<br>Other (specify) |  | 1<br>2<br>3<br>4                                        |  | Date of L.M.P.<br>No. of Pregnancies<br>Age at Menopause<br>Radiation (Pelvic) YES 1<br>Hormone Treatment YES 1 |  | Contraception<br>Nil I.U.C.D. Oral<br>Past 1 1 1<br>Current 2 2 3 |  | Smear Type<br>Cervical 1<br>Vaginal 2<br>Other 3<br>VAULT |  | Appearance of Cervix<br>Intact 1<br>Ectopy 2<br>Infected 3<br>Suspicious 4<br>Malignant 5 |  |
| Clinical Diagnosis and Comments<br>6/12 vault smear following report for Cerv.                                                                         |  |                                                                                   |  |                                                                                                              |  |                                                         |  |                                                                                                                 |  |                                                                   |  |                                                           |  |                                                                                           |  |
| Clinician's Signature<br>_____                                                                                                                         |  |                                                                                   |  |                                                                                                              |  |                                                         |  |                                                                                                                 |  |                                                                   |  |                                                           |  |                                                                                           |  |
| Pathologist's Comments<br>NEGATIVE Vault smear.<br>Please repeat as clinically indicated.<br>J. Salkeld 11.4.97<br>Pathologist's Signature _____       |  |                                                                                   |  |                                                                                                              |  |                                                         |  |                                                                                                                 |  |                                                                   |  |                                                           |  |                                                                                           |  |
| Date<br>_____                                                                                                                                          |  |                                                                                   |  |                                                                                                              |  |                                                         |  |                                                                                                                 |  |                                                                   |  |                                                           |  |                                                                                           |  |
| FOR LAB. USE ONLY<br>Negative 1 Trich 1<br>Borderline 2 Yeast 2<br>Mild Dyskaryosis 3 Virus 3<br>Moderate 4<br>Severe 5<br>Other 6<br>Unsatisfactory 7 |  |                                                                                   |  |                                                                                                              |  |                                                         |  |                                                                                                                 |  |                                                                   |  |                                                           |  |                                                                                           |  |
| A D V I C E<br>Routine Repeat in 3 years<br>Repeat in ..... Months<br>Refer to Gynaecology/Colposcopy                                                  |  |                                                                                   |  |                                                                                                              |  |                                                         |  |                                                                                                                 |  |                                                                   |  |                                                           |  |                                                                                           |  |

# GYNAECOLOGICAL CYTOLOGY

HOSPITAL ST. DAVID'S

USE BALLPOINT PEN FIRMLY

LAB. NUMBER

S/HILL (C)

94/ 12839

|                                        |             |                                         |                             |                                         |                                   |               |          |                        |                      |
|----------------------------------------|-------------|-----------------------------------------|-----------------------------|-----------------------------------------|-----------------------------------|---------------|----------|------------------------|----------------------|
| Surname <u>Watson</u>                  |             | 000061                                  |                             | Birth Date                              |                                   | 06 03 54      |          | ← CHI. Number →        |                      |
| Forenames <u>Mary</u>                  |             |                                         |                             | Date of Examination                     |                                   | 16 09 94      |          | Hospital Record Number |                      |
| Previous Surname                       |             |                                         |                             | Previous Examination or Cytology Number |                                   | 94/03929      |          |                        |                      |
| Permanent Address (with postal code)   |             | Address Results to be sent if different |                             | Date of Previous Examination            |                                   | 18 03 94      |          |                        |                      |
| 22, Mervyn Ave.                        |             |                                         |                             |                                         |                                   |               |          |                        |                      |
| Postal Code <u>G15 7H</u>              |             | Postal Code                             |                             |                                         |                                   |               |          |                        |                      |
| Name and Full Postal Address of G.P.   |             | Name and Address of Sender              |                             |                                         |                                   |               |          |                        |                      |
| 32, KENDON AVE                         |             | DR. DAVIS GYN CPD, ST. DAVID'S HOSP.    |                             |                                         |                                   |               |          |                        |                      |
| Postal Code                            |             | Postal Code                             |                             |                                         |                                   |               |          |                        |                      |
| SENDER                                 | G.P.        | 1                                       | Reason for Smear            | 1                                       | Date of L.M.P.                    | Contraception |          | Smear Type             | Appearance of Cervix |
|                                        | F.P. Clinic | 2                                       | 1st Ever Examination        | 2                                       | No. of Pregnancies                | Nil           | I.U.C.D. | Cervical               | Intact               |
|                                        | W.W. Clinic | 3                                       | Routine Repeat              | 3                                       | Age at Menopause                  | Post          | Oral     | Vaginal                | Ectopy               |
|                                        | Maternity   | 4                                       | Repeat of previous non-neg. | 4                                       | Radiation (Pelvic)                | Current       | Other    | Other                  | Infected             |
|                                        | Gynaecology | 5                                       | Other (specify)             |                                         | Hormone Treatment                 | YES 1         |          |                        | Suspicious           |
|                                        | G.U.M.      | 6                                       |                             |                                         |                                   |               |          |                        | Malignant            |
|                                        | Other       | 7                                       |                             |                                         |                                   |               |          |                        |                      |
|                                        | Colposcopy  | 8                                       |                             |                                         |                                   |               |          |                        |                      |
| Clinical Diagnosis and Comments        |             |                                         |                             |                                         | FOR LAB. USE ONLY                 |               |          |                        |                      |
| BAND IN PAN                            |             |                                         |                             |                                         | Negative 1 Trich 1                |               |          |                        |                      |
| Clinician's Signature <u>Sumner</u>    |             |                                         |                             |                                         | Borderline 2 Yeast 2              |               |          |                        |                      |
| Pathologist's Comments                 |             |                                         |                             |                                         | Mild Dyskaryosis 3 Virus 3        |               |          |                        |                      |
| NEGATIVE                               |             |                                         |                             |                                         | Moderate 4                        |               |          |                        |                      |
| J. Cook                                |             |                                         |                             |                                         | Severe 5                          |               |          |                        |                      |
| 22.9.94                                |             |                                         |                             |                                         | Other 6                           |               |          |                        |                      |
| Pathologist's Signature <u>J. Cook</u> |             |                                         |                             |                                         | Unsatisfactory 7                  |               |          |                        |                      |
| Date <u>16/9</u>                       |             |                                         |                             |                                         | Routine Repeat in 3 years 1       |               |          |                        |                      |
|                                        |             |                                         |                             |                                         | Repeat in ..... Months 2          |               |          |                        |                      |
|                                        |             |                                         |                             |                                         | Refer to Gynaecology/Colposcopy 3 |               |          |                        |                      |

## GYNAECOLOGICAL CYTOLOGY

HOSPITAL .....

USE BALLPOINT PEN FIRMLY

LAB. NUMBER .....

S/HILL (C)  
96/ 03929494748  
WATSON MARY  
32 KENDON AVE  
GLASGOW

000062

F

06/03/1954

G15 8AX G.P. Prac. 40205

Name and Full Postal  
Address of G.P.Dr. Whalley  
Hunchback  
H/C

Postal Code

Name and Address of  
SenderDr. Dennis  
OPD  
Scophel  
GUE

Postal Code

|        |             |   |                  |   |                |                    |               |            |                      |   |            |   |
|--------|-------------|---|------------------|---|----------------|--------------------|---------------|------------|----------------------|---|------------|---|
| SENDER | G.P. Clinic | 1 | Reason for Smear | 1 | Date of L.M.P. | No. of Pregnancies | Contraception | Smear Type | Appearance of Cervix |   |            |   |
|        | F.P. Clinic | 2 |                  | 2 |                |                    |               |            |                      | 1 | Intact     | 1 |
|        | W.W. Clinic | 3 |                  | 3 |                |                    |               |            |                      | 2 | Ectopy     | 2 |
|        | Maternity   | 4 |                  | 4 |                |                    |               |            |                      | 3 | Infected   | 3 |
|        | Gynaecology | 5 |                  | 5 |                |                    |               |            |                      | 4 | Suspicious | 4 |
|        | G.U.M.      | 6 |                  | 6 |                |                    |               |            |                      | 5 | Malignant  | 5 |
|        | Other       | 7 |                  | 7 |                |                    |               |            |                      |   |            |   |
|        | Colposcopy  | 8 |                  | 8 |                |                    |               |            |                      |   |            |   |

Clinical Diagnosis and Comments

RHW 1297  
Mues

Clinician's Signature

Pathologist's Comments

NEGATIVE

M. Laing

23.3.94

Date 18/3

## FOR LAB. USE ONLY

|                  |   |       |   |
|------------------|---|-------|---|
| Negative         | 1 | Trich | 1 |
| Borderline       | 2 | Yeast | 2 |
| Mild Dyskaryosis | 3 | Virus | 3 |
| Moderate         | 4 |       |   |
| Severe           | 5 |       |   |
| Other            | 6 |       |   |
| Unsatisfactory   | 7 |       |   |

Routine Repeat in 3 years

Repeat in ..... Months

Refer to Gynaecology/Colposcopy

# GYNAECOLOGICAL CYTOLOGY

HOSPITAL

S/HILL (C)

USE BALLPOINT PEN FIRMLY

LAB. NUMBER

95/ 08986

|                                                                                    |             |                                         |                                             |                                                                                 |                          |
|------------------------------------------------------------------------------------|-------------|-----------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------|--------------------------|
| Surname <u>Watson</u>                                                              |             | Birth Date <u>16/03/54</u>              |                                             | CHI. Number <u>    </u>                                                         |                          |
| Forenames <u>Mary</u>                                                              |             | Date of Examination <u>30/06/95</u>     |                                             | Hospital Record Number <u>49474</u>                                             |                          |
| Previous Surname                                                                   |             | Address Results to be sent if different |                                             | Previous Examination or Cytology Number                                         |                          |
| Permanent Address (with postal code)<br><u>32 Kendon Ave D/chapel</u>              |             | Postal Code                             |                                             | Date of Previous Examination <u>7/09/9</u>                                      |                          |
| Name and Full Postal Address of G.P.<br><u>Dr Lyons. Drunchapel H/C</u>            |             | Postal Code <u>G16</u>                  |                                             | Name and Address of Sender<br><u>DR DAVIS</u><br><u>43 SEC</u><br><u>STOILE</u> |                          |
| SENDER                                                                             | G.P.        | 1                                       | Reason for Smear                            | 1                                                                               | Date of L.M.P.           |
|                                                                                    | F.P. Clinic | 2                                       | 1st Ever Examination                        | 2                                                                               | No. of Pregnancies       |
|                                                                                    | W.W. Clinic | 3                                       | Routine Repeat                              | 3                                                                               | Age at Menopause         |
|                                                                                    | Maternity   | 4                                       | Repeat of previous non-neg. Other (specify) | 4                                                                               | Radiation (Pelvic) YES 1 |
|                                                                                    | Gynaecology | 5                                       |                                             |                                                                                 | Hormone Treatment YES 1  |
|                                                                                    | G.U.M.      | 6                                       |                                             |                                                                                 |                          |
|                                                                                    | Other       | 7                                       |                                             |                                                                                 |                          |
|                                                                                    | Colposcopy  | 8                                       |                                             |                                                                                 |                          |
| Clinical Diagnosis and Comments<br><u>Normal in 191.</u>                           |             | Contraception                           |                                             | Smear Type                                                                      |                          |
| Clinician's Signature <u>[Signature]</u>                                           |             | Nil                                     |                                             | Cervical                                                                        |                          |
|                                                                                    |             | I.U.C.D. 1 Oral 1                       |                                             | Vaginal 2                                                                       |                          |
| Pathologist's Comments<br><u>NEGATIVE</u><br><u>Dr. M. Laing</u><br><u>12.7.95</u> |             | Past 2                                  |                                             | Other 3                                                                         |                          |
|                                                                                    |             | Current 3                               |                                             |                                                                                 |                          |
| Pathologist's Signature <u>[Signature]</u>                                         |             | Appearance of                           |                                             | FOR LAB. USE ONLY                                                               |                          |
|                                                                                    |             | Intact                                  |                                             | Negative                                                                        |                          |
|                                                                                    |             | Ecctopy                                 |                                             | Borderline                                                                      |                          |
|                                                                                    |             | Infected                                |                                             | Mild Dyskaryosis                                                                |                          |
|                                                                                    |             | Suspicious                              |                                             | Moderate                                                                        |                          |
|                                                                                    |             | Malignant                               |                                             | Severe                                                                          |                          |
|                                                                                    |             |                                         |                                             | Other                                                                           |                          |
|                                                                                    |             |                                         |                                             | Unsatisfactory                                                                  |                          |
|                                                                                    |             |                                         |                                             | Routine Repeat in 3 years                                                       |                          |
|                                                                                    |             |                                         |                                             | Repeat in Months                                                                |                          |
|                                                                                    |             |                                         |                                             | Refer to Gynaecology/Colposcopy                                                 |                          |

Date

30/6

INSTRUCTIONS FOR USE: ① STICK REPORT FROM No. 1 UP. ② AFFIX REPORTS TOP EDGE TO LINE ABOVE

| STOBHILL GENERAL HOSPITAL                                                                                                                                                                                                                                       |                          | DEPARTMENT OF PATHOLOGY                                                            |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------|-------------------------------|
| Name<br>WATSON Mary                                                                                                                                                                                                                                             | Age<br>63 54             | Ward<br>DSU 6                                                                      | Physician/Surgeon<br>Mr Smith |
| Nature of Specimen<br>Skin biopsy chest wall                                                                                                                                                                                                                    | Date Received<br>24.2.94 | Report Issued<br>26.2.94                                                           | Unit No<br>494748             |
| <p><u>Gross</u> A skin ellipse 14x7mm and underlying tissue 12mm which contains a previously incised cystic mass 10mm diameter.</p> <p><u>Microscopy</u> There is a simple epidermoid cyst which is completely excised. There is no evidence of malignancy.</p> |                          |                                                                                    |                               |
| Dr D. Millan                                                                                                                                                                                                                                                    |                          | 000063                                                                             |                               |
|                                                                                                                                                                                |                          |  |                               |
|                                                                                                                                                                                                                                                                 |                          | H1460/94 02S.1                                                                     |                               |
|                                                                                                                                                                                                                                                                 |                          | Lab. No.                                                                           |                               |





## GYNAECOLOGICAL CYTOLOGY

HOSPITAL

USE BALLPOINT PEN FIRMLY

LAB. NUMBER

S/HILL (C)

93/ 13389

|                                      |  |                                         |  |                                         |  |                        |  |            |  |
|--------------------------------------|--|-----------------------------------------|--|-----------------------------------------|--|------------------------|--|------------|--|
| Surname <b>WATSON</b>                |  | Birth Date                              |  | D M Y                                   |  | LAB. NUMBER            |  | S/HILL (C) |  |
| Forenames <b>MARY</b>                |  | Date of Examination                     |  | 17 9 93                                 |  | CHI. Number            |  | 93/ 13389  |  |
| Previous Surname                     |  | Address Results to be sent if different |  | Previous Examination or Cytology Number |  | Hospital Record Number |  | 494748     |  |
| Permanent Address (with postal code) |  | Postal Code                             |  | Date of Previous Examination            |  | 5 2 93                 |  |            |  |
| 32 KENDON AVE<br>GLASGOW             |  | 915                                     |  | 93/01589                                |  |                        |  |            |  |
| Name and Full Postal Address of G.P. |  | Name and Address of Sender              |  | Postal Code                             |  |                        |  |            |  |
| DR WHITBY<br>MERRYTON AVE.           |  | DR DAVIS<br>94N OPI ONCO                |  | 915                                     |  | STORHILL               |  |            |  |
| SENDER                               |  | Reason for Smear                        |  | Date of L.M.P.                          |  | Contraception          |  | Smear Type |  |
| G.P. Clinic                          |  | 1st Ever Examination                    |  | No. of Pregnancies                      |  | I.U.C.D. Oral          |  | Cervical   |  |
| F.P. Clinic                          |  | Routine Repeat                          |  | Age at Menopause                        |  | Nil 1 1                |  | 1          |  |
| W.W. Clinic                          |  | Repeat of previous non-neg.             |  | Radiation (Pelvic) YES 1                |  | Past 2 2               |  | 2          |  |
| Maternity                            |  | Other (specify)                         |  | Hormone Treatment YES 1                 |  | Current 3 3            |  | 3          |  |
| Gynaecology                          |  |                                         |  |                                         |  |                        |  | 4          |  |
| G.U.M.                               |  |                                         |  |                                         |  |                        |  | 5          |  |
| Other                                |  |                                         |  |                                         |  |                        |  | 6          |  |
| Colposcopy                           |  |                                         |  |                                         |  |                        |  | 7          |  |
|                                      |  |                                         |  |                                         |  |                        |  | 8          |  |
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|                                      |  |                                         |  |                                         |  |                        |  | 99         |  |
|                                      |  |                                         |  |                                         |  |                        |  | 100        |  |

Clinical Diagnosis and Comments: **RTND 30-9-91**

Clinician's Signature: *M. Laing* Date: **21.9.93**

Pathologist's Comments: **NEGATIVE**

Pathologist's Signature: *M. Laing* Date: **17/9**

FOR LAB. USE ONLY

|                  |   |       |   |
|------------------|---|-------|---|
| Negative         | 1 | Trich | 1 |
| Borderline       | 2 | Yeast | 2 |
| Mild Dyskaryosis | 3 | Virus | 3 |
| Moderate         | 4 |       |   |
| Severe           | 5 |       |   |
| Other            | 6 |       |   |
| Unsatisfactory   | 7 |       |   |

Routine Repeat in 3 years: **1**

Repeat in ..... Months: **2**

Refer to Gynaecology/Colposcopy: **3**



**G AECOLOGICAL CYTOLOGY** HOSPITAL  
USE BALLPOINT PEN FIRMLY

LAB. NUMBER 5/HILL (C)

93/ 01589

|                                                                                                                      |  |                                                                                           |  |                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Surname <b>WATSON</b>                                                                                                |  | Birth Date <b>06 03 54</b>                                                                |  | LAB. NUMBER <b>5/HILL (C)</b>                                                                                                                          |  |
| Forenames <b>MARY</b>                                                                                                |  | Date of Examination <b>05 02 93</b>                                                       |  | Hospital Record Number <b>494748</b>                                                                                                                   |  |
| Previous Surname                                                                                                     |  | Previous Examination or Cytology Number <b>92/12558</b>                                   |  | Date of Previous Examination <b>04 09 92</b>                                                                                                           |  |
| Permanent Address (with postal code)<br><b>32, Kinkora Ave.</b>                                                      |  | Address Results to be sent if different                                                   |  | Postal Code <b>G15 8AX</b>                                                                                                                             |  |
| Name and Full Postal Address of G.P.<br><b>Dr. Robertson</b>                                                         |  | Name and Address of Sender<br><b>Dr. Darg (ONCO)</b>                                      |  | Postal Code <b>STOBHILL</b>                                                                                                                            |  |
| Reason for Smear<br>1 1st Ever Examination<br>2 Routine Repeat<br>3 Repeat of previous non-neg.<br>4 Other (specify) |  | Date of L.M.P.<br>1 No. of Pregnancies<br>2 Age at Menopause                              |  | Contraception<br>Nil 1 I.U.C.D. 1 Oral 1<br>Past 2 2 Current 3 3                                                                                       |  |
| Smear Type<br>1 Cervical<br>2 Vaginal<br>3 Other<br>4 VAULT                                                          |  | Appearance of Cervix<br>1 Intact<br>2 Ectopy<br>3 Infected<br>4 Suspicious<br>5 Malignant |  | FOR LAB. USE ONLY<br>Negative 1 Trich 1<br>Borderline 2 Yeast 2<br>Mild Dyskaryosis 3 Virus 3<br>Moderate 4<br>Severe 5<br>Other 6<br>Unsatisfactory 7 |  |
| Clinical Diagnosis and Comments<br><b>R.H.N.D 1991</b><br><b>000065</b><br><b>3/12</b>                               |  | Clinician's Signature <b>K. Darg</b>                                                      |  | Pathologist's Comments<br><b>NEGATIVE</b>                                                                                                              |  |
| Pathologist's Signature <b>JC Spence</b>                                                                             |  | Date <b>11.2.93</b>                                                                       |  | Date <b>5/2</b>                                                                                                                                        |  |



## GYNAECOLOGICAL CYTOLOG.

HOSPITAL ..... 5/HILL (C) .....

USE BALLPOINT PEN FIRMLY

LAB. NUMBER .... 92/ 12558 .....

|                                                                                       |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
|---------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|--------------------------|-------------------------------|--|------------|----------------------|---------|--------|----------|
| Surname <b>Watson</b>                                                                 |             | Birth Date                                                              |                             | D 6 M 3 Y 5                                      |                          | CHI. Number                   |  |            |                      |         |        |          |
| Forenames <b>Mary</b>                                                                 |             | Date of Examination                                                     |                             | 4 9 92                                           |                          | Hospital Record Number 494768 |  |            |                      |         |        |          |
| Previous Surname                                                                      |             | Address Results to be sent if different                                 |                             | Previous Examination or Cytology Number 92/08211 |                          | Date of Previous Examination  |  |            |                      |         |        |          |
| Permanent Address (with postal code)<br>32 Keneloon Ave.<br>Postal Code G15 8AY       |             | Address Results to be sent if different                                 |                             | Previous Examination or Cytology Number          |                          | Date of Previous Examination  |  |            |                      |         |        |          |
| Name and Full Postal Address of G.P.<br>Dr. Whitty<br>Merrilyn Ave<br>Postal Code G15 |             | Name and Address of Sender<br>Dr Davis<br>Gym OPP<br>Postal Code 000066 |                             | Previous Examination or Cytology Number          |                          | Date of Previous Examination  |  |            |                      |         |        |          |
| SENDER                                                                                | G.P.        | 1                                                                       | Reason for Smear            | 1                                                | Date of L.M.P.           | Contraception                 |  | Smear Type | Appearance of Cervix |         |        |          |
|                                                                                       | F.P. Clinic | 2                                                                       | 1st Ever Examination        | 2                                                | No. of Pregnancies       | I.U.C.D. Oral                 |  |            | Cervical             | Intact  | 1      |          |
|                                                                                       | W.W. Clinic | 3                                                                       | Routine Repeat              | 3                                                | Age at Menopause         | Nil 1 1                       |  |            |                      | Vaginal | Ectopy | 2        |
|                                                                                       | Maternity   | 4                                                                       | Repeat of previous non-neg. | 4                                                | Radiation (Pelvic) YES 1 | Past 2 2                      |  |            |                      |         | Other  | Infected |
| Gynaecology                                                                           | 5           | Other (specify)                                                         |                             | Hormone Treatment YES 1                          | Current 3 3              |                               |  | Suspicious | 4                    |         |        |          |
| G.U.M.                                                                                | 6           |                                                                         |                             |                                                  |                          |                               |  |            | Malignant            | 5       |        |          |
| Other                                                                                 | 7           |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Colposcopy                                                                            | 8           |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Clinical Diagnosis and Comments<br>RND 1.10.91                                        |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Clinician's Signature<br>M. Laing                                                     |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Pathologist's Comments<br>NEGATIVE                                                    |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Pathologist's Signature<br>M. Laing 8.9.92                                            |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Date<br>4/9                                                                           |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| FOR LAB. USE ONLY                                                                     |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Negative 1 Trich 1                                                                    |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Borderline 2 Yeast 2                                                                  |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Mild Dyskaryosis 3 Virus 3                                                            |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Moderate 4                                                                            |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Severe 5                                                                              |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Other 6                                                                               |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Unsatisfactory 7                                                                      |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Routine Repeat in 3 years 1                                                           |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Repeat in ..... Months 2                                                              |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |
| Refer to Gynaecology/Colposcopy 3                                                     |             |                                                                         |                             |                                                  |                          |                               |  |            |                      |         |        |          |

| GYNAECOLOGICAL CYTOLOGY                                                                         |  |  |  |  |                                                                                                                      |  |                                                                                                                  |  |                                                          | S/HILL (C)                |                                            |  |
|-------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|---------------------------|--------------------------------------------|--|
| USE BALLPOINT PEN FIRMLY                                                                        |  |  |  |  |                                                                                                                      |  |                                                                                                                  |  |                                                          | LAB. NUMBER               |                                            |  |
|                                                                                                 |  |  |  |  |                                                                                                                      |  |                                                                                                                  |  |                                                          | 92/ 08211                 |                                            |  |
| Surname<br><b>WATSON</b>                                                                        |  |  |  |  | Birth Date<br><b>06 03 54</b>                                                                                        |  | D M Y                                                                                                            |  |                                                          | ← CHI. Number →           |                                            |  |
| Forenames<br><b>MARY</b>                                                                        |  |  |  |  | Date of Examination<br><b>05 06 92</b>                                                                               |  | Hospital Record-Number<br><b>494748</b>                                                                          |  |                                                          |                           |                                            |  |
| Previous Surname                                                                                |  |  |  |  | Previous Examination or Cytology Number<br><b>03592</b>                                                              |  | Date of Previous Examination<br><b>11 03 92</b>                                                                  |  |                                                          |                           |                                            |  |
| Permanent Address (with postal code)<br><b>32. KENDON AVE</b>                                   |  |  |  |  | Address Results to be sent if different                                                                              |  |                                                                                                                  |  |                                                          | Postal Code<br><b>915</b> |                                            |  |
| Name and Full Postal Address of G.P.<br><b>Dr. WHITELEY</b>                                     |  |  |  |  | Name and Address of Sender<br><b>Dr. J. Davis. 000067</b>                                                            |  |                                                                                                                  |  |                                                          |                           |                                            |  |
| G.P.<br>F.P. Clinic<br>W.W. Clinic<br>Maternity<br>Gynaecology<br>G.U.M.<br>Other<br>Colposcopy |  |  |  |  | Reason for Smear<br>1 1st Ever Examination<br>2 Routine Repeat<br>3 Repeat of previous non-neg.<br>4 Other (specify) |  | Date of L.M.P.<br>No. of Pregnancies<br>Age at Menopause<br>Radiation (Pelvic)<br>Hormone Treatment              |  | Contraception<br>I.U.C.D. Oral<br>Nil<br>Past<br>Current |                           | Smear Type<br>Cervical<br>Vaginal<br>Other |  |
| Clinical Diagnosis and Comments<br><b>RHIND Sept '91</b>                                        |  |  |  |  | Appearance of Cervix<br>Intact<br>Ectopy<br>Infected<br>Suspicious<br>Malignant                                      |  | FOR LAB. USE ONLY<br>Negative<br>Borderline<br>Mild Dyskaryosis<br>Moderate<br>Severe<br>Other<br>Unsatisfactory |  |                                                          |                           |                                            |  |
| Clinician's Signature<br><b>Deeley</b>                                                          |  |  |  |  | Pathologist's Comments<br><b>NEGATIVE</b>                                                                            |  | Routine Repeat in 3 years<br>Repeat in ..... Months<br>Refer to Gynaecology/Colposcopy                           |  | Date<br><b>5/6</b>                                       |                           |                                            |  |
| Pathologist's Signature<br><b>P. Moss</b>                                                       |  |  |  |  | Date<br><b>10.6.92</b>                                                                                               |  | Date<br><b>5/6</b>                                                                                               |  |                                                          |                           |                                            |  |

# GYNAECOLOGICAL CYTOLOGY

HOSPITAL

LAB. NUMBER

S/HILL (C)

92/ 03592

USE BALLPOINT PEN FIRM

|                                                                         |  |                                         |  |                                                    |  |
|-------------------------------------------------------------------------|--|-----------------------------------------|--|----------------------------------------------------|--|
| Surname <b>WATSON</b>                                                   |  | Birth Date <b>06/23/54</b>              |  | CHI. Num.                                          |  |
| Forenames <b>MARY</b>                                                   |  | Date of Examination <b>06/03/92</b>     |  | Hospital Record Number <b>444748</b>               |  |
| Previous Surname                                                        |  | Address Results to be sent if different |  | Previous Examination or Cytology Number            |  |
| Permanent Address (with postal code)<br><b>32 Kendra Ave G15</b>        |  | Postal Code                             |  | Date of Previous Examination <b>000068</b>         |  |
| Name and Full Postal Address of G.P.<br><b>Dr Whitby<br/>Kendra Ave</b> |  | Postal Code                             |  | Name and Address of Sender<br><b>JAD, Cyn Onco</b> |  |
| Sender                                                                  |  | Reason for Smear                        |  | Contraception                                      |  |
| 1 G.P.                                                                  |  | 1 1st Ever Examination                  |  | I.U.C.D. Oral                                      |  |
| 2 F.P. Clinic                                                           |  | 2 Routine Repeat                        |  | Nil 1                                              |  |
| 3 W.W. Clinic                                                           |  | 3 Repeat of previous non-neg.           |  | Past 2                                             |  |
| 4 Maternity                                                             |  | 4 Other (specify)                       |  | Current 3                                          |  |
| 5 Gynaecology                                                           |  |                                         |  |                                                    |  |
| 6 G.U.M.                                                                |  |                                         |  |                                                    |  |
| 7 Other                                                                 |  |                                         |  |                                                    |  |
| Date of L.M.P.                                                          |  | No. of Pregnancies                      |  | Smear Type                                         |  |
| Age at Menopause                                                        |  | Radiation (Pelvic) YES 1                |  | Cervical 1                                         |  |
| Hormone Treatment YES 1                                                 |  |                                         |  | Vaginal 2                                          |  |
|                                                                         |  |                                         |  | Other 3                                            |  |
| Clinical Diagnosis and Comments<br><b>RWHD Sept 91</b>                  |  | Hormone Treatment YES 1                 |  | Appearance of Cervix                               |  |
| Clinician's Signature <b>Deeny</b>                                      |  |                                         |  | Intact 1                                           |  |
| Pathologist's Comments<br><b>NEGATIVE</b>                               |  |                                         |  | Ectopy 2                                           |  |
| Pathologist's Signature <b>O Hughes-Lartey</b>                          |  |                                         |  | Infected 3                                         |  |
|                                                                         |  |                                         |  | Suspicious 4                                       |  |
|                                                                         |  |                                         |  | Malignant 5                                        |  |
|                                                                         |  |                                         |  | FOR LAB. USE ONLY                                  |  |
|                                                                         |  |                                         |  | Negative 1                                         |  |
|                                                                         |  |                                         |  | Borderline 2                                       |  |
|                                                                         |  |                                         |  | Mild Dyskaryosis 3                                 |  |
|                                                                         |  |                                         |  | Moderate 4                                         |  |
|                                                                         |  |                                         |  | Severe 5                                           |  |
|                                                                         |  |                                         |  | Other 6                                            |  |
|                                                                         |  |                                         |  | Unsatisfactory 7                                   |  |
|                                                                         |  |                                         |  | R E S U L T                                        |  |
|                                                                         |  |                                         |  | Trich 1                                            |  |
|                                                                         |  |                                         |  | Yeast 2                                            |  |
|                                                                         |  |                                         |  | Virus 3                                            |  |
|                                                                         |  |                                         |  | A D V I C E                                        |  |
|                                                                         |  |                                         |  | Routine Repeat in 3 years                          |  |
|                                                                         |  |                                         |  | Repeat in <b>12</b> Months                         |  |
|                                                                         |  |                                         |  | Refer to Gynaecology/Colposcopy                    |  |
|                                                                         |  |                                         |  | Date <b>11.3.92</b>                                |  |
|                                                                         |  |                                         |  | 6/3                                                |  |



## GYNAECOLOGICAL CY LOGY

HOSPITAL S/HILL(C)

USE BALLPOINT PEN FIRMLY

LAB. NUMBER

|                                                                           |  |                                                                             |  |                                         |  |                          |  |
|---------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|-----------------------------------------|--|--------------------------|--|
| Surname <b>WATSON</b>                                                     |  | Birth Date                                                                  |  | D M Y                                   |  | LAB. NUMBER <b>17852</b> |  |
| Forenames <b>MARY</b>                                                     |  | Date of Examination                                                         |  | 06/12/91                                |  | CHI. Number              |  |
| Previous Surname                                                          |  | Hospital Record Number                                                      |  | 494748                                  |  |                          |  |
| Permanent Address (with postal code)<br><b>32 KENDON AVE<br/>GLASGOW</b>  |  | Address Results to be sent if different                                     |  | Previous Examination or Cytology Number |  | 46600/91                 |  |
| Postal Code <b>G15 8AX</b>                                                |  | Postal Code                                                                 |  | Date of Previous Examination            |  |                          |  |
| Name and Full Postal Address of G.P.<br><b>DR WHITBY<br/>MERRYTON AVE</b> |  | Name and Address of Sender<br><b>DR DAVIS, ONCOLOGY CLINIC<br/>STOBHILL</b> |  | Postal Code <b>000069</b>               |  |                          |  |
| Sender                                                                    |  | Reason for Smear                                                            |  | Date of L.M.P.                          |  | Contraception            |  |
| G.P. 1                                                                    |  | 1st Ever Examination 1                                                      |  | No. of Pregnancies 2                    |  | I.U.C.D. Oral            |  |
| F.P. Clinic 2                                                             |  | Routine Repeat 2                                                            |  | Age at Menopause                        |  | Nil 1 1                  |  |
| W.W. Clinic 3                                                             |  | Repeat of previous non-neg. 3                                               |  | Radiation (Pelvic) YES 1                |  | Past 2 2                 |  |
| Maternity 4                                                               |  | Other (specify) 4                                                           |  | Hormone Treatment YES 1                 |  | Current 3 3              |  |
| Gynaecology 5                                                             |  |                                                                             |  |                                         |  |                          |  |
| G.U.M. 6                                                                  |  |                                                                             |  |                                         |  |                          |  |
| Other 7                                                                   |  |                                                                             |  |                                         |  |                          |  |
| Clinical Diagnosis and Comments<br><b>RTND Sept 91</b>                    |  |                                                                             |  | FOR LAB. USE ONLY                       |  |                          |  |
| Clinician's Signature <b>[Signature]</b>                                  |  |                                                                             |  | Negative 1 Trich 1                      |  |                          |  |
| Pathologist's Comments<br><b>NEGATIVE</b>                                 |  |                                                                             |  | Borderline 2 Yeast 2                    |  |                          |  |
| J Salkeld                                                                 |  |                                                                             |  | Mild Dyskaryosis 3 Virus 3              |  |                          |  |
| Pathologist's Signature <b>[Signature]</b>                                |  |                                                                             |  | Moderate 4                              |  |                          |  |
| 13.12.91                                                                  |  |                                                                             |  | Severe 5                                |  |                          |  |
| Date <b>6/12</b>                                                          |  |                                                                             |  | Other 6                                 |  |                          |  |
|                                                                           |  |                                                                             |  | Unsatisfactory 7                        |  |                          |  |
|                                                                           |  |                                                                             |  | Routine Repeat in 3 years 1             |  |                          |  |
|                                                                           |  |                                                                             |  | Repeat in 3 Months 2                    |  |                          |  |
|                                                                           |  |                                                                             |  | Refer to Gynaecology/Colposcopy 3       |  |                          |  |

Name.

WATSON Mary

Age  
6.3.54

Ward  
4B

Physician/Surgeon  
Dr. Davis

000070

|                                                                |      |
|----------------------------------------------------------------|------|
| Nature of Specimen                                             | Date |
| Hysterectomy and bilateral salpingectomy (carcinoma of cervix) |      |

Date Received  
ix) 1.10.91

Report Issued  
4.10.91

Unit No.

Gross A normal shaped uterus is received measuring 10x6x5cm, including a vaginal cuff which measures 2.8cm long posteriorly and 2cm long on the anterior and left and right lateral sides. The cervix is of 3cm diameter and shows a circumferential ulcerative lesion of 0.7cm width. The vaginal cuff and the endocervix appear unremarkable. The endometrium measures 0.6cm in thickness. The right tube is 5cm long. The left tube measures 3cm in length. Both tubes appear normal.

Microscopy The cervix shows an area of an invasive poorly differentiated squamous cell carcinoma involving the sector between 8 and 9 o'clock positions. The horizontal length of the tumour is approximately 4mm. The vertical length/.....

Lab. No.

STOBHILL GENERAL HOSPITAL

|                     |               |               |                   |
|---------------------|---------------|---------------|-------------------|
| Name<br>WATSON Mary | Age           | Ward          | Physician/Surgeon |
| Nature of Specimen  | Date Received | Report Issued | 000071            |

length is 5.6mm. The depth of invasion is 2.3mm. The closest vaginal resection margin lies approximately 20mm from the tumour. The closest deep resection margin is approximately 21mm. The tumour is confined to the transformation zone. The endocervical canal is not involved. The vaginal epithelium including the resection margin is normal. There is no evidence of vascular invasion. The cervix also shows a non-specific ulcer at the transformation zone involving almost all of the circumference of the cervix and including many refractile foreign material, ?biopsy site. The remaining cervical epithelium shows active inflammation and squamous metaplasia. There is no evidence of CIN. The endocervical glands are unremarkable. The endometrium is in a mid-secretory phase. The myometrium/.....

*AD*

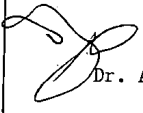
Lab. No.



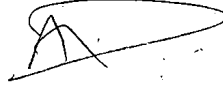
|                     |               |               |                   |  |
|---------------------|---------------|---------------|-------------------|--|
| Name<br>WATSON Mary | Age           | Ward          | Physician/Surgeon |  |
| Nature of Specimen  | Date Received | Report Issued | Unit No.          |  |

myometrium is unremarkable. The tubes are normal.

Invasive squamous cell carcinoma, 2.3mm depth of invasion;  
completely excised.

 Dr. A. Al-Dawoud

000072

 H6600/91 Code 83R.2D

Lab. No.

STOBHILL GENERAL HOSPITAL  
DS

DEPARTMENT OF PATHOLOGY

|                                                |                          |                          |                                |
|------------------------------------------------|--------------------------|--------------------------|--------------------------------|
| Name<br>WATSON Mary                            | Age<br>63.54             | Ward<br>4B               | Physician/Surgeon<br>Dr. Davis |
| Nature of Specimen<br>Right pelvic lymph nodes | Date Received<br>1.10.91 | Report Issued<br>4.10.91 | Unit No.                       |

✓ Gross A mass of adipose tissue is received bearing 5 lymph nodes, the largest is 20x10x5mm.

Microscopy The histology shows no evidence of malignancy.

Dr. A. Al-Dawoud

H6601/91 Code 08G.0

Lab. No.

000073

STOBHILL GENERAL HOSPITAL

DEPARTMENT OF PATHOLOGY

DS

|                                               |                          |                          |                                |  |
|-----------------------------------------------|--------------------------|--------------------------|--------------------------------|--|
| Name<br>WATSON Mary                           | Age<br>63.54             | Ward<br>4B               | Physician/Surgeon<br>Dr. Davis |  |
| Nature of Specimen<br>Left pelvic lymph nodes | Date Received<br>1.10.91 | Report Issued<br>4.10.91 | Unit No.                       |  |

Gross A mass of adipose tissue is received bearing 7 lymph nodes, the largest is 20x10x5mm. All processed.

Microscopy Sections show no evidence of malignancy.

000074

Dr. A. Al-Dawoud

H6602/91 Code 08G.0

Lab. No.

M14

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98064261 M

08/10/98

MN 0027162

X-RAY REPORT

WATSON, Mary

44Y

F

DT, HANSELL

50P

28 HALGREEN AVENUE, DRUMCHAPEL, G15

Clinical Information :  
Left lumpectomy.

MAMMOGRAPHY

(left) The previously noted area of scarring in keeping with previous surgery is unchanged from 9 4 98. There is however an area of opacity medial to the scar on the craniocaudal view seen inferiorly on the oblique view. This was not present at previous examination. Biopsy of this lesion is therefore advised.

DR G MCCREATH/DR F BRYDEN/FES

09/10/98

*but ~~not~~  
further surgery in the then.*

(4)

5

(OK)

09/10/98 - MAMMOGRAM

STOBHILL NHS TRUST GLASGOW  
RADIOLOGY DEPARTMENT

Mammogram 05/08/98 AG

98022608 R

09/04/98

MN 0027162

494748

X-RAY REPORT

WATSON, Mary

44Y

F

DT, HANSELL

50P

28 HALGREEN AVENUE, DRUMCHAPEL, G15

Clinical Information :

Lumpectomy and adjuvant chemotherapy in June. Radiotherapy. Left pleuritic pain.

MAMMOGRAPHY

There is deformity of the left breast consistent with previous surgery. At the site of the scar there is increased density and spiculation. This may be due to the surgery however recurrence at the scar cannot be excluded in the absence of previous films. There is skin thickening at the site of the scar.

There is no evidence of malignancy within the right breast.

CHEST

The heart is not enlarged. There is bilateral basal linear

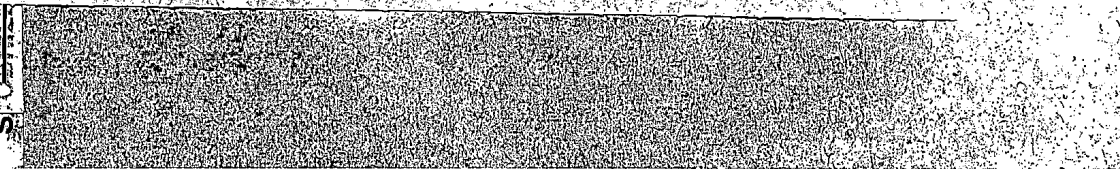
*As pleural*

*D/W*

*X-ray*

*OK*

(cont'd)



98022608 R (Cont'd)

09/04/98

MN 0027162

494748

**X-RAY REPORT**

WATSON, Mary

44Y

F

DT, HANSELL

50P

28 HALGREEN AVENUE, DRUMCHAPEL, G15

atelectases. It is slightly more marked at the right base compared with the previous examination of 8 1 98. No other new intrapulmonary abnormality is seen.

DR F BRYDEN/DR IA MACLEOD/FES

16/04/98

16/04/98 - MAMMOGRAM, CHEST

91046391 V

29/09/91

MN 0027162

**X-RAY REPORT**

WATSON, Mary

37Y

F

JA, DAVIS

4B

32 KENDOON AVENUE, GLASGOW, G15

CHEST

The heart is not enlarged and the lung fields are clear.

DR IA MACLEOD/HJC

02/10/91

000086

02/10/91 - CH

Name - MARY WATSON DOB - 06/03/1954 Event No: E-10544639  
28 Kendoon Avenue, Glasgow, G15 8AX CRIS No: 5168722  
Ward:SH05OP Ref:MR DT HANSELL CHI:0603546323 Hosp No: 50623238H

**MAMMOGRAPHY**

Report by: LINDSEY LEEN and DR J SHAND Syntax :SHAJO  
Clinical History : Previous left wide local excision and ANC.

**MAMMOGRAPHY** : There is post surgical deformity of the left breast. A benign calcified oil cyst is visualised within the left breast and is graded R2. There are also benign calcifications seen at the site of surgery - R2. Nil else seen.

It should be noted that all the patient's previous mammograms have been removed from the film bag.

North Glasgow University Hospitals Division

5168722 - DOB:06/03/1954 - MAMMOGRAPHY

08/03/2007

Page  
1 of 1  
08955



Name - MARY ,WATSON DOB - 06/03/1954 Event No: E-9651934  
 28 Kendoon Avenue, Glasgow, G15 8AX CRIS No: 5168722  
 Ward:SH050P Ref:MR DT HANSELL CHI:0603546323 Hosp No: 10494748

**MAMMOGRAPHY**

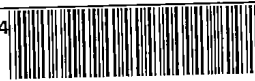
Report by: LINDSEY LEEN and DR JOHN SHAND Syntax :SHAJO  
 Clinical History : Left wide local excision and A.N.C..

**MAMMOGRAPHY** : There is post surgical deformity of the left breast with associated spiculate scarring. There is no abnormality demonstrated within the right breast.  
 There has been no change since the examination of 28/3/02.



5168722 - DOB:06/03/1954 - MAMMOGRAPHY  
 MR DT HANSELL

11/11/2004



Page  
 1 of 1  
 08955

02020449 W

28/03/02

MN 0027162  
494748

## X-RAY REPORT

WATSON, Mary

48Y

F

DT, HANSELL

50P

28, KENDOON AVENUE, DRUMCHAPEL, GLASGOW, G15 8AX

Clinical Information :  
Previous left sided breast surgery.

MAMMOGRAPHY

There is deformity of the left breast due to previous surgery.

There is no radiological evidence of malignancy. Attempt was made to trace the previous mammogram for comparison however this was unsuccessful.

\*DR F BRYDEN/DR H GRIFFITHS/MG

05/04/02

05/04/02 - MAMMOGRAM

01026406 K

26/04/01

MN 0027162  
494748

**X-RAY REPORT**

WATSON, Mary

47Y

F

DT, HANSELL

50P

28 KENDOON AVENUE, DRUMCHAPEL, GLASGOW, G15 8AX

**Clinical Information :**

Left lumpectomy and A.N.C. plus radiotherapy. Dyspnoea.

**CHEST**

The heart is not enlarged. There is evidence of linear atelectasis in both mid zones with a small area of consolidation in the right mid zone. Appearances would be consistent with small areas of infection or infarction.

DR J SHAND/HJC

27/04/01

27/04/01 - CHEST

GLASGOW  
RADIOLOGY DEPARTMENT

01026619 K

27/04/01

MN 0003462

NUCLEAR MEDICINE  
REPORT 5

WATSON, Mary

47Y

F

DT, HANSELL

28 KENDON AVENUE, DRUMCHAPEL, GLASGOW, G15 8AX.

Clinical Information :  
? P.E. suggested by radiologist reviewing chest x-ray.

LUNG SCAN

(370MBq Xe 133 and 80MBq Tc 99m)

There is slight reduction in perfusion in the left lower lobe which appears essentially matched and is probably due to cardiac outline. The overall appearances would give a low probability of pulmonary thromboembolic disease. The pretest score was intermediate.

\*DR G MCCREATH/HJC

27/04/01

27/04/01 - LUNG SCAN

STOBHILL NHS TRUST GLASGOW  
NUCLEAR MEDICINE

Kilamaze S-10480958-1

DEPARTMENT OF GYNAECOLOGY, WESTERN INFIRMARY, GLASGOW  
GREATER GLASGOW HEALTH BOARD

ADMISSION No.

CONSULTANT IN CHARGE DR A B MACLEAN

PATIENT MARY WATSON

AGE 37

HOSP. No. 623238

ADDRESS 32 KENDON AVENUE, GLASGOW

DATE OF BIRTH 6.3.54

ADMITTED 8.9.91

DISCHARGED 10.9.91

DIAGNOSIS 1st

OPERATION 1st

000087

DIAGNOSIS 2nd

OPERATION 2nd

DIAGNOSIS 3rd

OPERATION 3rd

DIAGNOSIS 4th

OPERATION 4th

CASE SUMMARY

ABMacL/PMB

17 September 1991

Dr Turner  
24 Merryton Avenue  
GLASGOW

Dear Dr Turner

This lady was seen by Dr Hanretty in the Gynaecology Clinic on 4 September 1991 and referred for urgent Colposcopy. Examination at that time showed an area of abnormality on the posterior lip of her cervix and features that I believed were consistent with adeno-carcinoma. A biopsy at that time, however, showed CIN although it was not possible to exclude micro-invasive carcinoma. She was therefore admitted and on 9 September 1991 underwent knife-cut cone biopsy, histology of this shows a poorly differentiated squamous carcinoma of the cervix which penetrates to a depth of 11 mm showing a mainly basaloid appearance. There is extensive infiltration of thin walled vascular channels by tumour. There is CIN III of the adjacent surface epithelium but the ectocervical, endocervical and deep resection margins are free from tumour. However, this lady has a Stage IB cervical carcinoma and therefore needs further treatment. I have spoken to Dr Dodgson who has agreed to see this lady with a view to performing radical hysterectomy. I have been in contact with Mrs Watson today i.e. 16 September 1991 explaining to her the outcome of the biopsy and that an appointment has been arranged for her to meet Dr Dodgson this Thursday.

Yours sincerely

A B MACLEAN  
CONSULTANT GYNAECOLOGIST

Copy to: ✓ Dr Dodgson, Senior Registrar, Stobhill Hospital, Glasgow  
Dr K P Hanretty, Consultant Gynaecologist, Western Infirmary

000089

JAD/LJA

27 November 1991

Dr Turner  
24 Merryton Avenue  
GLASGOW

Der Dr Turner

Mary Watson DOB 6 3 54 Unit No 494748  
32 Kendoon Avenue Glasgow G15

Your patient, as you know, was referred to Stobhill Hospital with a view to radical hysterectomy for a stage 1B cervical tumour.

Radical hysterectomy with bilateral pelvic lymphadenectomy was performed on 30 September.

There were no particular problems with the procedure and Mary made a good recovery to be discharged on 10 October. She was not passing satisfactory amounts of urine at this time so she was discharged with a supra-public catheter in situ.

She was re-admitted a fortnight later for reassessment of urinary function and I am glad to report she was able to go home after two days the catheter having been removed.

Histology confirmed the presence of invasive squamous carcinoma but the lymph nodes were free of metastatic disease. She will be reviewed in my out patient clinic in due course.

Yours sincerely

J A Davis  
Consultant

c.c. Dr K P Hanretty Senior Lecturer and Consultant Gynaecologist  
Western Infirmary

Dr A McLean

000090

MD/SH

Clinic: 6 12 91  
Typed: 16 12 91

C.C. Dr Alan McLean  
Senior Lecturer  
Western Infirmary  
Glasgow

Dr Whitby  
Merryton Avenue  
Glasgow  
G15

Dear Dr Whitby

Mary Watson, d.o.b. 6 3 54, Unit No 494748  
32 Kendoon Avenue, Glasgow

Your patient returned to Dr Davis' clinic for review on 6 December following her radical hysterectomy and node dissection at the end of September 1991, for stage 1B cancer of the cervix. She is well with no evidence of disease recurrence. She is troubled by constipation and I think she would benefit from the use of a stool softener like Lactulose. She has not yet got the sensation back in her bladder and I re-assured her that this was common and normal and she can expect it to improve with time. At the moment she is being careful to empty her bladder on a regular three to four hourly basis.

Physically she seems very well. She has the usual emotional upheaval associated with this diagnosis and this sort of surgery. I was able to re-assure her on a lot of the worries that she expressed and we have arranged to review her in a further three months.

Yours sincerely

M Deeny  
Registrar to Dr J A Davis

000091

MD/SH

Clinic: 6 3 92  
Typed: 15 3 92

Dr Whitby  
Merryton Avenue  
Glasgow  
G15

Dear Dr Whitby

Mary Watson, d.o.b. 6 3 54, Unit No 494748  
32 Kendoon Avenue, Glasgow

Your patient returned to the Gynaecology/Oncology follow-up clinic today.  
She is well and there is no evidence of disease.

7  
denervation - She is quite troubled by dysfunction of her bowel and bladder.  
This is fairly common after radical hysterectomy because of the  
necessary denervation of the detrusor muscle and of the recto-  
sigmoid junction. As far as her bladder is concerned, I have  
referred her for Physiotherapy and if she displays no  
improvement in three months, then we may try the effect of  
Oxybutynin. As far as her bowel is concerned, I think she  
really requires to have suppositories to enable her to move her  
bowels on a reasonable frequent basis.

Thank you for prescribing the suppositories for her as per my  
hand written note. It may be that she will need them for some  
considerable time to come.

She is returning in three months.

Yours sincerely

M Deeny  
Registrar to Dr J A Davis



000092

MD/KR/Dict: 5.6.92

Clinic: 5.6.92  
Typed: 12.6.92

Dr. S. Whitby,  
22 Merryton Avenue,  
Glasgow,  
G15 7PU.

Dear Dr. Whitby,

MARY WATSON, D.O.B. 6.3.54. UNIT NO. 494748.  
32 KENDON AVENUE, GLASGOW.

Your patient returned to the Gynaecology/Oncology Clinic for review on 5.6.92,

It is now nine months since her radical hysterectomy. Her bladder function is satisfactory. Her bowels are still a problem and we have advised her that this will require continuing attention. She also complains of troublesome mood swings and loss of libido. I think these latter symptoms are probably related to normal post operative anxieties. I should think if things do not improve over the next three months we should offer her psychotherapy or hypnotherapy to help her to deal with her psychological problems.

On examination there was no evidence of disease recurrence. I know that she had passed two thready clots two weeks prior to her clinic visit but there was absolutely nothing suspicious on examination and I reassured her to this effect.

She is returning for review in three months.

Yours sincerely,

M. DEENY  
REGISTRAR TO DR. DAVIS

000093

DEPARTMENT OF GYNAECOLOGY

DR. D. MCKAY HART (Chairman)  
DR. J.A. DAVIS (Secretary)  
DR. C.A. FORREST  
DR. R.M. STILL  
DR. R.A.L. LOW

Fax No 041 557 0468

OO/LAB

Dict: 4.9.92  
Typed: 18.9.92

Mr Ian Findlay  
Ward 34  
Glasgow Royal Infirmary  
Castle Street  
GLASGOW  
G4 0SF

Dear Ian

Mary Watson, d.o.b. 6.3.54, Unit No 494748  
32 Kendoon Avenue, Glasgow, G15 8AX

I would be grateful if you could see this patient of Jo Davis', who had a radical hysterectomy performed back in September 1991. She has been troubled by constipation which has developed following her operation.

I would be grateful if you could see her regarding further investigation. I have already explained to her the possibility that bowel studies might be required.

Yours sincerely

O Owens  
Senior Registrar

000094

DEPARTMENT OF GYNAECOLOGY

DR. D. MCKAY HART (Chairman)  
DR. J.A. DAVIS (Secretary)  
DR. C.A. FORREST  
DR. R.M. STILL  
DR. R.A.L. LOW

Fax No 041 557 0468

OO/LAB

Dict: 4.9.92  
Typed: 18.9.92

Dr M Dow  
Psychologist  
Stobhill General Hospital  
GLASGOW  
G21 3UN

Dear Dr Dow

Mary Watson, d.o.b. 6.3.54, Unit No 494748  
32 Kendoon Avenue, Glasgow, G15 8AX

I would appreciate it if you would see this patient of Jo Davis', who had a radical hysterectomy performed on 30 September 1991. Her main problem is that she has lost libido.

I would like some therapy in trying to improve her relationship with her partner. Both she and her partner would be agreeable to come and see you.

Yours sincerely

O Owens  
Senior Registrar

000095

DEPARTMENT OF GYNAECOLOGY

DR. D. MCKAY HART (Chairman)  
DR. J.A. DAVIS (Secretary)  
DR. C.A. FORREST  
DR. R.M. STILL  
DR. R.A.L. LOW

Fax No 041 557 0468

OO/LAB

Dict: 4.9.92

Typed: 18.9.92

Dr S. Whitby  
24 Merryton Avenue  
GLASGOW  
G15 7PU

Dear Dr Whitby

Mary Watson, d.o.b. 6.3.54, Unit No 494748  
32 Kendoon Avenue, Glasgow, G15 8AX

Mary came back for review today. She is still troubled by the problem with relation to her constipation.

I am asking Mr Ian Findlay, a colleague of Dr Jo Davis to see her regarding this particular problem. He works at Glasgow Royal Infirmary and has a special interest in patients with constipation. I am also asking Dr Mike Dow from Stobhill to see the patient regarding psychotherapy because of her loss of libido.

Clinically there is no sign of recurrence and I have asked her to return again in three months' time.

Yours sincerely

O Owens  
Senior Registrar

000096

THE LANSDOWNE CLINIC

3 Whittingehame Gardens  
Great Western Road  
GLASGOW G12 0AA

494448

Dr O Owens  
Senior Registrar  
Department Of Gynaecology  
Stobhill Hospital  
GLASGOW

Dear Dr Owens

Re: Mary Watson DOB 06.03.54  
32 Kendoon Avenue, Glasgow G15 8AX  
Unit No: 494748

Thank you for referring this patient.

Unfortunately there is a waiting list of about 3 months. An  
appointment will be sent to your patient as soon as possible.

Yours sincerely,

*Amanda Miller*

Amanda Miller  
Chartered Clinical Psychologist

*File Please*

000097

DEPARTMENT OF GYNAECOLOGY

Dr D McKay Hart (Chairman)  
Dr J A Davis (Secretary)  
Dr C A Forrest  
Dr R M Still  
Dr R A L Low

Fax: 041 557 0468

JAD/LJA/Cli: 5 2 93

14 February 1993

Dr S Whitby  
24 Merryton Avenue  
GLASGOW  
G15 7PU

Dear Dr Whitby

Mary Watson DOB 06 03 54 Unit No 494748  
32 Kendoon Avenue Glasgow G15 8AX

Your patient was seen in my clinic on 5 February 1993. She is reasonably well and has no evidence of recurrent disease. She is, however, still getting physiotherapy for her urinary problems and wonders if she could be transferred to the Department at Drumchapel Hospital as this would be easier for her to get to. Maybe you could arrange this for her.

I will see her otherwise in three months' time.

Yours sincerely

J A Davis  
Consultant Gynaecologist

c.c. Dr Amanda Miller  
Chartered Clinical Psychologist  
The Lansdowne Clinic  
3 Whittingehame Gardens  
Great Western Road  
GLASGOW  
G12 0AA

c.c. Physiotherapy Department  
Stobhill General Hospital

P.S. to Physio - would you be kind enough to inform the G.P. exactly what physiotherapy you are offering so that he can arrange for her to have the same at Drumchapel Hospital. She is finding attending our department rather difficult in view of the distances she has to travel.

## Department of Radiology

|                                                                                            |                              |                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surname:  | CHI:                         | Consultant: <i>MR. HANSEN</i>                                                                                                                                                                                                                               |
| First name(s): <i>WATSON</i> <sup>F</sup><br>MAY 06/03/1954                                | RIS:                         | Ward/Dept. <i>OPD</i>                                                                                                                                                                                                                                       |
| Address: 28 Kendoon Avenue<br>GLASGOW G15 8AX<br>CHI-0603546323                            | Hosp. no.:                   | Copy to:                                                                                                                                                                                                                                                    |
| Postcode: ...or attach label                                                               | Date of birth:               | Walking: <input type="checkbox"/><br>Chair: <input type="checkbox"/><br>Trolley: <input type="checkbox"/><br>Mobile: <input type="checkbox"/><br>Ambulance*: <input type="checkbox"/><br>Drip: <input type="checkbox"/><br>Oxygen: <input type="checkbox"/> |
|                                                                                            | Daytime telephone or mobile: | Should this patient Y <input type="checkbox"/><br>be handled as N <input type="checkbox"/><br>'at risk?'<br>Details:                                                                                                                                        |

|                                                    |                                                                                                                                               |                                                                                                                                                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Investigation required:<br><i>Mammogram please</i> | URGENCY*: <input type="checkbox"/><br>Same day: <input type="checkbox"/><br>Days: <input type="checkbox"/><br>Weeks: <input type="checkbox"/> | Pregnancy rule*: <input type="checkbox"/><br>Overrule: <input type="checkbox"/><br>Observe: 10d <input type="checkbox"/><br>28d <input type="checkbox"/> |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*)<br><i>previous b/w WLE + ANC.</i><br><i>→ DCIS</i>                                     | <b>Office use only:</b><br>Date received:<br><br><b>Preparation:</b><br>Fast: Full bladder: Laxative:<br>Oral contrast: No prep:<br>Urgency: Initials: |
| If requesting barium, CT, IVU, angiography/intervention or MRI studies or your patient has diabetes/renal impairment, please complete details below. (Sections marked * see notes overleaf) | IR(ME)R Justification: Initials:<br>YES <input type="checkbox"/> NO <input type="checkbox"/> Designation:                                              |

|       |              |                 |                      |                     |
|-------|--------------|-----------------|----------------------|---------------------|
| Name: | Designation: | Telephone/page: | Signature: <i>IR</i> | Date: <i>8/2/07</i> |
|-------|--------------|-----------------|----------------------|---------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DIABETICS/RENAL IMPAIRMENT:</b><br>For diabetics and those with renal impairment, contrast medium may be nephrotoxic. For IVU, CT and angiographic procedures, please record latest creatinine result:<br>μ mol/l<br>Date of result:                                                                                                                                                                                                                   | <b>SAFETY QUESTIONNAIRE:</b><br>Please complete for all contrast exams by circling (except MRI):<br>Previous contrast reaction: Y N<br>Known allergies: Y N<br>Severe asthma: Y N<br>Diabetes: Y N<br>On Metformin*: Y N<br>Known renal disease: Y N<br>Known vascular disease: Y N<br>On Warfarin: Y N<br>If 'Yes' to any of the above, give details: | <b>MRI SAFETY QUESTIONNAIRE:</b><br>Please complete by circling:<br>Previous surgery to the heart: Y N<br>Does patient have a pacemaker? Y N<br>Previous surgery to the head: Y N<br>Any history of metal in the eyes: Y N<br>If 'Yes' to any of the above, give details and telephone MRI 20(1)3623 for advice: |
| <b>ANTICOAGULANTS/COAGULOPATHY*:</b><br>For invasive procedures it is important to ensure a normal coagulation. Anticoagulant drugs should be stopped beforehand and defects corrected. A coagulation screen must be performed if there is a history of coagulopathy, anticoagulant use or if the intervention involves the puncture of solid organs (eg liver, kidney, etc.). Please record the latest coagulation screen/INR result:<br>Date of result: | <b>CT/MRI PROTOCOL</b>                                                                                                                                                                                                                                                                                                                                 | <b>Office use only:</b><br><b>APPOINTMENTS:</b><br>1.<br>2.<br>3.<br>4.                                                                                                                                                                                                                                          |
| <b>USEFUL TELEPHONE NUMBERS:</b><br>Reception (Plain film, US, Barium): 13625<br>Report & Film Requests 13624<br>A&E Radiology: 13630<br>CT enquiries: 13638<br>MRI enquiries: 13623<br>Reports are only available online, via the RIS. To obtain a password, contact 14169.                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |

## **Ionising Radiation (Medical Exposure) Regulations 2000**

The referrer must have adequate clinical knowledge of the patient and supply adequate clinical information such that the request for exposure to ionising radiation can be 'justified' as being 'of net benefit to the patient'. The reference opinion is the European Commission and Royal College of Radiologists' Referral Guidelines for Imaging. This is available on the Divisional Intranet in the Knowledge Base. If in doubt, refer to this publication before making a referral or contact a radiologist. It is an offence to conduct a radiological examination that has not been justified under IR(ME)R. Incomplete forms will be returned to the sender.

### **Previous films**

The patient's previous films must be made available to the Radiology department at or before the time of the patient's attendance. These are necessary when reporting, to assess progress and may prevent the patient undergoing unnecessary exposure under the above IR(ME) regulations.

### **Pregnancy**

Every effort must be made to avoid unknowingly irradiating a definite or possible pregnancy.

### **Urgency:**

Fill in the number of days or weeks. Completion of the urgency box must be supported by an appropriate comment in the clinical summary. Failure to correctly convey the urgency may result in the request being downgraded to a routine appointment. For 'immediate' urgency contact a radiologist or radiographer directly.

### **Hospital acquired infection/'at risk' patients**

To minimise the risk of spread of hospital acquired infection, it is necessary to complete the box overleaf. Generally such patients are examined at the end of a list to avoid cross-infection. Failure to complete the details overleaf may lead to your patient being returned to the ward and being reappointed at the end of the list.

### **Metformin:**

Due to the potential risk of lactic acidosis, it is recommended that Metformin be discontinued for 48 hours following contrast medium injection. It is the responsibility of the referring clinician to check serum electrolytes at 48 hours and, if within normal range, restart Metformin.

### **Invasive procedures:**

All patients undergoing an invasive procedure or intervention should have as normal a coagulation as possible. Oral anticoagulant and antiplatelet therapy should be stopped in good time for the procedure and a coagulation screen performed. Heparin should be stopped to coincide with the procedure. In patients not on anticoagulant treatment, for all but simple femoral punctures, a coagulation screen must be performed and any defect corrected. Please discuss any abnormality with the radiologist who will be performing the procedure. It is your responsibility to ensure that your patient is in a fit state to undergo the procedure you have requested.

### **Ambulance transport:**

The Radiology Department cannot arrange ambulance transport unless the completed ambulance request form accompanies this Radiology request. We will fill in the time and date when the appointment is made.

### **Completion of request form:**

Due to demand upon certain imaging modalities and their relative complexity, certain requesting restrictions apply, unless local protocols have been agreed.

- CT requests should be completed and signed by a Consultant, Clinical Assistant or Beatson Staff.
- MRI requests should be completed and signed by a consultant.

|                               |                  |                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Radiographer use only:</b> |                  | <b>CONFIDENTIAL</b><br><br><b>For Women of Childbearing age:</b><br><br>Every effort must be made to avoid unknowingly irradiating a definite or possible pregnancy.<br><br>Date of first day of last period:<br><br>Is there any possibility you have become pregnant since then?<br><br>Are you on the oral contraceptive?<br><br>Signature of patient:<br><br>Date: |
| ID checked by:                | Room:            |                                                                                                                                                                                                                                                                                                                                                                        |
| Exam performed by:            | kV:              |                                                                                                                                                                                                                                                                                                                                                                        |
| Comments:                     | mAs:             |                                                                                                                                                                                                                                                                                                                                                                        |
|                               | screening time:  |                                                                                                                                                                                                                                                                                                                                                                        |
|                               | radiation dose:  |                                                                                                                                                                                                                                                                                                                                                                        |
| CT/MR number:                 | Contrast medium: |                                                                                                                                                                                                                                                                                                                                                                        |
| Reference:                    | Batch:           |                                                                                                                                                                                                                                                                                                                                                                        |



GREATER GLASGOW HEALTH BOARD

Stobhill General Hospital

Psychology Department

Glasgow G21 3UW

Telephone 041 558 0111 Ext 5215  
Fax No 041 557 0468

000098

MGTD/JB

2nd October 1992

Dr O Owens  
Senior Registrar  
Department of Gynaecology  
Stobhill Hospital

Dear Dr Owens

re: Mary Watson, d.o.b. 6.3.54. Unit No. 494748  
32 Kendoon Avenue, Glasgow G15 8AX

Thank you very much for your letter of 4.9.92. concerning the above lady. As we discussed, this lady's address is outwith our revised catchment area and she should now attend the Psychology Department attached to Gartnavel Royal Hospital. With your approval I have, therefore, sent a copy of this letter to my colleague, Dr J G Greene, who will arrange for Mrs Watson to be seen at the above clinic in due course.

I trust this is in order.

Kind regards

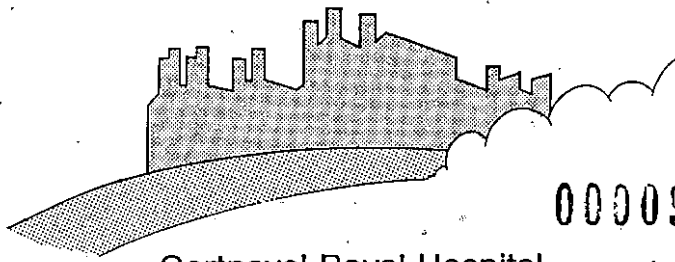
Yours sincerely

*Julie Burrows (Secretary)*

*pp* Michael G T Dow  
Clinical Psychologist

cc Dr J G Greene, Clinical Psychology Department, Lansdowne Clinic, 3  
Whittinghame Gardens, G12 0AA

*FW JAD*



150 YEARS  
GRH  
1843 .. 1993

000099

7 Gartnavel Royal Hospital  
1055 Great Western Road  
Glasgow G12 0XH Telephone 041-334 6241 EXT. 244

AM/JB

DEPARTMENT OF CLINICAL PSYCHOLOGY.

~~497~~  
494 748

Dr J A Davis  
Consultant Gynaecology  
Department of Gynaecology  
Stobhill Hospital  
GLASGOW  
G21 3UW

Dictated: 16 February 1993  
Typed: 24 February 1993

*file please*

ONC  
Dr O.  
30/7/93

Dear Dr Davis

Re: Mary Watson DOB 06.03.54  
32 Kendoon Avenue, Drumchapel, Glasgow G15 8AX

The above woman was referred by Dr Owens, Senior Registrar, and the referral came to us via the psychology department at Stobhill General Hospital. I saw Ms Watson for the first time on 19th January 1993, together with her partner.

Ms Watson reported having lost interest in sex, such that she now "panics" when her partner touches her. Her partner described being aware of her tensing up during sexual interactions and as this proceeds. They tell me that at present they have intercourse very infrequently, sometimes twice a month but sometimes going for 6 weeks to 3 months between occasions. Ms Watson described feeling as if she "has to perform", while her partner reports that he is tending to hold back because he doesn't wish to hurt her. The couple further reported that they do not discuss the problem together.

Ms Watson tells me that she underwent a hysterectomy in September 1991, the details of which you are of course aware, and it seems the couple's difficulties date from this. According to the couple they did not have intercourse for about 4 months after the operation, and Ms Watson apparently quickly became aware that she had lost interest in sex. It seems their first time after the operation was then painful for her, and has been so ever since.

Ms Watson describes having been bothered by the scarring after the operation, and although she maintains that she has got over this a bit, she did describe still feeling self conscious about this, especially, in addition to the fact that her stomach is apparently swollen at present due to difficulties she's having with her bowels. Ms Watson also described feeling as if she had "changed" since the operation in terms of feeling less confident and outgoing, and more moody. She tells me she has been smoking "constantly" since the operation.

Mary Watson Cont'd.

000100

The couple tell me that they have lived together for 8 years until November 1991, when Ms Watson's partner had to move out because he had obtained custody of his own son and needed more room than was available in Ms Watson's house. Ms Watson describes the relationship having been particularly good after the operation, and it seems him moving out came as quite a blow to her, since it occurred when "she needed him". They both report that the relationship changed after this, and they have become less close and more like "friends".

Possible factors contributing to the development and maintenance of the couple's sexual difficulties include Ms Watson's operation and its effects, in terms of both her self consciousness about her body and the apparent mood swings, and the changes in the nature of their relationship, particularly the reduction in closeness, which resulted from Ms Watson's partner moving out. In view of the above, I had intended to complete the assessment at the second session, including assessing Ms Watson for depression, in view of the reported mood changes since the operation, since it present this may be a contributory factor in the sexual difficulties, and also to discuss with them the possibilities for therapy.

At the first session, Ms Watson expressed slight reservations about therapy and what it would involve and I did stress that any therapy planned would be based on the couple's own goals in terms of their sexual relationship, and that should their goals be different, that would then be the initial focus of discussion. I unfortunately had to cancel our next appointment due to illness, but they were offered a further one for 8th February 1993. The couple however failed to attend on this date, and I have therefore written to them asking if they require any further appointments. I hope they do contact the department, since I feel that they would benefit from the opportunity to discuss their difficulties further and attempt to resolve these should they wish to do so. I shall keep you informed of developments in this case, but do not hesitate to contact me in the meantime should you require any further information.

Yours sincerely

Amanda M. Miller

Amanda Miller  
Chartered Clinical Psychologist

cc Dr Whitby, 24 Merryton Avenue, Glasgow G15 7PU

Consultant Surgeons:  
Mr. J.K. Todd  
Mr. C.W. Imrie  
Mr. I.G. Finlay  
Mr. W.R. Murray

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Dr. O. Owens,  
Senior Registrar,  
Department of Gynaecology,  
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G21 3UW

IGF/IPW/411828K

18th February, 1993

Dear Dr. Owens,

Mary Watson 6.3.54  
32 Kendoon Avenue, Glasgow G15 8AX

Just a note to say that I recently reviewed Mary Watson in the Clinic. You will recall that she is the lady who gives a very good history of the post radical hysterectomy constipation. Her recent investigations showed that the barium enema was normal as was her video proctogram. She does however have delay on her marker studies.

I have discussed the situation in detail with her and explained to her that all of this work is in the nature of research at the present time and that any surgical intervention would be a major undertaking. She feels however that her symptoms are of such severity that she would wish to have something done.

In view of this I have arranged to proceed with gastric emptying studies to ensure that the upper half of the GI tract is normal. This will serve the purpose of giving her further time to consider our discussion today.

I will review her when the results are to hand.

Kind regards.

Yours sincerely,

I.G. Finlay  
Consultant General and Colorectal Surgeon

c.c Dr. Whitby, 22 Merryton Avenue, Drumchapel, Glasgow G15 8PU

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(Been to Psychologist)