Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

Date: 14th May 2026
Your Ref: 100237
Our Ref: LAT/ACCESS/ES
Enquiries to: Emily Svensson
Direct Line: 0141 211 3020
Email: Emily.svensson@nhs.scot

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: JAMES SEXTON **D.O.B: 04/01/1951**

Thank you for your request received **23RD APRIL 2026** 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:

QUEEN ELIZABETH UNIVERSITY HOSPITAL/ NEW VICTORIA HOSPITAL/ GARTNAVEL GENERAL HOSPITAL

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

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

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

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

- Emails

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

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

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

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

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

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

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

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects 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 AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

OTOsuite

James Sexton

154011

Age: 68

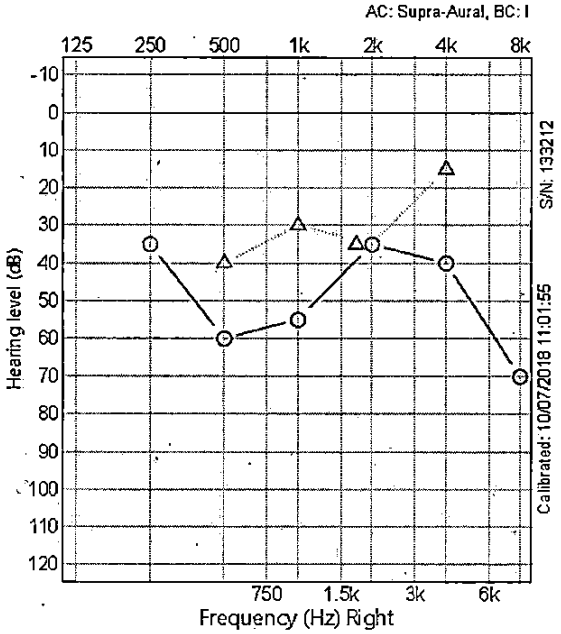
Date of birth: 04/01/1951

Report Date: 04/02/2019

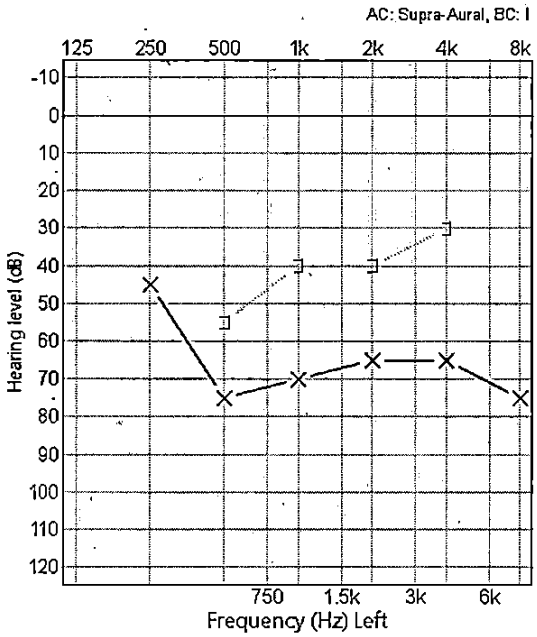
Tester: KG

Report Comments:

RIGHT 04/02/2019



LEFT 04/02/2019



Legend					
L		R		Masked	
X		O	AC	⧗	●
△	△	△	BC	⊐	⊏
S	S	S	SF	⁒	Ø
M		M	MCL		
U		U	UCL		
↘	↓	↙	NR		
PTA	AC: 500, 1k, 2k				
	BC: 500, 1k, 2k				
Aud Method:					

PTA (dB HL) // AI (%)			
	AC	BC	AI
Right	50	35	
Left	70	45	

Signed by:

_____

wife - 07922195112

Acute Services Division
GG&C Day Surgery/23 hour Care Plan

Admission Checklist

NHS Greater Glasgow and Clyde

0401516113
SEXTON M
James 04/01/1951
75 Young Terrace
Glasgow
G21 4LN

Hospital:	Norwich		
Consultant:	Sooby P	Date:	22/11/24

Proposed Operation:- Revision right mastoidectomy

Patient Questionnaire Completed?	Yes ☑	No ☐
Pre-Op Assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name: Sandra	Telephone Number: [illegible]	
Confirm "Next of Kin" on pre-assessment Yes Name: Sandra Sexton	Telephone No:	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
Carer required to stay with patient?	Yes ☑	No ☐
Date of LMP?	Date..... N/A	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑
Pregnancy test results	+VE	-VE N/A
Group and save results checked Date done.....	Yes ☐	No N/A
Anti D required	Yes ☐	No ☑
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....	Yes ☐ Yes ☐ Result.....	No ☑ No ☐
Is the patient diabetic If "Yes" BM on admission results.....	Yes ☐ NIDD ☐ DD ☐	No ☑
Urinalysis done Results.....	Yes ☐	No N/A
CJD single question asked Answer to CJD single question	Yes ☑ NO ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By:..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified No, I have not been notified ☑	Comment if required
Has the patient been nursed outwith Scotland in the last 12 months?	Yes ☐	No ☑
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- ..... Tissue Viability contacted Yes N/A	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.		
Fit Form required	Yes ☐	No ☑

Baseline Observations

Weight: Height:

Resp:

	Time..0829	Time.....
SPO2	97	
BP	154/81	
HR	76	
Temp	36.2	
Staff Initials	AD	

Any relevant medical history or other information None

Please print & sign name when checklist completed	Name : [signature] Time : 0829

Acute Services Division
GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Affix Addr
0401516113
Name : SEXTON M
CHI : James 04/01/1951
DOB : 75 Young Terrace
Glasgow
G21 4LN

Patient mode of transport to theatre Trolley ☐ Walking ☑ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
X-Rays and Scans	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Alert sticker	[redacted]	Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent/ Incapacity (circle) Signed & Dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Checked against theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Patient/Incapacity/Consent(Circle) Procedure and site for Surgery	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
If Yes, please specify	NKDA		NKDA.
Fasted from - specify time (24hr clock	Food: 2200 Fluid: 2200	Checked:	Checked: FFM.
Blood Glucose Score N/A ☑	Time: Score:	Time: Score	Time: Score N/a.
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state location and type			
External prosthesis e.g. hair extensions, hair pieces.	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If left in situ, state location on patient			
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Comments			
False Nails	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
State Location:			
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☑ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐ glasses

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Admission Checklist

Affix Addre 0401516113
Name : SEXTON James M
CHI : 75 Young Terrace 04/01/1951
DOB : Glasgow
G21 4L

Preoperative Checklist *continued*			
Pre-operative checks	**Admission Check**	**Reception Check N/A**	**Anaesthetic Check**
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A ☑ Insitu ☐ Removed ☐
CJD question asked Answer to CJD question		Please see page 1 Checked ☐	Please see page 1 Checked ☐
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☐
MRSA screen results (if applicable)	Positive ☐ Negative ☐ Comments if required: Results Pending ☐ N/A ☐		
Inhalers / Sprays with patient State Type	Yes ☐ No ☐ N/A ☑	Type:	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☐ N/A ☑	Type:	
Paper Pants in situ	Yes ☐ No ☑ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked ☐	See P1 Checked ☐
Is there any chance you are pregnant?		See P1 Checked ☐	See P1 Checked ☐
Pregnancy test carried out Pregnancy test result		See P1 Checked ☐	See P1 Checked ☐
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☑	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☑	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☑ N/A ☐	Yes ☐ N/A ☐	Yes ☐ N/A ☑
Trolley/Bed checked for head down tilt and O2	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☑ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐
Please print and sign name once the checklist is complete	Admission: [signature] Time: 0831	Reception: N/A ☐ Time:	Anaesthetic Assistant: [signature] Time 08:52

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Addr
0401516113
Name : SEXTON M
CHI : James 04/01/1951
DOB : 75 Young Terrace
Glasgow
G21 4LN

SURGICAL BRIEF

Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse: 85	BP: 165/90	Temp: 35.7	SpO2:	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☐	Or patient has been grouped and saved: Yes ☐ No ☐		
Venous Access	18g (R) hand				
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☑					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic ☑	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Airway	8-0 rae				
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s)

This section NOT applicable ☑

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring

This section NOT applicable ☑

Time								
BM score								

Safe use of SpO2 probe to prevent injury

This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☐ No ☐ N/A ☑					Initial Position	(R) index
Time Rotated							
Probe Position							

Prevention of Eye Injury

This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify:	taped

Maintenance of Norm-thermia

This section NOT applicable

Actions taken to maintain the patient's Temperature	Yes ☑ No ☐	Warm air blanket device – specify:	Yes ☑	No ☐	N/A ☐
		Warm Fluids	Yes ☑	No ☐	N/A ☐
		Warming Mat	Yes ☐	No ☑	N/A ☐
		Thermal Hat	Yes ☐	No ☑	N/A ☐
		IV fluid warmer	Yes ☐	No ☑	N/A ☐
		Other - specify	Yes ☐	No ☑	N/A ☐
Patients Temperature documented by Anaesthetist		Yes		No	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Addr
0401516113
Name : SEXTON M
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DOB : 75 Young Terrace
Glasgow
G21 4L

Record of Anaesthetic Pump Infusion Device Numbers				This section NOT applicable ■	
584094	584096				

Comments/Events

temperature probe in situ via nasal cavity.
large flowtrons in situ — egow SN.
throatpack in situ.

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix Addr 0401516113
SEXTON M
Name : James 04/01/1951
CHI : 75 Young Terrace
Glasgow
DOB : G21 4LN

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☑	Sliding sheet ☑	Roll Board ☐	
		Hover Mattress ☐	Other specify: ☐		

Pre - op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: (0) 1 2 3	PU Grade: (N/A) 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time: 0914.

Supine ☑	Prone ☐	Head ring ☑	Lateral supports ☐	Gel Pads ☐	R Arm Position		L Arm Position	
Left Lateral ☐	Right Lateral ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel Pads ☑	At side	☐	At side	☑
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐	Full gel mattress ☑	On boards	☐	On boards	☐
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐	Gel Wedge ☐	Across chest	☐	Across chest	☐
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☑	Bolster ☐	Pillows ☐	Hand Table	☐	Hand Table	☐
Lithotomy ☐	Other ☐			Shoulder Roll ☐	Hand Traction	☐	Hand Traction	☐
					Secured with:		Secured with:	
					Straps	☐	Straps	☐
					J Board	☑	J Board	☑
					Pressure Care:		Pressure Care:	
					Gel / Foam Pads	☑	Gel / Foam Pads	☑

Position 2 — This section NOT applicable ☒

Time:		Positioning Devices		Pressure Relieving	Arm Position			
Supine ☐	Prone ☐	Head ring ☐	Lateral supports ☐	Gel Pads ☐	R Arm Position		L Arm Position	
Left Lateral ☐	Right Lateral ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel Pads ☐	At side	☐	At side	☐
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐	Full gel mattress ☐	On boards	☐	On boards	☐
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐	Gel Wedge ☐	Across chest	☐	Across chest	☐
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand Table	☐	Hand Table	☐
Lithotomy ☐	Other ☐				Hand Traction	☐	Hand Traction	☐
					Secured with:		Secured with:	
					Straps	☐	Straps	☐
					J Board	☐	J Board	☐
					Pressure Care: Gel / Foam Pads		Pressure Care: Gel / Foam Pads	

Electrosurgery — This section NOT applicable ☐

Monopolar Yes ☐ N/A ☒		Bipolar Yes ☑ N/A ☐	
Site(s) of Monopolar electrode	N/A		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☑ No ☐	If 'No' state reason:	
Skin site(s) hair removal	Yes ☐ N/A ☒	State site:	
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☒	If 'No' state reason and action:	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

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G21 4L

Tourniquets — This section NOT applicable ☒

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐		
Padding under tourniquet	Yes ☐ No ☐ N/A ☐		
Cover over tourniquet	Yes ☐ No ☐ N/A ☐		
Post op skin check(s) satisfactory	Yes ☐ No ☐	If 'No' state reason and action:	

Site	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquets — This section NOT applicable ☒

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
RIGHT EAR + SURROUND	Yes ☐ No ☐ N/A ☒	Aqueous Iodine based solution ✓ Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%

Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site RIGHT EAR	Drug LIGNOSPAN SPECIAL	Quantity 4·4 mls
Site RIGHT EAR	Drug ADRENALINE 1:1000	Quantity TOPICAL

Drains — This section NOT applicable ☒

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐ | Wound Dressings: Yes ☑ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1	RIGHT EAR	4·0 Vicryl Rapide	SPONGOSTAN	Cotton Wool Ball
2		3·0 Polysorb	HEADBANDAGE	Bet C Wick x 2

(Blue Swabs Crepe) Skin Glue

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix Address: 0401516113
Name : SEXTON James M
CHI : 75 Young Terrace 04/01/1951
DOB : Glasgow G21 4LN

Urinary Catheter Inserted prior to admission This section NOT applicable X

Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

REVISION RIGHT MASTOIDECTOMY

Blood Tags This section NOT applicable X

Blood Tags checked and dispatched appropriately: : Yes ☐ No ☐ N/A ☐

Post - op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Action taken if required

Notes / Comments / Events This section NOT applicable X

RIBBON GAUZE SOAKED IN ADRENALINE 1:1000 TOPICAL

Traceability Stickers

Major Ear Pack Southern Gener Mölnlycke Health C
7 332582 855130
2026-12-28
REF 97036831-01
LOT 24104569 0031

NEW MIDDLE EAR INSTRUMITS
Central Decontamination Unit
14/11/2024 S13433
Production Id: 795927
ID: 6055478430013814

MIDDLE EAR INSTRUMENTS
Central Decontamination Unit
13/11/2024 S4536
Production Id: 797714
ID: 6055478430022267

FACIA PRESS
Central Decontamination Unit
20/11/2024 T-01022
Production Id: 803907
ID: 6055478430039261

MAJOR EAR SET
Central Decontamination Unit
20/11/2024 S1390
Production Id: 803849
ID: 6055478430014929

MIDDLE EAR EXTRA'S
Central Decontamination Unit
13/11/2024 S12607
Production Id: 797695
ID: 6055478430011958

ENT STRYKER DRILL COMPLETE
Central Decontamination Unit
13/11/2024 L12700
Production Id: 797720
ID: 6055478430001388

Laser Pack Southern General Mölnlycke Health Care
7 332582 655389
2025-12-28
REF 97036854-00
LOT 23330447 0006

A.R.C. Laser GmbH REF LL28059S
LOT 51739
2027-05-24

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

Affix Addre 0401516113
Name : SEXTON James M 04/01/1951
CHI : 75 Young Terrace
DOB : Glasgow G21 4L

Post-Op Instructions e.g. sutures, physio follow up appointments

- 3 Weeks ENT DRESSING CLINIC FOR PACKING REMOVAL.
- 6 WEEKS MR SOOBY CLINIC.

Head Bandage down 24 Hrs.

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's Name	Anaesthetic Type	Drains	
Theatre	Airway Type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic Infiltration	Skin Inpsection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin Inspection score post-operative see page 9)
N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ☐

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Affix Addr 0401516113
Name : SEXTON James M
CHI: 75 Young Terrace 04/01/1951
DOB : Glasgow
G21 4LN

Post-operative Observations

Time	1440	15	20	25	30	35	40	45	50
210									
200									
190									
180									
170									
160									
150									
140									
130	107								
120	V	96			106	106	105	113	106
110		V	90	95	V	V	V	V	V
100			V	V					
90									
80									
70	59	57	55	55	61	64	65	68	67
60	^	^	^	^	^	^	^	^	^
50									
40									
HR 30	76	78	73	74	80	74	69	87	85
Airway type	1	1	1	1	1	1	1	1	1
O_2 Therapy	6L	6L	6L	6L	6L	6L	6L	Air	6L
SpO_2	100	99	99	99	97	97	95	94	95
Resp. Rate									
CVP									
Temp.	37.1								
Pain Score	0	0	0	0	0	0	0	0	0
P.O.N.V.	0	0	0	0	0	0	0	0	0
Sedation Score	3	3	3	3	2	2	2	1	1
BM Score									
HemoCue Score									
Hourly Urine Vol. / Total Urine Vol.									
Wound Score									
Wound Score									
Wound Score									
PV Staining									
Circulation +ve/-ve									
Sensation +ve/-ve									
Movement +ve/-ve									
Pedal Pulse – Left									
Pedal Pulse – Right									
Drain 1									
Drain 2									
Drain 3									
Drain 4									
Staff initials									

Affix Addre.	0401516113	
Name :	SEXTON	M
CHI :	James	04/01/1951
DOB :	75 Young Terrace	
	Glasgow	
		G21 4LN

Time							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol.							
Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score										
0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Observation

Drug Administration	
IV Fluids in Recovery	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

Affix Addr
0401516113
Name : SEXTON M
CHI : James 04/01/1951
DOB : 75 Young Terrace
Glasgow
G21 4L

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal Handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's Name	Anaesthetic Type	Drains	Skin inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post-Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain management	Intra-operative events		

Pre-Mobilisation Patient Checks

Time	1640	Comments
BP	103/57	
HR	74	
Sp02	94	
Wound Site 1	Dry	
Wound Site 2		
Diet & Fluids tolerated	Yes	
Operated Limb N/A ☑	✓	
Colour		
Sensation		
Movement		
Signature:		

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature
Discharged		

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Affix Addre
0401516113
Name : SEXTON M
CHI : James 04/01/1951
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Glasgow
G21 4LN

Discharge Criteria	Yes	N/A	Comments
Able to dress, sit and walk unaided Supervision	✓		
Stable NEWs	✓		BP 120/58 HR 76 Sp02 95%
Sedation Score (alert & orientated)	✓		
Pain controlled (mild <3)	✓		
Post-op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided urine post-op	✓		
Advice given if not voided urine post-op		✓	
wound site(s) checked & satifactory 1. 2.	✓		
CSM of operated limb checked & satifactory	✓	✓	
IV Cannula removed	✓		
ID Bracelet/ECG electrodes removed			
Anti-D given		✓	
Post-Op discharge letter (IDL)	✓		
Follow up appointment arranged	✓		By Post ☐ Given ☐
Practice/District Nurse referral		✓	
Post-Op Instructions given	✓		
Discharge medication	✓		
Responsible adult escort	✓		
Responsible adult supervision overnight	✓		
Any skin issues prior to discharge reported		✓	
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient.	✓		
Patient met discharge criteria at 1845 hrs		By:	
Patient left DSU at: 1845		Destination:	home
Discharged into the care of: wife + daughter		Relationship:	wife.

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Risk Assessment

Affix Addre
0401516113
Name : SEXTON M
CHI : James 04/01/1951
DOB : 75 Young Terrace
Glasgow
G21 4L

Additional NHSGGC Documentation To be completed on Admission	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Assessment Chart for Wound Management					
Moving and Handling Assessment					
Falls Risk Assessment	✓				
Bedrail Risk Assessment					

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
22/11/24	BP around 110mmhg Systolic.	
	More than 20% less than on	
	admission. HR OK. Duty Anaesthetist	
	aware (Dr Khan) - Discharge	
	from 1st Stage agreed. Pt feeling	
	well.	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Notes

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DOB : Glasgow
G21 4L

Date and Time	Notes	Print Name, Signature and Designation
22/11/24	Pt SpO2 checked 2nd stage and it was 90%.	[illegible] SN
1530	pt on 2L Oxygen, increased to 5 litres. patient SpO2 93% and later increased to 97% later dropped to 93% on oxygen anaesthetist on Call informed, came to review patient, ~~patient spo~~ weaned off ~~SP~~ Oxygen, anaesthetist said okay if Sp2 level is above 90% on air. Patient ~~to~~ assisted off from bed but shaky and was gotten back into bed. later gotten up into a chair spo2 97% on air. patient cannot hear as much as before so agreed for discharge advise to be discussed with wife	
22/11/24.	1. Ichan Anaesthetics CT1	
~16:30.	ATSP Re Sats ~92-96%.	
	PC: @ Mastricht today	
	DM Hx: Exenatide, LRTI, 4/52 Hx, Partial @ GBB	
	Pt feels well *Chest pain, *SoB, *headache *dizziness *malaise / fatigue.	
	Inhaler on 4L NC w/ Sats 96%.	
	→ trial w/ RA = Sats >96% after 45mins, w/ occasional dips to ~92% - nil systemic S/E	
	Discussed w/ patient and offered GEM heel / home w/ worsening advice. Pt happy to go home →	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Notes

Affix Addressograph 0401516113
Name : SEXTON James M
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DOB : Glasgow
G21 4L

Date and Time	Notes	Print Name, Signature and Designation
22/11 cont'd		
	Discussed worsening advice:	
	- chest pain, - dizzy / syncope	
	- SOB. - headache	
	- pain radiating to arm / jaw	
	- Severe fatigue / Malaise.	
	then for urgent ambulance bd ED.	
	Pt happy w/ this advice - nursing staff ~~happy~~ kindly agreed to discuss w/ wife who will be caring for patient	
	dr T. Khan CT7.	
	Discharge information given to patient wife and daughter. Above worsening advise given as above.	
	Family happy with above advise and patient discharged	
	Sp02 95% on air.	Lightbody

Mastoid cavity reached, huge cholesteatoma sac identified and peeled off the mastoid cavity slowly

Piecemeal removal of cholesteatoma sac in the mastoid and aditus

Facial nerve ridge identified and middle ear entered

3-0 cutting and 4-0 coarse diamond drill used to widen the mastoid cavity to visualise the mastoid and the middle ear cavity better.

Cholesteatoma removed from the middle ear, cartilage protecting stapes suprastructure left in situ

1w continuous KTP laser used to ablate mastoid cavity to reduce risk of recurrence

Cymba concha cartilage and perichondrium harvested

Perichondrium used to fill defect in the superior posterior aspect of the ear canal and reconstruct the neo-tympanum

This area was reinforced with cartilage

Canal intact when looked into via the microscope

Spongiostan pieces then 2 pieces of ribbon gauze inserted all coated with betnovate cream

Closure with 3-0 vicryl and 4-0vicryl rapide

Skin glue

Cotton ball

Head banadage

Post op:

1. Day case, home today following monitoring, eat and drink, mobilise

2. Head bandage can come out tomorrow - DO NOT REMOVE RIBBON GAUZE

3. Dry ear precautions explained

4. Nurse practitioner review in 3 weeks then 6 weeks follow up with Mr Sooby

Acute Services Division

NHS
Greater Glasgow and Clyde

Dear Doctor

0401516113
SEXTON M
James 04/01/1951
75 Young Terrace
Glasgow
G21 4LN

The above named patient attended the Day Surgery Unit at the New Victoria Hospital

on 22/11/2024

The procedure carried out was Revision right mastoidectomy

The patient was discharged home following this.

This was carried out under:-

- ✓ General anaesthetic
- ✓ Local anaesthetic
- o Intravenous sedation
- o No anaesthetic
- o The patient does not have sutures
- o The patient has sutures which have to be removed on.....
- o The number to be removed is .....
- o The sutures will be removed at the follow up clinic
- ✓ The patient has sutures which will dissolve in due course
- ✓ The follow up clinic is on 3 weeks ENT dressing clinic for pack removal and 6 weeks Mr Sooby clinic
- o There is no follow up clinic appointment
- o A detailed letter will follow
- ✓ Patient was sent home with discharge medication as follows:-

Drug name	Dose	Route	Frequency	Duration
Cocodamol 30/500	1-2 tabs	PO	6hrly	1 pack
Ibuprofen	400mg	PO	8hrly	1 pack
prochlorperazine	3mg	Buccal	12hrly	1 pack

Yours sincerely pp Dr Sooby IP

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

0401516113 M
SEXTON
James
75 Young Terrace
Glasgow
G21 4LN
04/01/1951

Pre-Operative Patient Questionnaire

For the attention of patients receiving a general anesthetic or sedation

Have you arranged a carer for 24hrs at home	Yes ☑ No ☐
Do you have a cough, cold or nose trouble?	Yes ☐ No ☑
What time did you last have something to eat?	2200, 21/11/24
What time did you last have something to drink?	2200, 21/11/24
Do you require a sick line or self certificate?	Yes ☐ No ☑
Do you have any known skin problems e.g. pressure ulcers or sores?	Yes ☐ No ☑

Patient Agreement

I understand that following day surgery I must:

- Have a carer for the next 24 hrs
- Have a method of transport home and escort .

I understand that following day surgery **I must NOT:**

- Drive a vehicle or ride a bicycle for 24 hrs
- Drink any alcohol for 24 hrs
- Be alone in charge of a baby or child for 24 hrs
- Operate machinery, use a cooker or kettle for 24 hrs
- Climb a ladder or work at heights for 24 hrs
- Sign any important documents for 24 hrs

I certify that I understand and will comply with these restrictions?

Patient signature: ..... Date: 22/11/24

Registered practitioner signature ..... Date: 22/11/24

Comments

mi • 270911-2

Acute Services Division
GG&C Day Surgery/23 hour Care Plan

Admission Checklist

NHS Greater Glasgow and Clyde

0401516113
SEXTON
James
75 Young Terrace
Glasgow
M
04/01/1951
G21 4LN

Hospital: NVACH		
Consultant: Mr MARSHALL	Date: 3/6/21	
Proposed Operation:- RIGHT MASTOIDECTOMY.		
Patient Questionnaire Completed?	Yes ☑	No ☐
Pre-Op Assessment Completed?	Yes ☑	No ☐
Escort Details (responsible Adult)Name (GRANDSON) GEORGE	Telephone Number: 07939 888620	
Confirm "Next of Kin" on pre-assessment Yes Name:	Telephone No:	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....	Yes ☐	No ☑
Carer required to stay with patient?	Yes ☐	No ☑
Date of LMP? N/A	Date.....	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed N/A	Yes ☐	No ☑
Pregnancy test results N/A	+VE	-VE
Group and save results checked Date done.....	Yes ☐	No (N/A)
Anti D required N/A	Yes ☐	No ☑
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....	Yes ☐ Yes ☐ Result.....	No ☑ No ☑
Is the patient diabetic If "Yes" BM on admission results.....	Yes ☐ NIDD ☐ DD. ☐	No ☑
Urinalysis done Results.....	Yes ☐	(No) N/A
CJD single question asked Answer to CJD single question	Yes ☑ NO ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"	Yes, I have been notified (No, I have not been notified)	Comment if required
Has the patient been nursed outwith Scotland in the last 12 months?	Yes ☐	No ☑
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- ..... Tissue Viability contacted Yes (N/A)	Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.	WIFE HAD HEART ATTACK ON TUES GOING TO SUB FOR STENT.	
Fit Form required	Yes ☐ No ☑	

Baseline Observations

Weight: 14 st 4 Height: 5ft 8.

Resp:

	0900	Time..0825	Time.....
SPO2		96%	
BP	161/100	174/103	
HR		76.	
Temp		35.7°C	
Staff Initials		LO	

Any relevant medical history or other information

20YRS AGO R (L) MASTOIDECTOMY
NO HEARING IN (R) EAR

MEDS OCCASSIONAL EAR DROPS.

Please print & sign name when checklist completed	Name: LOOHERTY / LOOHERTY Time: 3/6/21.

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Admission Checklist

Affix

Name: 0401516113 SEXTON M
CHI: James 04/01/1951
DOB: 75 Young Terrace Glasgow
G21 4LN

Patient mode of transport to theatre Trolley ☐ Walking ☑ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
X-Rays and Scans	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Alert sticker	[redacted]	Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Checked against theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Patient/Incapacity/Consent(Circle) Procedure and site for Surgery	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
Allergies/Sensitivities and Reactions	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
If Yes, please specify	AMOXICILLIN - NAUSEA		
Fasted from - specify time (24hr clock	Food: 2000 2/6/21 Fluid: 2000 2/6/21	Checked:	Checked: VM 2/6/21
Blood Glucose Score (N/A)	Time: Score:	Time: Score	Time: Score
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☐ No ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
If 'Yes' state location and type			
External prosthesis e.g. hair extensions, hair pieces.	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If left in situ, state location on patient			
If removed state where stored			
Jewellery/Body piercing removed	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
If 'Yes' state where stored.	IN JACKET - WATCH		
Jewellery/Body piercing taped	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state Location on body	RING		
Make-up/Nail polish removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
False Nails	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐
State Location:			
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐

Acute Services Division
GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Affix. 0401516113
Nam SEXTON M
James 04/01/1951
CHI : 75 Young Terrace
Glasgow
DOB G21 4LN

Preoperative Checklist *continued*

Pre-operative checks	Admission Check	Reception Check N/A	Anaesthetic Check
Hearing aid(s) Hearing aid(s) removed If removed state where stored:	R ☐ L ☑ N/A ☐ HEARING AMPLIFIER Insitu ☑ Removed ☐	R ☐ L ☐ N/A ☐ Insitu ☐ Removed ☐	R ☐ L ☑ N/A ☐ Hearing amplifier. Insitu ☐ Removed ☐
CJD question asked Answer to CJD question		Please see page 1 Checked ☐	Please see page 1 Checked ☑
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☑
MRSA screen results (if applicable)	Positive ☐ Negative ☐ Comments if required: Results Pending ☐ N/A ☑		
Inhalers / Sprays with patient State Type	Yes ☐ No ☑ N/A ☐	Type:	
Anti-embolic/DVT Prophylaxis State Type	Yes ☐ No ☑ N/A ☐	Type:	
Paper Pants in situ	Yes ☐ No ☑ N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐ N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period		See P1 Checked ☐	See P1 Checked ☐
Is there any chance you are pregnant?		See P1 Checked ☐	See P1 Checked ☐
Pregnancy test carried out Pregnancy test result		See P1 Checked ☐	See P1 Checked ☐
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☑	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☑	If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... .....
Pre-Medication Given	Yes ☐ N/A ☑	Yes ☐ N/A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐
Please print and sign name once the checklist is complete	Admission: LDOHERTY / LOOHERTY Time: 3/6/21.	Reception: N/A ☐ Time:	Anaesthetic Assistant: Time 0900.

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix A 0401516113
Name SEXTON James M
CHI : 04/01/1951
DOB :

SURGICAL BRIEF

Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse: 64	BP: 152/90	Temp: 35.6	SpO2: 100	Resps: 14
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☑	Available: Yes ☐ No ☐	Or patient has been grouped and saved: Yes ☐ No ☐		
Venous Access	Pink left hand				
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☑					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic ☑	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Airway	E.T.T 7.0				
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:	mls:			

Skin Prep used for Anaesthetic Monitoring/Block(s) — This section NOT applicable ☑

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring — This section NOT applicable ☑

Time								
BM score								

Safe use of SpO2 probe to prevent injury — This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☑ No ☐ N/A ☐				Initial Position	left index finger	
Time Rotated	1050						
Probe Position	left middle						

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: ophthalmic lube + tape

Maintenance of Norm-thermia — This section NOT applicable

Actions taken to maintain the patient's Temperature	Yes ☑	Warm air blanket device – specify: full body	Yes ☑ No ☐ N/A ☐
	No ☒	Warm Fluids	Yes ☑ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☑
		Thermal Hat	Yes ☐ No ☐ N/A ☑
		IV fluid warmer	Yes ☐ No ☐ N/A ☑
		Other - specify	Yes ☐ No ☐ N/A ☑

Patients Temperature documented by Anaesthetist — Yes ✓ No

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Ad...
0401516113
Name: SEXTON James M
CHI:
DOB: 04/01/1951

Record of Anaesthetic Pump Infusion Device Numbers					This section NOT applicable ☐
508966	508971				

Comments/Events

Plotron on right calf.
Bp cuff on left calf.

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix 0401516113
Name SEXTON M
James 04/01/1951
CHI :
DOB

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ / No ☐	Pat Slide ☑	Hover Mattress ☐	Sliding sheet ☑	Other specify: ☐	Roll Board ☐

Pre-op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: 0 1 2 3	PU Grade: N/A 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time: 09.38

Positioning Devices

Supine ☑	Prone ☐	Head ring ☑	Lateral supports ☐
Left Lateral ☐	Right Lateral ☐	Pillows ☐	Hydraulic leg supports ☐
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☐	Bolster ☐
Lithotomy ☐	Other ☐		

Pressure Relieving

Gel Pads ☐	
Heel gel Pads ☑	
Full gel mattress ☐	
Gel Wedge ☐	
Pillows ☐	
Shoulder Roll ☐	

Arm Position

R Arm Position	L Arm Position
At side ☐	At side ☑
On boards ☐	On boards ☐
Across chest ☐	Across chest ☐
Hand Table ☐	Hand Table ☐
Hand Traction ☐	Hand Traction ☐
Secured with:	Secured with:
Straps ☐	Straps ☐
J Board ☐	J Board ☑
Pressure Care:	Pressure Care:
Gel / Foam Pads ☐	Gel / Foam Pads ☐

Position 2 — This section NOT applicable ☐

Time:

Positioning Devices

Supine ☐	Prone ☐	Head ring ☐	Lateral supports ☐
Left Lateral ☐	Right Lateral ☐	Pillows ☐	Hydraulic leg supports ☐
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☐	Bolster ☐
Lithotomy ☐	Other ☐		

Pressure Relieving

Gel Pads ☐	
Heel gel Pads ☐	
Full gel mattress ☐	
Gel Wedge ☐	
Pillows ☐	

Arm Position

R Arm Position	L Arm Position
At side ☐	At side ☐
On boards ☐	On boards ☐
Across chest ☐	Across chest ☐
Hand Table ☐	Hand Table ☐
Hand Traction ☐	Hand Traction ☐
Secured with:	Secured with:
Straps ☐	Straps ☐
J Board ☐	J Board ☐
Pressure Care:	Pressure Care:
Gel / Foam Pads ☐	Gel / Foam Pads ☐

Electrosurgery — This section NOT applicable ☐

Monopolar Yes ☐ N/A ☐	Bipolar Yes ☑ N/A ☐

Site(s) of Monopolar electrode

Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ / No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ / N/A ☐	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ / No ☐ / N/A ☐	If 'No' state reason and action:

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix label

0401516113

Name SEXTON M

James 04/01/1951

CHI : 75 Young Terrace

DOB Glasgow

G21 4LN

Tourniquets — This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐					
Padding under tourniquet	Yes ☐ No ☐ N/A ☐					
Cover over tourniquet	Yes ☐ No ☐ N/A ☐					
Post op skin check(s) satisfactory	Yes ☐ No ☐	If 'No' state reason and action:				
Site	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time deflated

Digit Tourniquets — This section NOT applicable ☑

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
Right ear	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution ✓ Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%
Site	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ .....% Other ☐ Specify:.....%

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site RIGHT EAR	Drug LIGNOSPAN SPECIAL 2%	Quantity 8.8mls.
Site	Drug	Quantity

Drains — This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐

Wound Dressings: Yes ☐ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1	RIGHT EAR	3/0 polysorb 4/0 vicryl rapide	Bet C, blue elastic x 3 Bet C wick x 3, cream & wool	
2			bandage & cotton ball, blue swabs.	

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Theatre

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Urinary Catheter — Inserted prior to admission — This section NOT applicable ☐

Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

RIGHT SIDED MASTOIDECTOMY.

Blood Tags — This section NOT applicable ☑

Blood Tags checked and dispatched appropriately: : Yes ☐ No ☐ N/A ☐

Post-op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: (0) 1 2 3	Pressure Ulcer Grade: (N/A) 1 2 3 4

Action taken if required

Notes / Comments / Events — This section NOT applicable ☐

* ASSORBABLE SUTURE

Traceability Stickers

7 332582 855130
Major Ear Pack Southern General
2022-03-28 Mölnlycke Health Care
REF 97036831-01 LOT 20030231 0023

HISTOP R
SEXTON
James M
0401516113 04/01/1951
Pathology Specimen A
10/08/2021 12:40 VACHDSL

S12380-001 6073702
Core Saber Drill

84535-001 6083391
Middle Ear Instruments

S12469-002 6092561
New Major Ear (TH 5)

S12430-001 6061609
Aural Hopkins Rods 0o & 30o

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

Affix Ad 0401516113
Name : SEXTON James M
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DOB : Glasgow
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Post-Op Instructions e.g. sutures, physio follow up appointments

3 weeks ~~Mr Marshall's~~ clinic ~~Hand clinic~~

ENT AHS Nurse led clinic

Verbal Handover from Theatre to Recovery

Verbal Handover given by: AJ Saad To: Strang / H Brown

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's Name	Anaesthetic Type	Drains	
Theatre	Airway Type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
Allergies	Local Anaesthetic Infiltration	Skin Inpsection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin inspection score post-operative see page 9)
N/A ☐

Area of Concern identified (Include area of body)	Actions Taken

Notes / Comments / Events

This section NOT applicable ☐

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Affix A 0401516113
Name SEXTON M
James 04/01/1951
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DOB Glasgow
G21 4LN

Post-operative Observations

Time	08	12.40							
	12	1	12.45	12.50	12.55	13.00	13.05	13.10	13.15
Airway type	1	1	1	1	1	1	1	1	1
O_2 Therapy	6l	6l	6L	6L	1L	1L	2L	6L	6L
SpO_2	95	95	96	94	95	97	97	97	96
Resp. Rate	20	22	19	19	19	20	21	21	18
CVP	—	—	NA	→	NA	—	—	—	
Temp.	36	1°C							
Pain Score	—	→	—	→	0	0	0	0	0
P.O.N.V.	—	—	—	—	0	0	0	0	0
Sedation Score	2-3	1-2	1	5-1	0	0	0	0	0
BM Score									
HemoCue Score	NA								
Hourly Urine Vol.									
Total Urine Vol.	0								
Wound Score	right	0	0	0	0	0	0	0	0
Wound Score									
Wound Score									
PV Staining									
Circulation +ve/-ve									
Sensation +ve/-ve									
Movement +ve/-ve									
Pedal Pulse – Left									
Pedal Pulse – Right									
Drain 1									
Drain 2									
Drain 3									
Drain 4									
Staff initials	MJ	MJ	MJ	KS	MJ	KS	KC	KC	

Affix A

0401516113

Name SEXTON James M

CHI :

DOB : 04/01/1951

Time							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol.	/	/	/	/	/	/	/
Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Observation

Drug Administration	
IV Fluids in Recovery	

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GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

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Name: SEXTON M
CHI: James 04/01/1951
DOB: 75 Young Terrace
Glasgow
G21 4LN

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery SSN Cador.

Verbal Handover given by: [signature] To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's Name	Anaesthetic Type	Drains	Skin inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post-Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain management	Intra-operative events		

Pre-Mobilisation Patient Checks

Time	1410	Comments
BP	119/82	
HR	79	
Sp02	96%	
Wound Site 1	DRY NO STRIKETHROUGH	
Wound Site 2	—	
Diet & Fluids tolerated	YES	
Operated Limb N/A ☑		
Colour		
Sensation		
Movement		
Signature:	L Doherty	

Events / Comments

This section NOT applicable ☑

Events / Comments	Time	Signature

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

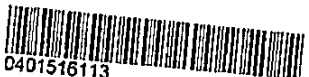
Affix Ad 0401516113
Name: SEXTON M
CHI: James 04/01/1951
DOB: 75 Young Terrace
Glasgow
G21 4LN

Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit and walk unaided	✓		
Stable NEWs	✓		BP 121/75 HR 91 Sp02 97%
Sedation Score (alert & orientated)	✓		
Pain controlled (mild <3)	✓		
Post-op Nausea & vomiting satisfactory	✓		
Tolerating Food & Fluids	✓		
Voided urine post-op	✓		
Advice given if not voided urine post-op		✓	
wound site(s) checked & satifactory 1. DRY + NO STAINING. 2.	✓		
CSM of operated limb checked & satifactory		✓	
IV Cannula removed	✓		
ID Bracelet/ECG electrodes removed	✓		
Anti-D given		✓	
Post-Op discharge letter (IDL)	✓		
Follow up appointment arranged	✓		By Post ☑ Given ☐ TO BE POSTED OUT
Practice/District Nurse referral		✓	
Post-Op Instructions given	✓		BANDAGE OFF IN 24 HOURS.
Discharge medication	✓		PARACETAMOL GIVEN.
Responsible adult escort	✓		GRANDSON
Responsible adult supervision overnight	✓		GRANDSON
Any skin issues prior to discharge reported		✓	
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.	✓		
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient.	✓		
Patient met discharge criteria at 1630 hrs		By:	S/N L DOHERTY
Patient left DSU at: 1630		Destination:	HOME
Discharged into the care of:		Relationship:	GRANDSON

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Risk Assessment



0401516113
SEXTON
James M
04/01/1951

Additional NHSGGC Documentation To be completed on Admission	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Assessment Chart for Wound Management					
Moving and Handling Assessment					
Falls Risk Assessment	✓				
Bedrail Risk Assessment					

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
3/6/21	OA. Quite drowsy pre I&R	
Recovery	-22 SpO2 95%. BG 2	
	moe abt 1250 SpO2	
	94%. T 10 by Dr	
	Ghoami SpO2 T 96-97%	
	Stockings refitted	
	Eye/head bandage dry	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Notes

Affix Addressograph Label

0401516113
SEXTON
James
M
04/01/1951

Date and Time	Notes	Name, Signature and Designation
31/8/21	Handed over to S.N Colder	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Notes (GRANGE ROAD)

GL2 9LF

Affix Addressograph Label

Name :

CHI :

DOB :

Date and Time	Notes	Print Name, Signature and Designation

NHS
Greater Glasgow and Clyde

Dear Doctor,

0401516113 M
SEXTON 04/01/1951
James
75 Young Terrace
Glasgow G21 4LN

Name .....

Address

The above named patient attended the Day Surgery Unit at the New Victoria Hospital

on 3rd June 2021

The procedure carried out was Right Sided Mastoidectomy.

The patient was discharged home following this.

This was carried out under:

- ✓ General anaesthetic.
- ✓ Local anaesthetic.
- o Intravenous sedation.
- o No anaesthetic.
- o The patient does not have sutures.
- o The patient has sutures which have to be removed on.....
- o The number to be removed is.....
- o The sutures will be removed at the follow-up clinic.
- ✓ The patient has sutures which will dissolve in due course.
- ✓ The follow-up clinic is on... 3 weeks at a nurse led clinic
- o There is no follow-up clinic appointment.
- o A detailed letter will follow.
- o Patient was sent home with discharge medication as follows:

Drug name	Dose	Route	Frequency	Duration
Paracetamol	1g	Oral	6 hourly	1 pack.

Yours sincerely,

P.P Mr Marshall

STN K.M
STN Loderby

NHS
Greater Glasgow and Clyde

Addressograph Label
JAMES SEXTON

South Sector COVID-19 Screening Questionnaire

Pre-Op/Day Surgery/Same Day Admission

ENT

Date: 3.6.21

To be completed on admission – If the answer to any question is YES then alert the nurse in charge.

Has the patient had any of the following in the last 7 days?

	YES	NO
Fever or high temperature (37.8 oC or higher)		✓
New and continuous Cough		✓
Loss of smell or taste		✓
Have you recently recovered from COVID-19		✓
If yes have you had at least 3 consecutive days without a fever or cough		
Contact with someone in your household who has tested positive for COVID-19 or displayed symptoms in the last 14 days?		✓
Have you recently been contacted by NHS Track & Trace		✓
Have you been abroad in the last 14 Days		
If yes which country.....		
*Please check current quarantined country list		

When did you have your most recent COVID-19 test? (recommended within 72hrs)

Date 1.6.21 Result Negative ☑ Positive ☐

Does this fall within 72 hrs of admission? Yes ☑ No ☐

Date isolation commenced 1.6.21

Low ☑ Medium ☐ High ☐

If answer No to any of the above questions contact Nurse in Charge

Admission practitioner:- Lynne Young

Print Name .....

Sign Name .....

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

0401516113
SEXTON
James M
75 Young Terrace 04/01/1951
Glasgow
G21 4LN

Pre-Operative Patient Questionnaire

For the attention of patients receiving a general anesthetic or sedation

Have you arranged a carer for 24hrs at home	Yes ☑ No ☐
Do you have a cough, cold or nose trouble?	Yes ☐ No ☑
What time did you last have something to eat?	8.30 DAY
What time did you last have something to drink?	8.30
Do you require a sick line or self certificate?	Yes ☐ No ☑
Do you have any known skin problems e.g. pressure ulcers or sores?	Yes ☐ No ☑

Patient Agreement

I understand that following day surgery I must:

- Have a carer for the next 24 hrs
- Have a method of transport home and escort .

I understand that following day surgery **I must NOT:**

- Drive a vehicle or ride a bicycle for 24 hrs
- Drink any alcohol for 24 hrs
- Be alone in charge of a baby or child for 24 hrs
- Operate machinery, use a cooker or kettle for 24 hrs
- Climb a ladder or work at heights for 24 hrs
- Sign any important documents for 24 hrs

I certify that I understand and will comply with these restrictions?

Patient signature: J Sexton ..... Date: 3/5/21

Registered practitioner signature J Smith ..... Date: .....

Comments

mi • 270911-2

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: 02-Feb-2026 15:38	**Created By:** ENT Advanced Clinical Nurse Specialist - Kimberley Sloane	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Seen at the ENT ACNS clinic. On examination, wax toileted from both cavities with m/s cavities dry. Continues to complain of fullness in right ear. Attended for MRI in Nov 2025 awaiting results. Mr Locke contacted to ask if he can write to pt with results.
F/u 6 months Stobhill.

Patient Note		**Outpatient Note**
Date/Time: 20-May-2025 11:32	**Created By:** ENT Advanced Clinical Nurse Specialist - Kimberley Sloane	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Seen at the ENT ACNS clinic, arrived to see Mr Sooby today but app was on hold, asked to see me as he had an appointment with me in a few week. On examination Right ear toileted of debris cipro/dex drops BD for 10 days. Getting a thumping sound in right ear and feels congested. Otrivine nasal spray also I supplied for congestion to see if this helps with fullness in right ear.
Left ear stable.
Attended for audiogram and wishes to discuss hearing aids. Audio shows no change since last audiogram. Refusing to trial NHS hearing aids due to appearance of aids.
Remains on ENT Cons hold list.
F/u 8 months June app now cancelled.

Patient Note		**Outpatient Note**
Date/Time: 21-Jan-2025 13:50	**Created By:** ENT Advanced Clinical Nurse Specialist - Kimberley Sloane	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Seen at the ENT ACNS clinic. On examination both cavities toileted of debris with m/s ears stable, still struggling with hearing will call Mr Sooby's sec for a f/u app.
Has OPA in June with ACNS which he will keep.

Patient Note		**Outpatient Note**
Date/Time: 16-Dec-2024 12:57	**Created By:** ENT - Advanced Clinical Nurse Specialist - Karen Herity	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Pt seen at aural care clinic for removal of Rt ear packing following Rt revision Mastoidectomy under care of Mr Sooby surgery 22/11/24
On op notes stated x2 ear packing. Pt reports one piece came out with removal of head bandage and the other piece was removed today with Bet-c cream instilled as per surgeon preference. Remove head of one dissolve suture behind Rt ear and cleaned suture line. No sign of infection Discussed post op care with pt aware to keep ear dry avoid prodding ear and no Valsalva and to contact GP out of hours or Surgeon Sec if signs of infection. Pt relays reduced taste since operation.
Lt ear small amount of wax removed to reveal healthy lining no signs of infection.
Pt will be reviewed by Mr Sooby on 7/1/25 and by ENT ACNS K.Sloan in June 2025

Patient Note		**Outpatient Note**
Date/Time: 23-Jul-2024 11:39	**Created By:** ENT Advanced Clinical Nurse Specialist - Kimberley Sloane	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Telephone consultation carried out as arranged. Ears feel dry now but James states that he had a burning sensation on side of face and felt dizzy and wonders if he reacted to the flumetasone/clioquinol drops. All settled now.
follow up 6 months routine f/u app.

Patient Note		**Outpatient Note**
Date/Time: 02-Jul-2024 11:14	**Created By:** ENT Advanced Clinical Nurse Specialist - Kimberley Sloane	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Seen at the ENT ACNS clinic. On examination bilateral cavities toileted of wet infected debris, flumetasone/clioquinol drops for 7 days.

F/u telephone app3 weeks.
Advised to stop using cotton buds and keep ears dry.

Patient Note		Outpatient Note
Date/Time: 30-Jan-2024 14:42	**Created By:** ENT - Paul Sooby	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

MRI DWI showed recurrence on right side, 3 small areas in keeping with cholesteatoma. Ear currently symptom free but keratin seen in cavity on right side with defect seen. Plan for right revision mastoid, risks explained and patient happy to go ahead.

Patient Note		Outpatient Note
Date/Time: 16-Jan-2024 15:05	**Created By:** ENT Advanced Clinical Nurse Specialist - Kathleen Masterson	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

r ear trouble free, l moist
o/e bil aural toileting of acc wax and skin debris-bil cavities mildly moist with no active infection. awaiting results of scan-ent secy emailed
rv 6/12

Patient Note		Outpatient Note
Date/Time: 09-Aug-2023 15:29	**Created By:** ENT Advanced Clinical Nurse Specialist - Kathleen Masterson	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

r ear toileted of min debris and small q bet c instilled-unable to tolerate cavity fully filled due to reduced hearing.
awaiting discussion with JM re scan. rv nurse led 6/12-pt will contact secy if any problems interim

Patient Note		Outpatient Note
Date/Time: 03-Aug-2023 10:40		**Role:** Nurse - GGC

	Created By: ENT Advanced Clinical Nurse Specialist - Kathleen Masterson	
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

requested to see pt of JM for aural toileting prior to mri scan 8/8/23. r mastoid cavity with recurrence cholesteatoma. patient reports chronic r ear discharge.
o/e large quantity of squamous debris suctioned-cavity moist and granular posteriorly. will see post scan for instillation of bet c in 1/52. JM informed

Patient Note		**Outpatient Note**
Date/Time: 06-Feb-2023 10:48	**Created By:** Consultant - John Marshall	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

debris in cavity ++ cleared. ? positive scan relates to this. Rebook scan 6/12, schedule appointment beforehand to ensure cavity clear.

Patient Note		**Outpatient Note**
Date/Time: 01-Aug-2022 10:59	**Created By:** ENT - Paul Sooby	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Increasing pain and discharge from ear with some occasional vertigo. Occurred following cotton bud use. OE inflammation in cavity and some mild skin debris but no obvious cholesteatoma seen. Synalar ointment placed and will expedite DWI MRI to exclude recurrence.

Patient Note		**Outpatient Note**
Date/Time: 10-Jan-2022 11:57	**Created By:** Consultant - John Marshall	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

minimal inflammation right, msuction, hearing improved. see 6/12, book MRI

Patient Note		Outpatient Note
Date/Time: 06-Sep-2021 11:06	**Created By:** ST8 Otolaryngology - Rhona McCallum	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Right ear. Tinnitus discussed. oe: Right ear healing well. Small amount wax removed. Plan: Review 4/12. PTA on arrival

Patient Note		Outpatient Note
Date/Time: 05-Jul-2021 11:15	**Created By:** Consultant - John Marshall	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

healing well. sl taste alteration. ear dry, ointment removed and small amount synalar c reinstilled.. see 2/12

Patient Note		Outpatient Note
Date/Time: 24-Jun-2021 12:50	**Created By:** ENT Advanced Clinical Nurse Specialist - Kimberley Sloane	**Role:** Nurse - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Seen at the ENT NP clinic for removal of packing following right mastoidectomy on 3rd June with Mr Marshall. On examination x2 gauze and x3 silastic removed, he states cotton wool fell out and x1 gauze was stuck to cotton wool ball. Bet C instilled as per Mr Marshall's routine post op care. Awaiting appointment for consultant review in 3 weeks. Mr Marshall sec contacted to arrange this appointment.

Patient Note		Outpatient Note
Date/Time: 18-May-2021 11:42	**Created By:** Consultant - John Marshall	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

F2F, booked for right mastoid 3rd June, risks of hearing loss, facial weakness, revision discussed. keen to proceed. L hearing aid to be expedited.

Patient Note		Outpatient Note
Date/Time: 22-Feb-2021 11:23	**Created By:** Consultant - John Marshall	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

left better, right still moist. Small right attic defect. for CT mastoids
flu/clio to right

Patient Note		Outpatient Note
Date/Time: 11-Jan-2021 10:06	**Created By:** Consultant - John Marshall	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

hearing worse right ear shoulder neck pain.
mild otitis externa with debris R&L. cleared m/suction. Flu clio drops gen advice
ear findings not cause of pain. longstanding MSK pain

review 6/52

Patient Note		Outpatient Note
Date/Time: 25-Nov-2019 16:48	**Created By:** Consultant ENT Surgeon - Alexandros Tsikoudas	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

No change. Symptoms improve with valsalva. No change in PTA. Unlikely OME. Steroid spray and discharge

Patient Note		Outpatient Note
Date/Time: 04-Feb-2019 18:39	**Created By:** Consultant ENT Surgeon - Alexandros Tsikoudas	**Role:** Doctor - GGC
Specialty: Ear, Nose & Throat (ENT)	**Organisation:**	Sensitive

Note:

Tinnitus in the R good ear. Active inf in the L + previous ops.
R Ome + otosc?
Cipro + swab in the L, steroid spray and review

Previous Patient Notes for (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		**Historical Note**
Date/Time: 21-Mar-2016 12:33	**Created By:** Consultant ENT Surgeon - Alexandros Tsikoudas	**Role:**
Specialty:	**Organisation:**	Sensitive
Note: Blocked ear improves on valsalva. Routine FU in 43 months		

Patient Note		**Historical Note**
Date/Time: 14-Dec-2015 11:06	**Created By:** Consultant ENT Surgeon - Alexandros Tsikoudas	**Role:**
Specialty:	**Organisation:**	Sensitive
Note: Inflamed again. Swab taken start betnesol and write with results FU in 2-3 months		

Patient Note		**Historical Note**
Date/Time: 05-Oct-2015 11:17	**Created By:** Consultant ENT Surgeon - Alexandros Tsikoudas	**Role:**
Specialty:	**Organisation:**	Sensitive
Note: Some hearing loss in R good ear. Canal inflamed and after cleaning fell back to normal. Betnesol and Fu in 2 months		

Patient Note		**Historical Note**
Date/Time: 23-Oct-2014 10:35	**Created By:** Consultant - ENT - Iain Swan	**Role:**
Specialty:	**Organisation:**	Sensitive
Note: L prev atticotomy (?) with two large perfs, inact. R N		

HA declined
D

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. GL Brown
Drs Harris & Partners
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:	0141 201 1100
Department:	Ear, Nose and Throat
Contact Tel:	0141 451 5998
Enquiries to:	Fern O'Neill
Letter Date:	08/02/2022
Reference:	JM/MC
Dictated Date:	12/01/2022
Transcribed Date:	07/02/2022

Dear Dr Brown,

James Sexton; D.O.B: 04/01/1951; CHI: 0401516113
75 Young Terrace, Glasgow, G21 4LN

I reviewed Mr Sexton who had mastoid surgery in June. His right ear has settled nicely and he has had quite a hearing improvement. He has a lateral canal fistula on this side so it is pleasing that the hearing is better post-operatively. I am going to see him back in 6 months time and we will plan to get a diffusion weighted scan at 18 months post-op.

Yours Sincerely,

Mr John Marshall

Consultant ENT Surgeon

Electronically Signed: Mr John Marshall, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. GL Brown
Drs Harris & Partners
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:	0141 201 1100
Department:	ENT
Contact Tel:	0141 451 5998
Enquiries to:	Fern O'Neill
Letter Date:	06/10/2021
Reference:	RMcC/NM
Dictated Date:	06/09/2021
Transcribed Date:	18/09/2021

Dear Dr Brown,

James Sexton; D.O.B: 04/01/1951; CHI: 0401516113
75 Young Terrace, Glasgow, G21 4LN

I am pleased to say that Mr Sexton's right ear is healing well.
We will see him back in four months' time.

Yours sincerely,

Rhona McCallum
ST7 in ENT

Electronically Signed: Dr Rhona McCallum, Doctor

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. GL Brown
Drs Harris & Partners
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard: 0141 201 1100
Department: ENT
Contact Tel: 0141 451 5998
Enquiries to: Fern O'Neill
Letter Date: 27/07/2021
Reference: JM/LS
Dictated Date: 05/07/2021
Transcribed Date: 20/07/2021

Dear Dr. Brown,

James Sexton; D.O.B: 04/01/1951; CHI: 0401516113
75 Young Terrace, Glasgow, G21 4LN

I reviewed Mr Sexton who has had a recent right mastoid operation. I removed the ointment from his ear and today it seems to be healing nicely having instilled a small amount of Synalar C ointment.

I will see him back in two months' time.

He has had some mild taste alteration on the right side, which is likely to be irritation of the chorda tympani.

Yours sincerely,

Mr John Marshall

Consultant Surgeon, ENT

Electronically Signed: Mr John Marshall, Consultant

cc.

Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. GL Brown
Drs Harris & Partners
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:
Department: ENT
Contact Tel: 0141 451 5994
Enquiries to: Gillian.Mcmaster@nhs.scot
Letter Date: 02/02/2026
Reference: KS/SH
Dictated Date: 02/02/2026
Transcribed Date: 17/03/2026

Dear Dr. GL Brown,

James Sexton; D.O.B: 04 Jan 1951; CHI: 0401516113
75 Young Terrace, Glasgow, G21 4LN

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - SUKSEN12-NURSE SLOAN ENT MON ALL DAY WEEKS 1 3 AND 5
Date and Time of Appointment - 02/02/2026 15:30

Clinical Comments:
James was reviewed at the ENT Advanced Clinical Nurse Specialist Clinic for the ongoing management of his bilateral cavities. As you are aware he had revision mastoid surgery last year for the right cavity.

On examination wax was toileted from both cavities with microsuction, the cavities were dry. He continues to complain of fullness in his right ear. He attended for MRI scan in November 2025, he still awaits the results of these. Mr Locke the ENT Consultant contacted to ask if he can write to patient with results when available.

He will be reviewed in 6 months approximately at Stobhill.

Yours sincerely,

Kimberley Sloane

ENT Advanced Clinical Nurse Specialist

Electronically Signed: Nurse Kimberley Sloane, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. GL Brown
Drs Harris & Partners
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:	
Department:	ENT
Contact Tel:	0141 314 6874
Enquiries to:	Joanne.Corr@nhs.scot
Letter Date:	16/12/2024
Reference:	KH/NM
Dictated Date:	17/12/2024
Transcribed Date:	11/02/2025

Dear Dr. GL Brown,

James Sexton; D.O.B: 04 Jan 1951; CHI: 0401516113
75 Young Terrace, Glasgow, G21 4LN

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGKHEN1-NURSE K HERITY ENT MONDAY ALL DAY
Date and Time of Appointment - 16/12/2024 11:40

Clinical Comments:

James was reviewed today at the aural care clinic for removal of right ear packing following the revision of the mastoidectomy under the care of Mr Sooby on 22nd November.

The operation notes stated that there is 2 pieces of ear packing and James reports that there was one piece came away with the removal of the head bandage and the other piece was removed today and in keeping with Mr Sooby's post-op preference Betamethasone and Clioquinol cream has been instilled into the right ear.

One head of the dissolving suture behind the right ear has also been removed and the suture line cleaned of old skin glue with no signs of infection.

I have discussed post-op care with James. He is aware to keep his ears dry, to avoid prodding of his ears and to carry out no valsalva manoeuvre which he is inclined to do. He is aware if he has any signs of infection that he may require to contact his GP out of hours service or the ENT surgeon's secretary for a review. James reports that since his operation he has a reduced sense of taste.

On today's examination, the left ear had a small amount of wax removed by microsuction to reveal a healthy lining with no signs of infection.

James will be reviewed by Mr Sooby on 7th January and thereafter by the ENT Advanced Clinical Nurse Specialist Kimberley Sloane in June of next year.

Yours sincerely

Sister Karen Herity

ENT Advanced Clinical Nurse Specialist

Electronically Signed: Nurse Karen Herity, Nurse

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. E Walker
Drs Harris milburn brown candy
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:	
Department:	ENT
Contact Tel:	01412113213
Enquiries to:	Jackie.Rooney@ggc.scot.nhs.uk
Letter Date:	25/11/2019
Reference:	AT/JW
Dictated Date:	25/11/2019
Transcribed Date:	05/12/2019

Dear Dr. E Walker,

James Sexton; D.O.B: 04 Jan 1951; CHI: 0401516113
75 Young Terrace, Glasgow, Lanarkshire, G21 4LN

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGATEN2-MR TSIKOUDAS ENT MONDAY PM
Date and Time of Appointment - 25/11/2019 16:00

Follow Up: Discharged

Clinical Comments:
I reviewed this gentleman whom I have seen before. He is back complaining bitterly about reduced hearing and tinnitus in the right side which is affecting his quality of life.

At the last visit the differential diagnosis was between otitis media with effusion, and possible otosclerosis. The patient reports that with the Valsalva manoeuvre he gets significant temporary improvement.

The hearing test he had today is nearly identical to the one he had in February 2019. Unfortunately tympanograms were not obtainable. To me it is less likely that there is some otitis media with effusion diagnosis; it is more consistent with otosclerosis. Even if there is some pressure change or a small amount of fluid collection, I do not think it is affecting his hearing any extra.

I explained to the patient that I do not think a surgical option is a good one t this stage, because there is no good evidence to support the presence of otitis media with effusion; and even if this was the case as this is his good ear, it is risky to do so.

The patient seems to be doing fine with the hearing at the moment, it is just the tinnitus. We had a chat about the problem. There is plenty of information on the internet on the British Tinnitus Association website; and there is a Tinnitus Clinic, where the patient can be referred directly to Audiology if he remains symptomatic.

I discharged him, but I would be happy to see him again if felt necessary.

Yours sincerely

Alexandros Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. E Walker
Drs Harris milburn brown candy &
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:	
Department:	ENT
Contact Tel:	0141 211 3213
Enquiries to:	Jackie.rooney@ggc.scot.nhs.uk
Letter Date:	04/02/2019
Reference:	AT/ND
Dictated Date:	06/02/2019
Transcribed Date:	27/02/2019

Dear Dr. E Walker,

James Sexton; D.O.B: 04 Jan 1951; CHI: 0401516113
75 Young Terrace, Glasgow, Lanarkshire, G21 4LN

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGATENI-MR TSIKOUDAS ENT EXTRA CLINIC
Date and Time of Appointment - 04/02/2019 18:00

Clinical Comments:

Thank you for sending this gentleman who is still complaining of some reduced hearing and tinnitus in his right good ear. The left side had previous operations and an active infection at present.

On examination the left side was perforated and actively infected whilst in the right side there was some evidence of otitis media with effusion and a possible extra otosclerosis. A swab was taken from the left side. The patient was started on Ciprofloxacin drops and as for the right, he was given general information for the tinnitus and a steroid spray to try for a month and he will be reviewed again in a few months.

Yours sincerely

Alexandros Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. GL Brown
Drs Harris milburn brown candy &
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:
Department: ENT
Contact Tel: 0141 211 3213
Enquiries to: Jackie.rooney@ggc.scot.nhs.uk
Letter Date: 21/03/2016
Reference: AT/ND
Dictated Date: 21/03/2016
Transcribed Date: 31/03/2016

Dear Dr. GL Brown,

James Sexton; D.O.B: 04 Jan 1951; CHI: 0401516113
75 Young Terrace, Glasgow, Lanarkshire, G21 4LN

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGATENI-MR TSIKOUDAS ENT EXTRA CLINIC
Date and Time of Appointment - 21/03/2016 11:40

Clinical Comments:

I reviewed this gentleman in the clinic who is still complaining of occasional blockage which improves on valsalva manoeuvre. On clinical examination the ear looked fairly dry. The problems is consistent with eustachian tube dysfunction. As this is the good ear we would be very reluctant to intervene surgically. At the moment he seems to be coping and for this we did agree to see him one more time hopefully for the last time in about 3 months.

Yours sincerely

Alexandros Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. GL Brown
Drs Harris milburn brown candy &
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Main Switchboard:	
Department:	ENT
Contact Tel:	0141 211 3213
Enquiries to:	Jackie.rooney@ggc.scot.nhs.uk
Letter Date:	14/12/2015
Reference:	AT/NM
Dictated Date:	14/12/2015
Transcribed Date:	15/12/2015

Dear Dr. GL Brown,

James Sexton; D.O.B: 04 Jan 1951; CHI: 0401516113
75 Young Terrace, Glasgow, Lanarkshire, G21 4LN

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGATENI-MR TSIKOUDAS ENT EXTRA CLINIC
Date and Time of Appointment - 14/12/2015 11:00

Clinical Comments:

This reviewed this gentleman who feels that the ear is inflamed again despite an initial improvement. On examination the ear looked mildly inflamed. I took a swab and we will try to provide you with the results and in the meantime I started him again on Betnesol anti-inflammatory drops. I gave him one more follow up appointment in a couple of months.

Yours sincerely

Mr Alexandros Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Department: ENT
Contact Tel: 0141 211 3213
Enquiries to: Jackie.rooney@ggc.scot.nhs.uk
Letter Date: 05/10/2015
Reference: AT/ES
Dictated Date: 05/10/2015
Transcribed Date: 06/10/2015

Dr. GL Brown
Drs Harris milburn brown candy &
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Dear Dr. GL Brown,

James Sexton; D.O.B: 04 Jan 1951; CHI: 0401516113
75 Young Terrace, Glasgow, Lanarkshire, G21 4LN

Attendance: Specialty - Ear, Nose & Throat (ENT); Clinic - GGATENI-MR TSIKOUDAS ENT RESCHEDULED CLINIC
Date and Time of Appointment - 05/10/2015 10:30

Clinical Comments:

This gentleman came to the clinic complaining of some recent hearing loss in the right ear which is the good one. He has a previous operation in the left. He feels that since that happened things have slowly improved. On examination he had a dry perforation in the left and the right canal was slightly inflammed. I cleaned the ear which made the patient say that he is now back to normal. I gave him one more follow up appointment in a couple of months and some Betnasol drops.

Yours sincerely

Alexandros Tsikoudas

Consultant ENT Surgeon

Electronically Signed: Mr Alexandros Tsikoudas, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

James Sexton
75 Young Terrace
Glasgow
G21 4LN

Main Switchboard:	0141 201 6000
Department:	ENT
Contact Tel:	0141 451 5998
Enquiries to:	Amy Hunter
Letter Date:	28/09/2023
Reference:	JM/AH
Dictated Date:	27/09/2023
Transcribed Date:	27/09/2023

Dear Mr Sexton,

Your recent scan of mastoids shows no problems in relation to the hearing nerve or related areas of the brain.

The specific scan sequences used to look for Cholesteatoma unfortunately are of poor quality and do not give adequate information regarding the presence or not of Cholesteatoma. This is an unusual result for a scan but the reporting consultant has suggested that the scan is repeated. Whilst we could see you in clinic to review the situation first I think it is more simple for me to rebook the scan, and I hope that is OK.

Overall the appearances are not consistent with Cholesteatoma but the reporting Radiologist is not certain of this and so I would agree with her that repeating the scan is the best way forward. Apologies for any inconvenience.

Yours sincerely,

John Marshall

Consultant ENT Surgeon

Electronically Signed: Mr John Marshall, Consultant

cc. Dr Brown
Drs Harris & Partners
Springburn Health Centre
200 Springburn Way
Glasgow
G21 1TR

Anaesthetic Record

NHS Greater Glasgow and Clyde

Na 0401516113
SEXTON
Hc James M 04/01/1951
Ct
Dc

Pre-op VACH

Procedure(s) (B) mastoidectomy

Anaesthetist(s) SAS / SMYTH

Surgeon(s) SOOBY

Elective ☑ Urgent ☐ Immediate ☐

C ☑ SAS ☐ ST ☐ CT ☑ PA ☐

Surgeon(s) ☑ ☐ ☐ ☐

Date 22 / 11 / 24

Discussed with supervising consultant _____

SUMMARY

ASA 1 (2) 3 4 5

Comment

GA ☑ Spinal ☐ Epidural ☐ Sedation ☐ Other LA ☑

FM vent OK ☑ LMA OK ☐ Laryngoscopy gd Full view Mcleath 3

Anaesthetist Sign / Print RV-SAS

ASSESSMENT

Airway / Dentition

* prev III DL / I VL

- MP 2
- TMD 4cm
- dent - own, nae loose
- MO >5.5cm
- JP inf sup
- NE ~30°

RS

- ex smoker ~5py
- LRTI 4/52 ago

CVS

- no issues

GI / Renal / CNS / Other

- ate - 10pm
- drank - 10pm
- reflux - no issues

Previous anaesthesia / Family history

- GA - mastoidectomy

Assessor Sign / Print / Date

Ht 1.73
Wt 89 kg
BMI 29.74

BP 167 / 92 HR 72

ECG SR @ 62, partial RBBB

Hb 158	Na 137
WCC 7.8	K 4.3
Plts 222	U 5.7
XMatch	Cr 83
Clotting	Gluc

Allergies / Reactions

- amoxicillin (gi upset, recently px'd)
- vibramycin

Current therapy

- nil on ECS ✓

OK with NSAIDs ☑

Risks discussed

- PONV
- sore throat
- anaphylaxis
- oral / dental injury
- Day stay

Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 18G (R) FAV

A line

CVP

(18) GTI changed once due to leak. Throat pack inserted as leak still persisting

Airway/Ventilation

FM Guedel OPA # 9

LMA

ETT 8.0 cuffed

Grade I VL

Pre-ox ☑

Cricoid P ☐

SV ☐

IPPV ☑

PCV-VG mode

TV 500ml

I:E 1:2

PEEP 5 cm H_2O

Flow 14 l/min (O_2 + Air)

Regional Anaesthesia

* LA from surgeons

* abx ~~not~~ requested by surgeons ☑

Remifentanil TCI (ng/ml)	3 →	→	→	→	→	→	→	→	→	→
Propofol TCI (mg/ml)	6 → 5	→ 3.2 → 4	→ 3.5 →	→	→	→ 3.8 → 4	→	→	→	→
Rocuronium (mg)	45									
Midazolam (mg)	2									
Fentanyl (mcg)	100 +	25 +		25 +				25		
Morphine (mg)	2 +	2 +		2			+		2	
Dexamethasone (mg)	9.9					ON DEXTRAN	8			
Suxamethonium (mg)		200								
Cefuroxime (g)		1.2								
Diclofenac in (3)						75				
Ephedrine (3mg)	↓↓↓	↓		↓↓		↓	↓			
Metaraminol (0.5mg)	↓↓↓	↓	↓		↓	↓	↓			
Time	9:00	09:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	

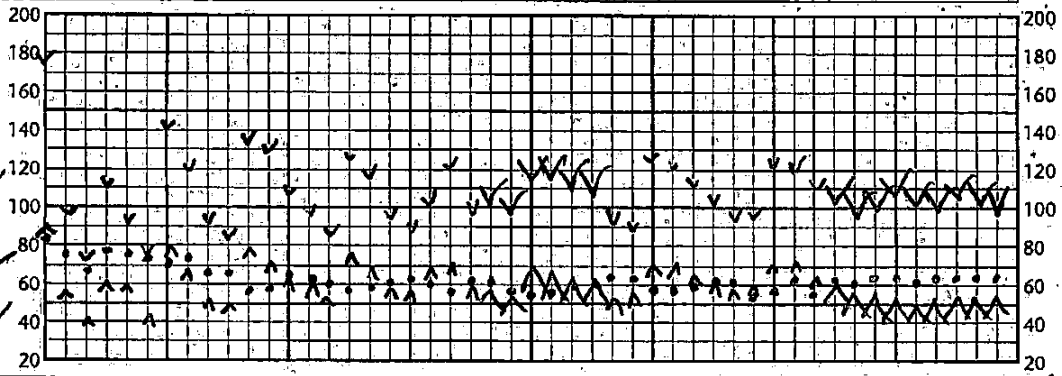
Position
- supine
- head up tilt
- Arms adducted

ECG SpO_2 ☑

NIBP

Fluid warmed ☑

Patient warmer ☑



IV Fluids ① ② ③

Events (A) (B)

FiO_2	N_2O ~~☒~~	.9	.9	.4	.4	.4	.4	.6	.6	.46	.40	.46	.48	.48	.48	.48	.48		
SpO_2		98	99	98	96	94	96	98	97	98	96	97	97	97	97	97	96		
$ETCO_2$		5.5	5.4	5.0	4.8	4.4	4.7	4.4	4.6	4.8	4.5	4.5	4.4	4.6	4.3	4.3	4.3		
~~ETAA~~ BIS				43	41	47	42	39	46	40	39	43	45	43	42	46	42		
PInsp				16	16	16	16	15	15	16	16	16	16	16	16	16	16		
RR				12	12	12	12	12	12	14	14	14	14	14	14	14	14		
Temp				35.4		35.4		35.6		35.9		36.2		36.5		36.8			
TOF						4	4	4	4	4	4	4	4	4	4	4	4		

Eye care ☑ (taped shut)

Pressure point care ☑

Events
- (A) Induction
- (B) ICU
- (C) Extubated
- (D)
- (E)
- (F)
- (G)
- (H)

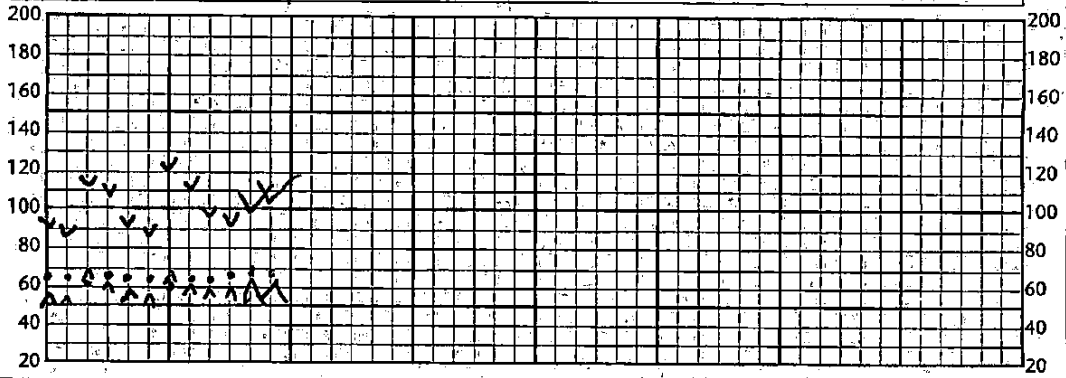
IV fluids
- ① CSL 500ml
- ② PARACETAMOL 1g (100ml)
- ③ CSL 500 ml
- ④ CSL 500 ml
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩
- ⑪
- ⑫
- ⑬
- ⑭
- ⑮
- ⑯

NHS
Greater Glasgow and Clyde

0401516113
SEXTON
James M
75 Young Terrace 04/01/1951
Glasgow
G21 4LN

Anaesthetic Record

REMIFENTANIL	3 → → ⊗							
PROPOFOL TCI	4 → → → ⊗							
FENTANYL (mcg)								
MORPHINE			2					
EPHEDRINE (3mg)								
METHARAMINOL (0.5mg)	↓	↓						
Time	1300	1330	1400					



IV Fluids				(5)					
Events				(E)					
FiO_2 N_2O ☒	.42	.40	.47	.41					
SpO_2	96	96	97	96					
$ETCO_2$	4.4	4.5	4.5	4.4					
~~ETAC~~ BIS	46	45	42	50					
TOF	4		4						
Temp	36.9		37.1						
Resp	16	16	16						
RR	14	14	14						

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Post-op Instructions

Intra-op blood loss <100mL

Oxygen

Per PCA/other protocol ☐

1-5 L/min in recovery by FM/NP

To keep $SaO_2 \geq$ 94 %

Monitoring/Investigations

Vitals - as per Recovery protocol.

Fluids CSL @ 100 ml/hr until oral intake.

Analgesia - as charted.

Early mobilisation + oral intake.

Transfer to Recovery → DSU.

VSRL Dr. Sai (Dr #5)

* further bag

CSL 500ml [illegible] 1425

LOT: 24I19T46 EXP08/2026

Anaesthetic Notes

Anaesthetic Record

NHS Greater Glasgow and Clyde

Name JAMES SEXTON
Hospital no.
CHI no. 04 01 51 6113.
DoB / Age 04/01/51 (70)
Date 03/06/21

Pre-op
Procedure(s) Right Mastoidectomy
Anaesthetist(s) GHONAMY / O'Donovan
Surgeon(s) MARSHALL.

Elective ☐ Urgent ☐ Immediate ☐

C	SAS	ST	CT	PA
☑	☐	☐	☐	☐
☐	☐	☐	☐	

Discussed with supervising consultant _____

Anaesthetic Record

SUMMARY

ASA 1 2 3 4 5
Comment

GA ☐
Spinal ☐
Epidural ☐
Sedation ☐
Other LA

FM vent OK ☐
LMA OK ☐
Laryngoscopy gd ____

Anaesthetist
Sign / Print _____

Anaesthetic Record

ASSESSMENT

Airway / Dentition
- nil loose teeth
Caps/crowns

Mo 3cm
MP II
CROCER A.
C-SPINE ROM - (N)

RS
- non smoker

CVS
—

GI / Renal / CNS / Other
- heartburn, occasional

Previous anaesthesia / Family history
- 2014 Mastoid - nil issues.
nil family issues

Assessor
Sign / Print / Date J. O'Donovan.

Ht 1.73.
Wt 92 kg
BMI 30.74.

BP 156 / 93
ECG

Hb 158
WCC 6.1
Plts 272.
XMatch
Clotting

Na 139
K 4.3
U 5.7
Cr 82.
Gluc

Allergies / Reactions
Amoxicillin - N+V
Vibramycin - N+V.
Current therapy
- nil.

OK with NSAIDs ☑

Risks discussed

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 20G (L) dorsum

A line —

CVP —

Airway/Ventilation

FM		Pre-ox	☑
LMA		Cricoid P	☐
ETT 7.0		SV	☐
Grade OL: IV (NAC 4)		IPPV	☐

VL: I (MCINTA)

Regional Anaesthesia

local anaesthetic as per surgeon.

8. 8ml of bupivacaine

MIDAZOLAM (mg)	1								
FENTANYL (mcg)	25		25	25					
PROPOFOL TCI (µg/ml)	3.0-3.5	3.2 →		→ 3.0 →					
LEMI INF (mg/kg/min)	0.88	0.6 →	0.2 →	0.25 →	0.20 →				
PROPOFOL (mg)	150								
METOCLOPRAMIDE (mg)	2								
DEXAMETHASONE (mg)		6.6							
ceftriaxone		1							
paracetamol			1g						
bradesha							4		
METHARMINOL (mg)	0.25	0.25	0.5	0.5	0.75				
EPHEDRINE (mg)		6	6		3				
Time	0930	1000		1100		1200		1300	

Position

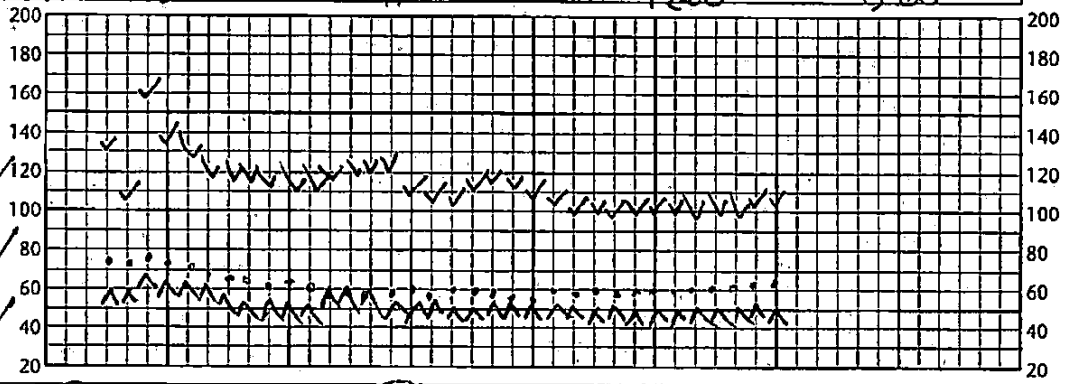
0 — SUPINE

ECG SpO₂ ☑

NIBP

Fluid (WARM) warmer ☑

Patient warmer ☑



IV Fluids	(1)		(2)					
Events								
FiO_2 N_2O☐	0.51	0.51	0.59	0.58	0.62	0.6		
SpO_2	98	97	97	97.	97.	97		
$ETCO_2$	4.0	3.9	4.2	4.0	4.0	4.0		
ETAA Tiva	✓	✓	✓	✓	✓	✓		

Eye care ☑

Pressure point care ☑

Events

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ

IV fluids

① RL Saf. ② RL Saf. ③ ④ ⑤ ⑥ ⑦ ⑧

⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

NHS
Greater Glasgow and Clyde

0401516113
SEXTON M
James 04/01/1951
75 Young Terrace
Glasgow
G21 4LN

Anaesthetic Record

Time

200 180 160 140 120 100 80 60 40 20

IV Fluids

Events

FiO_2 N_2O☐

SpO_2

$ETCO_2$

ETAA

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

~~4 L~~ L/min in recovery

To keep SaO_2 > ___ %

Fluids RL Saul 6 h.

tell Judy

awake

Monitoring/Investigations TWP

Anaesthetic Notes

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 22-11-24

AD
0401516113
NA SEXTON M
James 04/01/1951
DO 75 Young Terrace
Glasgow
G21 4LN
HO

WARD 054
HOSPITAL VICACH
THEATRE T5.

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	TYCZYNSKA WILSON	DOMERTY 40
PRE - OP INSTRUMENT COUNT	TYCZYNSKA WILSON	DOMERTY 40
FINAL SWAB COUNT	TYCZYNSKA WILSON	A. BEATTIE AR
FINAL INSTRUMENT COUNT	TYCZYNSKA WILSON	A. BEATTIE AR
FINAL DISPATCH COUNT	TYCZYNSKA WILSON	A. BEATTIE AR

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - .....

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☐

OPERATION : REVISION RIGHT MASTOIDECTOMY

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time	
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time	
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time	
			Circulating Practitioner (2) Signature/Print Name and Time	

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll		
Swabs (10x10)	15	Tapes		FINE ENDS	4	
Abdominal packs		Sloops/Slings		DENTAL NEEDLE	X	
Sutures	3	Bulldogs		BURR	2	
Blades	2	Shods				
IV needles		Ports				
Syringes	1	Tibbs Cannula				
Discard-a-pad	1	Staple Gun Inserts				
Diathermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN	☑	
Reels		Pen & Ruler	1	Throat pack OUT	☑	
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect

.....

Datix is Completed ☐

Datix Incident Number.....

URGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Operation note:

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 22/11/2024
Reference:
Dictated Date: 22/11/2024
Transcribed Date:

22/11/24
P Sooby Cons/ Y Zhu ST4
Dr Rai
Right revision mastoidectomy

New Victoria Hospital
Department:

Indication:

Recurrence of right sided cholesteatoma seen on MRI, previous ipsilateral mastoidectomy performed in 2021

Previous CT and recent MRI scan reviewed, previous op note reviewed

Findings:

Extensive cholesteatoma believed to arise from a breach in the superior neotympanum - This extends to the middle ear including the epitympanum, mesotympanum, onto but not involving the cartilage protecting the stapes suprastructure (stapes suprastructure seen), aditus, entire mastoid cavity all the way to the mastoid tip. A large cholesteatoma pearl was also found in the supero-posterior canal wall

Facial nerve bony canal intact

Procedure:

WHO checklist, GA, ET tube, facial nerve monitoring throughout

Lignospan special 4.4ml infiltrated locally

Post auricular incision using previous scar

Careful dissection of scar tissue, unable to create a palva flap

Operation note:

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department:
Contact Tel:
Enquiries to:
Letter Date: 22/11/2024
Reference:
Dictated Date: 22/11/2024
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22/11/24
P Sooby Cons/ Y Zhu ST4
Dr Rai
Right revision mastoidectomy

New Victoria Hospital
Department:

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Facial nerve bony canal intact

Procedure:

WHO checklist, GA, ET tube, facial nerve monitoring throughout

Lignospan special 4.4ml infiltrated locally

Post auricular incision using previous scar

Careful dissection of scar tissue, unable to create a palva flap

Mastoid cavity reached, huge cholesteatoma sac identified and peeled off the mastoid cavity slowly

Piecemeal removal of cholesteatoma sac in the mastoid and aditus

Facial nerve ridge identified and middle ear entered

3-0 cutting and 4-0 coarse diamond drill used to widen the mastoid cavity to visualise the mastoid and the middle ear cavity better.

Cholesteatoma removed from the middle ear, cartilage protecting stapes suprastructure left in situ

1w continuous KTP laser used to ablate mastoid cavity to reduce risk of recurrence

Cymba concha cartilage and perichondrium harvested

Perichondrium used to fill defect in the superior posterior aspect of the ear canal and reconstruct the neo-tympanum

This area was reinforced with cartilage

Canal intact when looked into via the microscope

Spongiostan pieces then 2 pieces of ribbon gauze inserted all coated with betnovate cream

Closure with 3-0 vicryl and 4-0vicryl rapide

Skin glue

Cotton ball

Head banadage

Post op:

1. Day case, home today following monitoring, eat and drink, mobilise

2. Head bandage can come out tomorrow - DO NOT REMOVE RIBBON GAUZE

3. Dry ear precautions explained

4. Nurse practitioner review in 3 weeks then 6 weeks follow up with Mr Sooby

NHS Intraoperative Accountable Items Count Record

Date 3/6/21

ADDRESSOGRAPH

0401516113
SEXTON M
James 04/01/1951
75 Young Terrace
Glasgow
G21 4LN

WARD

HOSPITAL VIC ACA

THEATRE DSU T5

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) - Signature & Print name
PRE - OP SWAB COUNT	A BEATTIE	A GORDON
PRE - OP INSTRUMENT COUNT	A BEATTIE	A GORDON
FINAL COUNT	A BEATTIE	TAYS
FINAL INSTRUMENT COUNT	A BEATTIE	TAYS
FINAL DISPATCH COUNT	A BEATTIE	TAYS

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct
SCRUB PRACTITIONER 1- SIGNATURE:

SCRUB PRACTITIONER 2 - SIGNATURE :
To be signed by replacement scrub practitioner if applicable N/A ☐

OPERATION : RIGHT SIDED MASTOIDECTOMY (GA)

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE
(This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time
			Circulating Practitioner (2) Signature/Print Name and Time

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

						ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (2x2)		Pledgelets		Caesarean Roll		
Swabs (10x10)	15	Tapes		Feed	1	
Abdominal packs		Sloops/Slings		Fine ends	4	
Sutures	3	Bulldogs		Bone	3	
Blades	3	Shods		Curette	1	
IV needles		Ports		elliptacles	4	
Syringes	1	Tibbs Cannula				
Discard-a-pad	1	Staple Gun Inserts				
Diathermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN		
Reels		Pen & Ruler	1	Throat pack OUT		
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL WHICH COUNT DISCREPANCY OCCURRED

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken).

Scrub Practitioner Signature if count still incorrect .....

Ensure Datix is Completed ☐
Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS :.....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE. mi • 240937 V2.0 GGC0063

Operation note:

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department:
Contact Tel:
Enquiries to:
Letter Date: 03/06/2021
Reference:
Dictated Date: 03/06/2021
Transcribed Date:

03/06/2021

New Victoria Hospital
Department:

right mastoidectomy

Marshall/Afiq

GA Ghonaimy

Findings

extensive cholesteatoma.

Bony lat SCC fistula, membrane intact.

no incus

aerated middle ear

stapes suprastructure intact (though surrounded by cholesteatoma)

VII bony canal intact

Procedure

postaural

disease removed modified radical. Ridge left fairly high to maintain middle ear aeration. Cartilage baffle over stapes

conchal cartilage/perichondrium grafts to fill sump

NIM 3 monitor used throughout

Post op

home later

follow up nurse led 3/52 (remove 3xsilastic, 3x bet c gauze)

all sutures dissolvable

ENT 6/52

MRI 18 months

New Victoria Hospital

NHS Greater Glasgow and Clyde

0401516113 M
SEXTON 04/01/1951
James :1
75 Young Terrace
Glasgow G21 4LN

Once only prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Time of administration	Prescriber's signature (full)	Administered by	Time given
22/11/24	PARACETAMOL	1000mg	PO/IV	1100			1100
22/11/24	TEDS	—	TOP				0940
22/11/24	ONDANSETRON	8mg	IV	1130			1130
22/11/24	DICLOFENAC	75mg	IV	1115			1115

As required prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Max 24hr dose	Prescriber's signature (full)	Administered by	Time given
22/11/24	CO-CODAMOL 30/500	2	PO	PAIN	6 HOURS	8 DOSES			
22/11/24	DIHYDROCODEINE	30 mg	PO	PAIN	6 HOURS	120mg			
22/11/24	TRAMADOL	50 mg	PO	PAIN	6 HOURS	200mg			
22/11/24	IBUPROFEN	400mg	PO	PAIN	8 HRLY	1200mg			
22/11/24	CYCLIZINE	50 mg	IV	NAUSEA	8 HOURS	150mg			
22/11/24	ONDANSETRON	4 mg	IV	NAUSEA	6 HOURS	16mg			
22/11/24	PROCHLORPERAZINE	3mg	BUCCAL	NAUSEA	6 HRLY	12mg			

1st Stage Recovery IV Morphine Algorithm

Sign:

2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:

OR

1st Stage Recovery IV Fentanyl Algorithm

Sign: Sign:

20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:

Discharge prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Number of days supply	Prescriber's signature (full)	Issued by
22/11/24	CO-CODAMOL (30/500)	1-2 TABS	PO	PAIN	6 HRLY	1 PACK		
22/11/24	IBUPROFEN	400mg	PO	PAIN	8 HRLY	1 PACK		
22/11/24	PROCHLORPERAZINE	3-6mg	BUCCAL	NAUSEA	12 HRLY	1 PACK		

Allergies / medicine sensitivities

1.

New Victoria Hospital

NHS Greater Glasgow and Clyde

Day Surgery Unit

0401516113 M
SEXTON
James 04/01/1951
75 Young Terrace
Glasgow
G21 4LN

Once only prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Time of administration	Prescriber's signature (full)	Administered by	Time given
	TED STOCKINGS	1 PAIR					
03/06	OMEPRAZOLE	20mg	PO	0830		L Doherty	0835
3/6	Stat dose	5mg	o	once			
3/6	paracetamol	1g	IV	@ 1600			

As required prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Max 24hr dose	Prescriber's signature (full)	Administered by	Time given
	CO-CODAMOL 30/500	2	PO	PAIN	6 HOURS				
	DIHYDROCODEINE	30 mg	PO	PAIN	6 HOURS				
3/6	TRAMADOL	50 mg	PO	PAIN	6 HOURS				
3/6	CYCLIZINE	50 mg	IV	NAUSEA	8 HOURS				
3/6	ONDANSETRON	4 mg	IV	NAUSEA	6 HOURS				

1st Stage Recovery IV Morphine Algorithm

Sign:

2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:
2mg bolus –Time:	Sign:	Witness:

OR

1st Stage Recovery IV Fentanyl Algorithm

Sign: Sign:

20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:
20µm bolus –Time:	40µm bolus –Time:	Sign:	Witness:

Discharge prescriptions

Date	Medicine (BLOCK CAPITALS)	Dose	Route	Symptom	Minimum interval (hrs)	Number of days supply	Prescriber's signature (full)	Issued by
	CO-CODAMOL 30/500	2	PO	PAIN	6 HOURS			
	IBUPROFEN	400 mg	PO	PAIN	8 HOURS			
3/6	paracetamol	1g	o	pain	8 hly	1/52		L Doherty

Allergies / medicine sensitivities

1.

MI • 292807 v 2.0

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / family name

Patient's first nam

0401516113
SEXTON
James
75 Young Terrace
Glasgow
G21 4LN
M
04/01/1951

Date of birth

Gender Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Right Revision Mastoid Exploration

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Pain, bleeding, Infection, Scar, Recurrence
Reduced hearing, Change in taste, tinnitus, Vertigo
Damage to facial nerve, CSF leak

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) PAUL SCOBY CONS

Date 22/11/24

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.**

0401516113 M
SEXTON 04/01/1951
James
75 Young Terrace
Glasgow
G21 4LN

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 J Sexton	Date 22/11/22
Name (print) JAMES SEXTON	

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

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's sur 0401516113
SEXTON
James M
Patient's fir: 75 Young Terrace 04/01/1951
Glasgow
G21 4LN

Date of bir

Gender Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

(R)ight sided Mastoid Exploration.

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

infection
bleeding
scarring
change in hearing / dead ear.
Facial nerve injury + dead ear
change in taste
change in hearing and need CSF leak is managed
vertigo
tinnitus
recurrence.
disease,

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) WOOD AFCA MOHA SUM

Date 3/6/21.

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 [signature]	Date 3 16/21
Name (print) [illegible]	

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

James Sexton

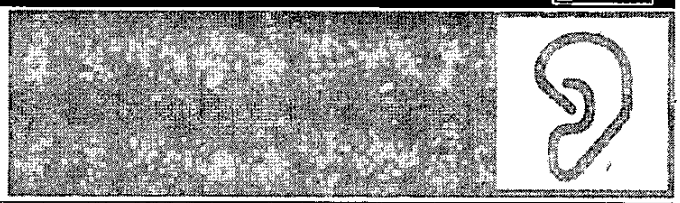
154011

Age: 68

Date of birth: 04/01/1951

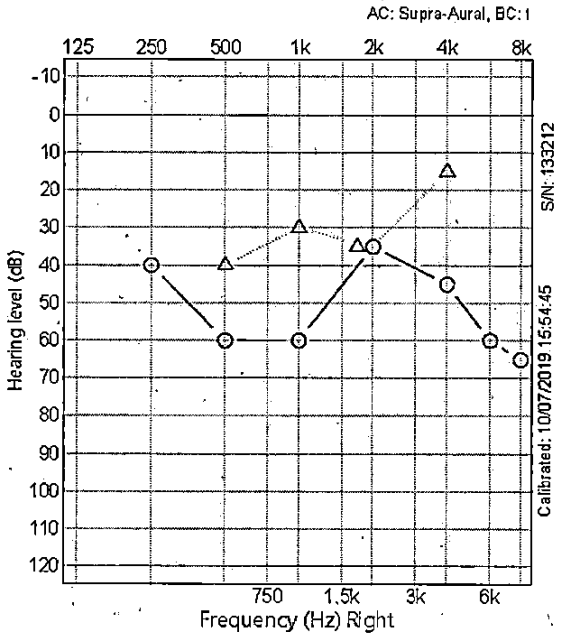
Report Date: 25/11/2019

Tester: AND

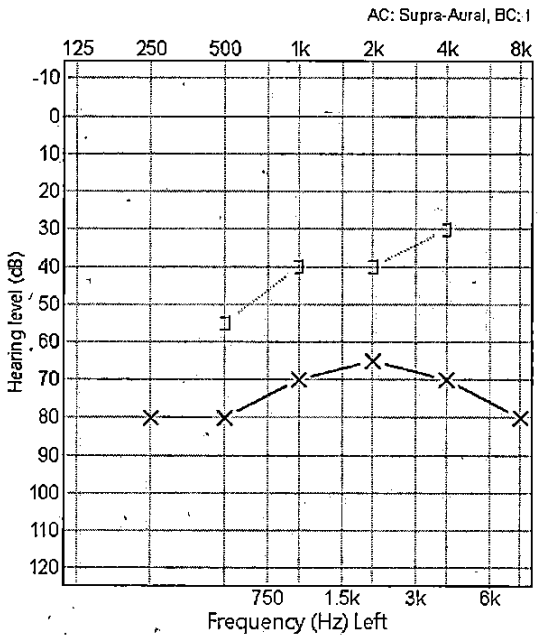


Report Comments:

RIGHT 25/11/2019



LEFT 25/11/2019



Legend					
L		R		Masked	
X		O	AC	⧗	●
△	△	△	BC	⊐	⊏
S	S	S	SF	⁒	Ø
M		M	MCL		
U		U	UCL		
↘	↓	↙	NR		
PTA AC: 500, 1k, 2k					
BC: 500, 1k, 2k					
Aud Method:					

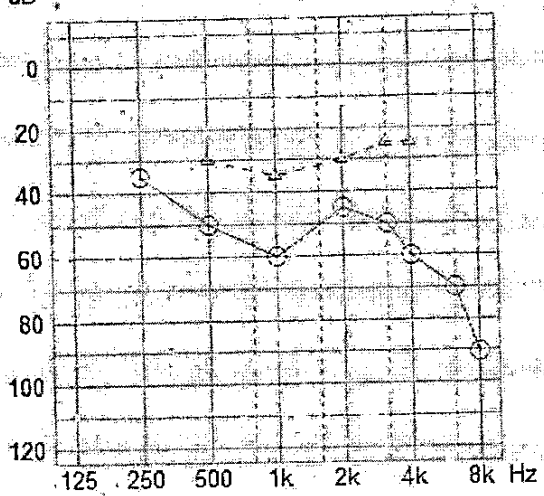
PTA (dB HL) // AI (%)			
	AC	BC	AI
Right	52	35	12
Left	72	45	

Signed by:

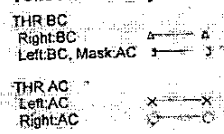
_____

Last Name	Sexton		
First Name	James		
Date of Birth	04/01/1951		
Address 1	75 Young Terrace	Date of Record:	05/10/2015 10:43:37
ZIP Code, City	G21 4LN -- UnDefined --		
Home Phone	588857	Office Phone	
Insurance: / Physician:		Testing performed by:	Beverley MacGillivray

Right



Tone Audiometry



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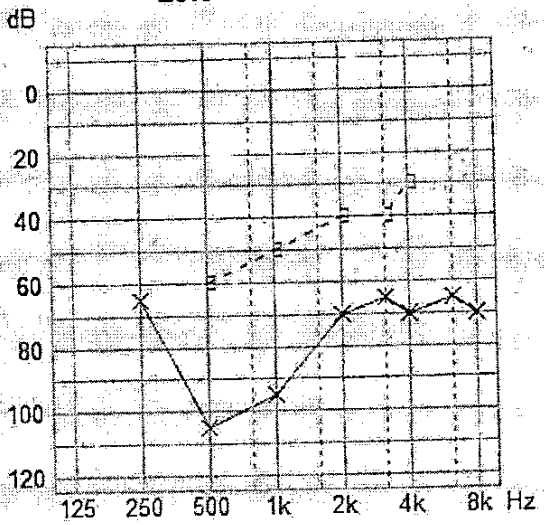

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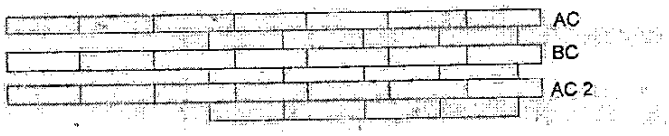

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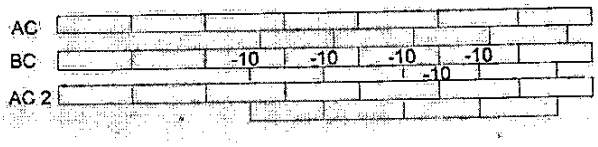
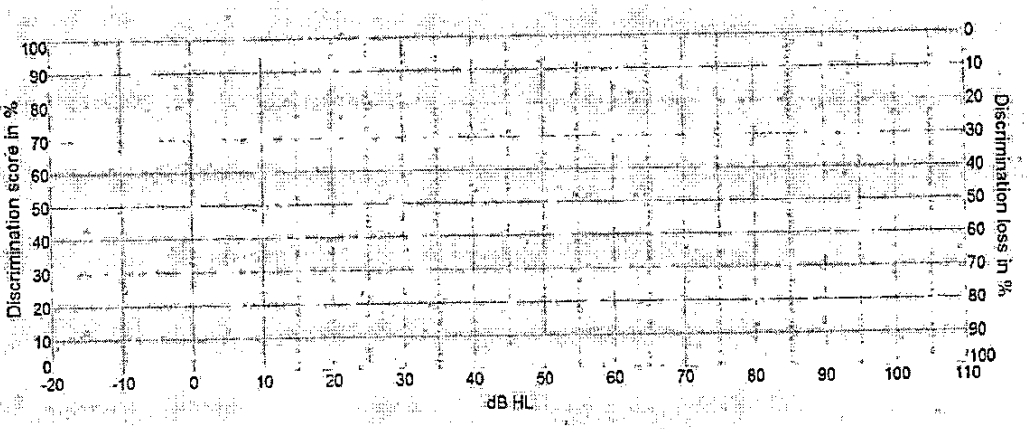


Speech Audiometry



MRI Mastoid Both

Performed	29-Nov-2025 08:01	Received	10-Dec-2025 20:44
Reported	10-Dec-2025 20:42	Order Number	G405H42558793
Status	Final	Source System	MiSys

MRI Mastoid Both Final
James Sexton
Reported as part of the Scottish National Radiology Reporting Service

Clinical Indications
right revision mastoid surgery for cholesteatoma. check mri 1 year post surgery - nov 2025 please

(Information via Order Comms)

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MRI Mastoid Both

Routine cuts including T2 based coronal DWI. Comparison with previous preoperative study.

Post right sinus surgery. The cavity is filled with nonspecific postoperative fibrotic tissue but in addition, there remains a tiny focus of restricted diffusion of water consistent with residual recurrent cholesteatoma localised to postoperative cavity at the level of the lateral semicircular canal - see saved key images for demonstration of the site.

—

Reported by
Dr Andrew Hunter
GMC-4416597
Consultant Radiologist
NHS GGC
Email- snrrs@gjnh.scot.nhs.uk

Reported by: External Radiologist and External Radiologist
Verified by: External Radiologist