Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

MMA LEGAL
43-59 PRINCES STREET
STOCKPORT
SK1 1RY

Date: 21ST May 2026
Your Ref: 100868
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: WILLIAM ARGUE **D.O.B: 15/04/1960**

Thank you for your request received 29TH 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:

GLASGOW ROYAL INFIRMARY & STOBHILL HOSPITAL RECORDS

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

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

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

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

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

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

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

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

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 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

Subject Access Request Team

MANUAL PATIENT RECORDS

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

Including:

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

McQueen, Elaine

From: Hearns, Carrie
Sent: 04 November 2020 14:19
To: Martin, Gillian; Connon, Amanda; Saikat, Claudia; McQueen, Elaine
Subject: add on 05/11/20

Hi All
I have added the below pt onto Dr Lockington clinic tomorrow 05/11/20@0900

1504606671	**Name:** William Argue

thanks

Carrie hearns
Waiting list coordinator
Referral management centre
Glasgow royal infirmary
0141 211 8282

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

Admission Checklist

NHS Greater Glasgow and Clyde

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

Hospital:	GGH		
Consultant:	Lockington	Date:	19/1/22
Proposed Operation:-	(L) Phaco + IOL		

Patient Questionnaire Completed?	Yes ☐	No ☐
Pre-Op Assessment Completed?	Yes ☐	No ☑
Escort Details (responsible Adult)Name: Daughter – Taylor. Telephone Number: 07957566?5		
Confirm "Next of Kin" on pre-assessment Yes Name: Elizabeth – Sister Telephone No: 07969141437		
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
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

	Time..0905	Time.....
SP02	98	
BP	148/76	
HR	59	
Temp		
Staff Initials	CD	

Weight: Height:

Resp:

Any relevant medical history or other information

COPD - L

Please print & sign name when checklist completed

Name : CDAYE
Time : 0905

+ve covid. isolated

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

no allergies
no metalwork

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G20 0JU

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			
Fasted from - specify time (24hr clock	Food: LA Fluid:	Checked: LA	Checked: LA
Blood Glucose Score N/A	Time: Score:	Time: Score	Time: N/A 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.			
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:	top-slightly loose.		1 loose Bridg
Dentures Removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☑
If "Yes' state where stored:			
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

MYDRIASERT
TIME IN: 0900 INITIALS: CD
TIME OUT: 0955 INITIALS: DL

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G20 0JU

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	[redacted]	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?"	[redacted]	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: rimbow in bag	
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	[redacted]	See P1 Checked ☐	See P1 Checked ☐
Is there any chance you are pregnant?	[redacted] MK	See P1 Checked ☐	See P1 Checked ☐
Pregnancy test carried out Pregnancy test result	[redacted]	See P1 Checked ☐	See P1 Checked ☐
Tampon Removed Comments:	Yes ☐ No ☐ N/A ☐	See Admission Check Checked ☑	See Admission Check Checked ☐
Topical 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: 0900	Reception: N/A ☐ S. Davies Time: 0920	Anaesthetic Assistant: [signature] Time 0945

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

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SURGICAL BRIEF

Surgical Brief carried out: Yes ☑ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse: 60	BP: 158/81	Temp:	SpO2: 98%	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					

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	SUB TENON			
Local Anaesthetic	Site:	Drug: LIDOCAINE 2%	mls: 4	
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: POVIDONE IODINE
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 (L) THUMB		
Time Rotated							
Probe Position							

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☐ No ☐	Specify: PROXY DROPS (L & R)

Maintenance of Norm-thermia — This section NOT applicable ☐

Actions taken to maintain the patient's Temperature: BLANKETS	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

Theatre

Affix Ac 1504606671
Name ARGUE
William M
CHI : 74 CUMLODDEN DRIVE 15/04/1960
DOB Glasgow, Lanarkshire
G20 0JU

Safe Positioning — This section NOT applicable ☑

Moving aids used to move patient	Yes ☑ no 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

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

Position 1

Time: 09:50

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 Pa

Position 2 — This section NOT applicable ☐

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:	Pressure Care
					Gel / Foam Pads ☐	Gel / Foam Pa

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:

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GG&C Day Surgery/23 hour Care Plan

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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	
left eye	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	Drug	Quantity
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	left eye		Velonet / eye pad shield	N/A
2				

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

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

Left eye phaco + IOL + 16.0D

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 ■

Traceability Stickers

AJL
LOT 00E00745 2024/06
REF AJL-BLUE 0,06%
(01)08435194320603(17)240628(21)00E00745
REV: 03

STERILE EO Beaver Visitec International, Bidford on Avon, B50 4JH, UK
REF MMSU1567S
LOT 000003394643
2026-10-07

STERILE EO Beaver Visitec International, Bidford on Avon, B50 4JH, UK
REF MMSU1221S
LOT 000003398691
2026-11-04

Alcon Custom Pak : C24067-03
LOT 621419 2022-05
MODEL: AR40e Johnson&Johnson VISION
DIOPTER: +16.0 D 2025-07-09
SN 2562052007 $Ø_T$:13 mm $Ø_B$:6 mm

S12256 – 004(Ultra) 6273461
New Phaco Set
or damaged
ment.
3/42/ECC

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

Affix Addressograph Label

Name :

CHI :

DOB :

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

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 Addressograph Label

Name :

CHI :

DOB :

Post-operative Observations

19-1-22 Time	1600																	
210																		
200																		
190																		
180																		
170																		
160																		
150	A																	
140	|																
130	|																
120	|																
110	|																
100	|																
90	V																	
80																		
70																		
60																		
50																		
40																		
30																		
Airway type	1																	
O_2 Therapy	—																	
SpO_2	98																	
Resp. Rate	18																	
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																		

Affix Addressograph Label

Name :

CHI :

DOB :

Time							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
noCue 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 Addressograph Label

Name :

CHI :

DOB :

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		Comments
BP		
HR		
Sp02		
Wound Site 1		
Wound Site 2		
Diet & Fluids tolerated		
Operated Limb N/A ☐ Colour Sensation Movement		
Signature:		

Events / Comments

This section NOT applicable ■

Events / Comments	Time	Signature

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Affix Addressograph Label

Name :

CHI :

DOB :

Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit and walk unaided			
Stable NEWs			BP / HR Sp02 %
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			
)und site(s) checked & satifactory 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			
sponsible adult escort			
sponsible 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 (hrs		By:	
Patient left DSU at:		Destination:	
Discharged into the care of:		Relationship:	

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Risk Assessment

Affix Addressograph Label

Name :

CHI :

DOB :

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
19/1/22	Patient returned to ward 1C	
1100	from theatre following a	
	(L) Mucoid TOL. Obs stable.	
	Diet + fluids taken.	CR
1200.	Patient discharged home	
	with daughter Discharge meds	
	+ info given. F/U appt given	CR

Notes

Affix Addressograph Label
Name :
CHI :-
DOB :

Date and Time	Notes	Print Name, Signature and Designation

Acute Services Division

GG&C Day Surgery/23 hour Care Plan

Notes

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

Date and Time	Notes	Print Name, Signature and Designation
19/1/2022 1050	Post op OBS BP 149/71 Pulse 68 Spo2 99% AR Resps 14, Temp 35.7	[signature] SHO

NHS Greater Glasgow and Clyde

Intraoperative Accountable Items Count Record

Date 19/1/22

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G20 0JU

WARD 1C

HOSPITAL GRH

THEATRE TH D

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner(s) Signature & Print name
PRE - OP SWAB COUNT	A Willis	E G Davis
PRE - OP INSTRUMENT COUNT	A Willis	E-Thepsen-C
FINAL COUNT	A Willis	E-Thepsen-C
FINAL INSTRUMENT COUNT	A Willis	E-Thepsen-C
FINAL DISPATCH COUNT	A Willis	E-Thepsen-C

SCRUB PRACTITIONER VERIFICATION

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

SCRUB PRACTITIONER 1- SIGNATURE: A Willis

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

OPERATION : Left eye: phaco + IOL + 16.0D

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

Swabs (2x2)	✓	Pledgelets	✓	Caesarean Roll	✓
Swabs (10x10)	5	Tapes	✓	Phaco Tip	1
Abdominal packs	✓	Sloops/Slings	✓		
Sutures		Bulldogs	✓		
Blades	✓	Shods	✓		
IV needles	2	Ports	✓		
Syringes	✓	Tibbs Cannula	6		
Discard-a-pad	✓	Staple Gun Inserts	✓		
Diathermy pencil	✓	Spears	✓		
Diathermy tips	✓	Retrieval Bag (Bert)	✓		
Scratch pad	✓	Digital Tourniquets	✓	Throat Pack IN	✓
Reels	✓	Pen & Ruler	✓	Throat pack OUT	
Patties	✓	Bi-Polar	✓	Total Number	

ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location

N/A

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.

COVID-19 SCREENING QUESTIONS

Admission Practitioner
Print Name L SAMMA Sign..... Date 19/1/22

Add Photomonograph Label
1504606671
ARGUE
William M
15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

36.8

When did you have your most recent COVID-19 test? Date 18/1/22 Time..... Does this fall within 72 hrs of admission?
Yes ☑ No ☐ Have you self-isolated since test Yes ☑ No ☐

These screening questions should be asked of every person attending hospital for any reason including those accompanying patients. First ask the COVID-19 screening questions – if NO to all then ask the Respiratory screening questions. If YES to any then place the patient on the respiratory pathway.

COVID-19 Screening Questions	Yes	No
Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 14 days? NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection.		✓
Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?		✓
Have you travelled internationally in the last 10 days to a country that is on the Government red list?		✓
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?		✓
Do you have any of the following symptoms; •High temperature or fever? •New, continuous cough? •A loss or alteration to taste or smell?		✓

Respiratory Screening Questions	Yes	No
Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? (See note 1)		✓
Have you been had a laboratory test with a confirmed respiratory virus/infection such as Influenza in the last 14 days? (See note 2)		✓

Note 1

List of respiratory symptoms below may indicate a respiratory virus;
- ☐ Rhinorrhoea (Runny nose)
- ☐ Congestion in the nasal sinuses or lungs
- ☐ Sore throat
- ☐ Sneezing
- ☐ Coughing

The following can also be symptoms of a respiratory virus/infection but may also be related to a non-respiratory cause therefore caution should be applied in allocation of these patients to the respiratory pathway in the absence of any symptoms noted above.
- ☐ Breathlessness
- ☐ Wheezing or chest tightness
- ☐ Myalgia (Muscle aches)
- ☐ Fatigue (Tiredness)
- ☐ Dyspnoea (Shortness of breath)

Note 2

If the service user advises of having had a test positive pathogen in the last 14 days, they should be placed according to the infective period for that specific pathogen and an assessment of any ongoing infectivity. Refer to A-Z of pathogens for details of individual pathogens.

Patient Agreement to Investigation or Treatment
Consent Form – Cataract Surgery

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

name

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).

Cataract Surgery **Right Eye** ☐ **Left Eye** ☑

ST

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

1:100 Worse Vision
1:200 Second Operation
1:1000 Blindness due to infection
Bleeding, Cystoid Macular Oedema, Retinal Detachment
Need for Glasses

Guided as to risks
Refractive surprise

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 DS

Name / Designation (print) Locum.

Date 5/11/20 | 19/1/21

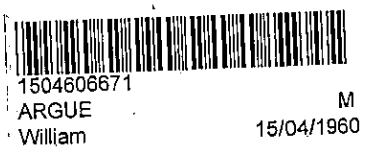
Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

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.**


1504606671
ARGUE
William
M
15/04/1960

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 x [signature]	Date 5/11/20
Name (print)	19/11/22 ~

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

NHS Greater Glasgow and Clyde

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Glasgow, Lanarkshire
G20 0JU

CATARACT MANAGEMENT PACK

DATE 5/11/20 CONSULTANT Lockington SITE CRI

THEATRE DATE..... LOCATION..... TIME.....

LISTING DETAILS PATIENTS TELEPHONE NUMBER.....

EYE LISTED TODAY: RIGHT ☐ LEFT ☑ FOR BILATERAL SEQUENTIAL SURGERY? YES ☐ NO ☑

ANAESTHETIC: LA ☑ GA ☐ SEDATION ☐ DURATION OF SURGERY.....

TORIC IOL ☐ OTHER SPECIAL IOL .....

NEVANAC YES ☐ NO ☑

POOLING GRADE: RIGHT EYE 1 ☐ 2 ☐ 3 ☐ 4 ☐ LEFT EYE: 1 ☐ 2 ☐ 3 ☑ 4 ☐

RISK SCORE	RIGHT EYE	LEFT EYE
AGE 80-89	1	1
AGE> 89	2	2
ALPHA BLOCKERS	1	1
CAN'T LIE FLAT	1	1
AL>26mm	1	1
AL>30mm	2	2
AL <21.5mm	2	2
ACD < 2.5mm	1	1
SMALL PUPIL	1	(1)
DEEP SET EYE	1	1
CORNEAL PATHOLOGY MILD	1	1
CORNEAL PATHOLOGY SEVERE	2	2
CATARACT: NO VIEW BRUNESCENT/BROWN	3	(3)
CATARACT: POST POLAR	3	3
PXF/PHACODONESIS	3	3
PREVIOUS IVT	1	1
PREVIOUS VITRECTOMY	1	(1)
PREVIOUS TRAB	1	1
TOTAL		

OTHER ISSUES

ONLY EYE ☐ BCVA OTHER EYE.....

LASER CORNEA SX: ☐

TRAUMA ☐ .....

ANTICOAGULANTS .....

INR.....ON.....

A BLOCKER .....

PREVIOUS EYE SURGERY YES ☑ NO ☐

DETAILS.....

REFRACTICE OUTCOME: EMMETROPIA ☑

OTHER.....

GUARDED PROGNOSIS YES ☑ NO ☐

DETAILS.....

OCULAR CO-MORBIDITY... Detached retina left, Stable. no mac.

OTHER DISABILITIES.....

SIGNATURE DS PRINT Lockington DESIGNATION ms DATE 5/11/20

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

HISTORY / OCULAR EXAMINATION

BLURRED VISION RIGHT EYE ☐ LEFT EYE ☑ BOTH ☐

DIFFICULTY DRIVING: YES ☑ NO ☐ NON DRIVER ☐ GLARE RIGHT EYE ☐ LEFT ☐

DIFFICULTY READING YES ☑ NO ☐ AMBLYOPIA: RIGHT EYE ☐ LEFT EYE ☐

CURRENT MEDICATION OPHTHALMIC RELEVANT

TOPICAL ✓

SYSTEMIC Mirtazapine / Indeo. (Timoloo)

GLASSES/CONTACT LENS PRESCRIPTION

RIGHT EYE Sph +2.00 Cyl -0.50 AXIS 180 LEFT EYE Sph +1.50 Cyl AXIS

CONTACT LENS NO ☐ YES ☐ TYPE OF LENS .....

RIGHT EYE	VISUAL ACUITY	LEFT EYE
6/36	UNAIDED / AIDED	6/60
6/5-2	PH	6/24
CLS 6/5-1	NEAR	
RIGHT EYE		LEFT EYE
✓	LIDS	✓
✓	CONJUNCTIVA	✓
✓	CORNEA	✓
16	IOP	20
Nm	AC	Nm
	PUPIL	Sml
NS +/-	LENS	Brunescent Co.
@ nsh	FUNDUS	no view

VS: Strabismus No RD

DILATING DROPS	EYE	EYE	TIME	SIGNATURE	EXP/BATCH No
TROPICAMIDE 1%	RIGHT ✓	LEFT ✓	855	✓	
PHENYLEPHRINE 2.5%	RIGHT	LEFT			

DIAGNOSIS/TREATMENT PLAN: left Phaco/IOL - graded right cyst.

SIGNATURE DS PRINT Lucy DESIGNATION Ass DATE 5/11/20

NHS
Greater Glasgow and Clyde

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74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

PRE OPERATIVE ASSESSMENT **FIRST EYE** **RIGHT / LEFT**

DATE 5/11/20 ASSESSOR JOHN RICHARDSON SITE GRI

BIOMETRY

LENS STAR ☐ IOL MASTER ☑ (R+L) CONTACT ASCAN ☑ (L) HANDHELD KERATOMETER ☑

COMMENTS

(L) K1 7.60 K2 7.53
(R) K1 7.47 K2 7.33

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PATIENT EDUCATION ☑ DROP TECHNIQU

CAN PATIENT LIE FLAT FOR HALF HOUR? YE

CLAUSTROPHOBIA ☐ COUGH/MOVEM

DISTRICT NURSE/CARERS REQUIRED ☐

GA INSTRUCTIONS GIVEN YES ☐ N/A ☑

1504606671
ARGUE M
William 15/04/1960

Left eye

PRE OPERATIVE ASSESSMENT: COMMENTS/A

BP	P	T	RESP	O2
156/73	62			

SIGNATURE.....PRINT.....DESIGNATION.....DATE.....

MULTIDISCIPLINARY NOTES AND IOL CHOICE

left Pharco/Ioa - UK IOL 16.5D ⇒ ∞

ST/VS/1-mg. L Cataract on IOL meeting + Cataract

CONSENT ☑ INCAPACITY CONSENT REQUIRED ☐

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G20 0JU

DAY OF SURGERY FOR LEFT / RIGHT CATARACT FIRST E

DATE .....

PRE OP CHECKLIST

CHANGES SINCE POA? **NO** ☐ **YES** ☐ DETAILS.....

.....

HOME CARE/DISTRICT NURSE FOR EYE DROPS? **NO** ☐ **YES** ☐ DETAILS.....

OBSERVATIONS O/A BP.....P..... O2 SATS..... TEMP.....RESP. ..... BM.....

ON WARFARIN? **NO** ☐ **YES** ☐ LATEST INR..... DATE TAKEN.....

OTHER ANTICOAGULANTS? **NO** ☐ **YES** ☐ DETAILS.....

ALLERGIES? **NO** ☐ **YES** ☐ DETAILS.....

TRANSPORT FOR TODAY.....

SIGNATURE.....PRINT.....DESIGNATION.....DATE.....

DATE	MEDICATION	RIGHT EYE	LEFT EYE	FREQUENCY	PRESCRIBER	GIVEN BY	TIME
5/4/12	MYDRIASERT		✓	T	DS	[illegible]	0900
	TROPICAMIDE 1%						
	CYCLOPENTOLATE 1%						
	PHENYLEPHRINE 10% / 2.5%						

NOTES

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THEATRE **CATARACT SURGERY**

1504606671 M
ARGUE
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

RIGHT / LEFT EYE (LEFT circled) FIRST EYE ☑ SECOND EYE ☐

DATE 19/1/22 SITE

MYDRIASERT REMOVED ☑ TIME SIGNATURE

SURGEON Lockwood ASSISTANT

SCRUB NURSE Willis ANAESTHETIST

SUB TENON ☑ TOPICAL ☐ LA+SEDATION ☐ GA ☐ BETADINE 5% ☑

INTRACAMERAL: LIDOCAINE 1% ☐ 2% ☐ PHENYLEPHRINE 2.5% ☐ 10% ☐

MIOCHOL ☐ VISION BLUE ☑

PUPIL EXPANDERS ☑ TYPE

IOL: BAG ☐ SULCUS ☑ AC ☐ NO IOL ☐ CTR: YES ☐ NO ☑

PHACOEMULSIFICATION - COMMENT/DIAGRAM

Brunet Cataract + Baggy Capsule ∴ IOL in sulcus + optic capture.

MODEL: AR40e Johnson&Johnson VISION
DIOPTER: +16.0 D 2025-07-09
SN 2562052007 $Ø_T$:13 mm $Ø_B$:6 mm

INTRACAMERAL: CEFUROXIME 1MG ☑

SUBCONJUNCTIVAL: ANTIBIOTIC ☐ BETNESOL ☐ DEXAMETHASONE ☑ OTHER

COMPLICATIONS: NO ☑ YES ☐ PC RUPTURE ☐ NUCLEAR DROP ☐ ZONULAR DEHISCENCE ☐

VITREOUS LOSS ☐ OTHER

POST OP TREATMENT/INSTRUCTIONS

DATE	MEDICATION	RIGHT EYE	LEFT EYE	FREQUENCY	DURATION	PRESCRIBER	GIVEN BY
	PREDFORTE						
19/1/22	MAXIDEX		/	x4	1/12	[illegible]	
I	CHLORAMPHENICOL		/	x4	1/12	[illegible]	
	ACETAZOLAMIDE SR 250MG	------	-----				
	ACETAZOLAMIDE 250MG	------	-----				

FOLLOW UP COMMUNITY OPTOM ☐ CLINIC ☑ 6/52 DS

DETAILS

PRE OPERATIVE ASSESSMENT SECOND EYE RIGHT / LEFT

DATE.....ASSESSOR.....SITE.....

TELEPHONE ☐ FACE TO FACE ☐

PATIENTS TELEPHONE NUMBER .....

PATIENT EDUCATION ☐ DROP TECHNIQUE ☐ INTERPRETER REQUIRED ☐

CAN PATIENT LIE FLAT FOR HALF HOUR? YES ☐ NO ☐.....

CLAUSTROPHOBIA ☐ COUGH/MOVEMENTS ....

DISTRICT NURSE/CARERS REQUIRED ☐ .....

GA INSTRUCTIONS GIVEN YES ☐ N/A ☐

PRE OPERATIVE ASSESSMENT: COMMENTS/ALERTS

BP	P	T	RESP	O2 SATS.	WEIGHT	HEIGHT
					BMI	

POST OP REFRACTION DATE.....

RIGHT EYE	VA	Sph	Cyl	Axis
LEFT EYE	VA	Sph	Cyl	Axis

SIGNATURE.....PRINT.....DESIGNATION.....DATE.....

MULTIDISCIPLINARY NOTES AND IOL CHOICE .....

.....

.....

.....

.....

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ARGUE M
William 15/04/1960
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Glasgow, Lanarkshire
G20 0JU

SECOND EYE

DAY OF SURGERY FOR LEFT / RIGHT CATARACT

DATE ..... **PRE OP CHECKLIST**

CHANGES SINCE POA? **NO** ☐ **YES** ☐ DETAILS.....

.....

HOME CARE/DISTRICT NURSE FOR EYE DROPS? **NO** ☐ **YES** ☐ DETAILS.....

OBSERVATIONS O/A BP.....P..... O2 SATS..... TEMP.....RESP. ..... BM.....

ON WARFARIN? **NO** ☐ **YES** ☐ LATEST INR..... DATE TAKEN.....

OTHER ANTICOAGULANTS? **NO** ☐ **YES** ☐ DETAILS.....

ALLERGIES? **NO** ☐ **YES** ☐ DETAILS.....

TRANSPORT FOR TODAY.....

SIGNATURE.....PRINT.....DESIGNATION.....DATE.....

DATE	MEDICATION	RIGHT EYE	LEFT EYE	FREQUENCY	PRESCRIBER	GIVEN BY	TIME
	MYDRIASERT						
	TROPICAMIDE 1%						
	CYCLOPENTOLATE 1%						
	PHENYLEPHRINE 10% / 2.5%						

NOTES

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CATARACT SURGERY THEATRE

1504606671
ARGUE
William M
15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

RIGHT / LEFT EYE FIRST EYE ☐ SECOND EYE ☐

DATE.....SITE.....

MYDRIASERT REMOVED ☐ TIME..... SIGNATURE.....

SURGEON.....ASSISTANT.....

SCRUB NURSE.....ANAESTHETIST.....

SUB TENON ☐ .....TOPICAL ☐ LA+SEDATION ☐ GA ☐ BETADINE 5% ☐

INTRACAMERAL: LIDOCAINE 1% ☐ 2% ☐ PHENYLEPHRINE 2.5% ☐ 10% ☐

MIOCHOL ☐ VISION BLUE ☐

PUPIL EXPANDERS ☐ TYPE.....

IOL: BAG ☐ SULCUS ☐ AC ☐ NO IOL ☐ CTR: YES ☐ NO ☐

PHACOEMULSIFICATION - COMMENT/DIAGRAM

IOL STICKER

INTRACAMERAL: CEFUROXIME 1MG ☐

SUBCONJUNCTIVAL: ANTIBIOTIC ☐ BETNESOL ☐ DEXAMETHASONE ☐ OTHER.....

COMPLICATIONS: NO ☐ YES ☐ PC RUPTURE ☐ NUCLEAR DROP ☐ ZONULAR DEHISCENCE ☐

VITREOUS LOSS ☐ OTHER.....

POST OP TREATMENT/INSTRUCTIONS

DATE	MEDICATION	RIGHT EYE	LEFT EYE	FREQUENCY	DURATION	PRESCRIBER	GIVEN BY
	PREDFORTE						
	MAXIDEX						
	CHLORAMPHENICOL						
	ACETAZOLAMIDE SR 250MG	------	-----				
	ACETAZOLAMIDE 250MG	------	-----				

FOLLOW UP COMMUNITY OPTOM ☐ CLINIC ☐ .....

DETAILS.....

Dept. of Ophthalmology : CATARACT SURGERY AUDIT FORM

NHS
Greater Glasgo
and Clyde

Gartnavel General H
Optometry Departme
Area B, First Floor
1053 Great Western
Glasgow
G12 0YN

PRE-OP SITE:
GGH [ ] GRI [ ] IRH [ ] NVH [ ] QEUH [ ] RAH [ ] STOB [ ] VOL [ ]

SURGERY SITE:
GGH [ ] IRH [ ] NVH [ ] RAH [ ] STOB [ ] VOL [ ]

TO BE COMPLETED AT PRE-OP ASSESSMENT

Patient Details	Right eye / Left eye SECOND EYE
Insert Patients ID label here	Ocular Co-Morbidity:
	Follow-up Arranged [ ]

TO BE COMPLETED IN THEATRE BY MEDICAL STAFF

Dioptre label	Expected Spherical Equivalent	Date of Surgery:
	ANAESTHETIC: Subtenon [ ] Topical [ ] GA [ ]	Consultant Surgeon

RELEVANT INTRA-OPERATIVE INFORMATION:

POST OPERATIVE ASSESSMENT: Information for Community Optometrist:

Thank you for carrying out post – operative assessment following cataract surgery on this patient
We would be very grateful if you would complete the following data and return in it the envelope provided.

Date of Exam: IOP mmHg Significant findings and management: Corneal Uveitis Macula	Practice stamp &/or contact details

REFRACTION	SPHERE	CYLINDER	AXIS	BCVA	PH	PRISM	NEAR ADD	NEAR
RE								
LE								

HES Triage Contact Details: *Tel. please see electronic copy*

Post op cataract audit form patient guide

- Your post operative check will be carried out by your community optometrist, you can attend any community optometry practice for this check
- Please take this document and envelope with you when you attend your check up
- Your optometrist will complete the form with the relevant findings and return it to the hospital in the prepaid addressed envelope you have been given
- If you misplace this document please let your optometrist know

ARGUE, William
BORN 15-Apr-1960 (60y) GENDER Male
OHCP 1504606671_CHI

Pre Op Assessment Form

Last updated by John Richardson on 05-Nov-2020 10:10 (v. 1)

⚠ Do Not Overwrite – This form is specific to this service and procedure only

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Emergency Contact Details

Name	Elizabeth Argue
Address	—
Landline	—
Mobile	07969149437
Relationship	Sister

Assessment

Assessment Nurse	John Richardson	Grade	6
Consultant	Lockington	Assessment Date	05-Nov-2020
Hospital	Glasgow Royal Infirmary		
Specialty	Ophthalmology		

Is the patient over 65 years?	No

Admission

Procedure	—

Availability

Are you available at short notice? —

Period of unavailability

Unavailable from — To —

Reasons for unavailability —

Further details —

Admission Date — Admission Time —

Hospital —

Patient Information Leaflet —

Information Please click here for the POA Guidelines

Anaesthetic

Previous GA —

Dentition Risk —

Reduced Neck Movement —

Family History —

Other Risk —

Heartburn —

Sickle Cell Disease —

Information Please click here for the POA Guidelines

Surgical

Affects Suitability For DSU Or SDA —

Any Serious Surgical Or Anaesthetic Complication —

Information Please click here for the POA Guidelines

Cardiovascular

Hypertension —

Arrhythmias	—
Palpitations / Blackouts	—

Angina

Angina	—

Heart Attack?	—
Murmur	—
Heart Failure	—

Information Please click here for the POA Guidelines

Respiratory

Do you have Asthma?	—		
Do you have COPD\Emphysema?	Yes	COPD\Emphysema Details	trimbow inhaler early COPD
Have You Taken Oral Steroids In The Last Six Months?	—	Oral Steroids Details	—
Frequency Of Flareups?	Once A Year	Frequency of Flareups Details	—
Grade Of Breathlessness?	—	Grade of Breathlessness Details	—
URTI	No		

Information Please click here for the POA Guidelines

Neurological

Stroke	—
Epilepsy	—
Neurological Disease	—
Physical Disability	—

Haematological

Bleeding Disorder	—
Previous DVT	—
Anaemia	—
Blood Products - If you ever need a blood transfusion or other blood products, would you refuse to receive them ?	—

Information Please click here for the POA Guidelines

Others

Kidney Disease	—
Liver Disease /Jaundice	—
Diabetes	—
Rheumatoid Arthritis	—
Has The Patient Ever Been Notified That They Are At Risk Of CJD or vCJD For Public Health Purposes	—
Any Serious Illness Not Already Mentioned?	—

Information Please click here for the POA Guidelines

Exercise Tolerance

Level of fitness	—

Information Please click here for the POA Guidelines

Social

Alcohol

Alcohol > 30U	—
Units / Wk	—
Duration	—

Smoking

Smokes	—
Cigs/Day	—
Ex Smoker	—

Drugs

IV or Recreational Drug Abuser	—
Ex User	—
Methadone Req	—
Self-Admin	—

Pregnancy

Pregnant —

Information Please click here for the POA Guidelines

Drug History: Full Generic Name & Dose

✓ Trimbow inhaler
✗ Mirtazepine

Allergies

Allergies No

Information Please click here for the POA Guidelines

Prosthesis/Implants

Pacemaker —

Prosthesis/Others —

Information Please click here for the POA Guidelines

Examination

Weight not taken Yes

Ranitidine 150MG X 2 tabs Dispensed As Per PGD 2018/1621 No

Vital Signs

Pulse	62 bpm
Temperature	—
Systolic BP	156 mmHg
Diastolic BP	73 mmHg
Resp rate	—
SaO2	—
Comments	—

Risk Of Sleep Apnoea

Do You Suffer From Daytime Sleepiness, Restless Sleep Or Witnessed Breath Holding During Sleep? —

Information Please click here for the POA Investigation Guidelines

Investigations & Date Ordered

FBC	No	FBC Date	—
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—
Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	No	Cross Match Date	—
Group & Save	No	Group & Save Date	—
Coag Screen	No	Coag Screen Date	—
U&Es	No	U&Es Date	—
LFTs	No	LFTs Date	—
TFT	No	TFT Date	—
Bone	No	Bone Date	—
ECG	No	ECG Date	—
MRSA Screen	No	MRSA Screen Date	—
Echo	No	Echo Date	—
Other	—		

MRSA Screening Clinical Risk Assessment (CRA)

A: Does the Patient require A Clinical Risk Assessment (For Patients > 23 Hours)
No

DVT Risk Factors

VTE Risk

Is The Patient At Risk Of DVT?	—
Do They Require Prophylaxsis?	—
Comments	—

Day Surgery / Admission Criteria

Is this procedure suitable for day surgery? —

Admission Criteria	
Appropriate admission based on nursing assessment	—
Additional information	—

Advice and Actions

Q 1 Advise to take usual anti-reflux medication	No
Q 2 Dispensed Ranitidine as per PGD directive	No
Q 3 Refer to smoking cessation clinic	No
Q 4 Advise not to take "Intravenous or recreational drug(s)" during the 24 hours before surgery (related to Social – Drugs).	No
Q 5 Anticoagulant advice	No
Q 6 Clopidogrel advice	No
Q 7 Aspirin advice	No
Q 8 OCP advice	No
Q 9 Provide Herbal Medicine Advice	No
Q 10 Arrange for dialysis the day before surgery	No

Q 11 Ensure facilities for dispensing methadone are available, if the patient is taking methadone	No
Q 12 Fasting Information Discussed	No
Q 13 Dentition.Risk Discussed	No

Pre-operative Assessment Summary

Assessor John Richardson Grade 6

Suitable and keen for L Phaco + IOL LA/DC

Anaesthetic Assessment

Anaesthetist — Grade —

—

Recommended Admission Pathway

Review By

Anaesthetist —

Other —

DSU/23hr Criteria Met — SDA Criteria Met —

Referrals

Smoking Cessation —

Other —

Patient Argue William

(L) repeated

Date of birth 15/04/1960 Gender Male
Patient ID 1504606671

Glasgow Royal Infirmary
Ophthalmology

Physician Dr Lockington Operator Nurses

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

[OD] SRK® is a trademark of CTI (Computational Technology Inc.)
[OS] SRK® is a trademark of CTI (Computational Technology Inc.)
OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

IOL calculation

OD right	OS left
Eye status	
LS: Phakic VS: Vitreous body	LS: Phakic VS: Vitreous body
Ref: --- VA: ---	Ref: --- VA: ---
LVC: --- LVC mode: -	LVC: Untreated LVC mode: -
Target ref.: plano SIA: +0.00 D @ 0°	Target ref.: plano SIA: +0.00 D @ 0°
Biometric values	
AL: ---	AL: 24.42 mm (!) SD: 21 µm
ACD: ---	ACD: 3.18 mm SD: 6 µm
LT: ---	LT: 4.45 mm (!) SD: 48 µm
WTW: ---	WTW: 11.9 mm
SE: --- K1: ---	SE: 45.23 D SD: 0.04 D K1: 44.90 D @179°
ΔK: --- K2: ---	ΔK: +0.67 D @ 89° K2: 45.57 D @ 89°
TSE: --- TK1: ---	TSE: --- TK1: ---
ΔTK: --- TK2: ---	ΔTK: --- TK2: ---

K Alcon SN60WF

- SRK®/T -
A const.: 119.00

IOL (D)	Ref (D)
+17.50	-0.63
+17.00	-0.31
+16.50	+0.00
+16.00	+0.31
+15.50	+0.62
+16.50	Emmetropia

K AMO Sensar AR40e

- SRK®/T -
A const.: 118.70

IOL (D)	Ref (D)
+17.00	-0.51
+16.50	-0.19
+16.00	+0.13
+15.50	+0.44
+15.00	+0.76
+16.20	Emmetropia

K Rayner C-Flex 570 C

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+17.00	-0.58
+16.50	-0.25
+16.00	+0.07
+15.50	+0.39
+15.00	+0.70
+16.11	Emmetropia

K Rayner Superflex 620 H

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+17.00	-0.58
+16.50	-0.25
+16.00	+0.07
+15.50	+0.39
+15.00	+0.70
+16.11	Emmetropia

(!) Borderline value (*) Value was edited manually --- No value measured

Comment

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
Physician	Dr Lockington	Operator	Nurses

Glasgow Royal Infirmary
Ophthalmology

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

[OD] SRK® is a trademark of CTI (Computational Technology Inc.)
[OS] SRK® is a trademark of CTI (Computational Technology Inc.)
OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

IOL calculation

OD right	OS left
Eye status	
LS: Phakic	LS: Phakic
VS: Vitreous body	VS: Vitreous body
Ref: ---	Ref: ---
VA: ---	VA: ---
LVC: ---	LVC: Untreated
LVC mode: -	LVC mode: -
Target ref.: plano	Target ref.: plano
SIA: +0.00 D @ 0°	SIA: +0.00 D @ 0°
Biometric values	
AL: ---	AL: 24.42 mm (!) SD: 21 µm
ACD: ---	ACD: 3.18 mm SD: 6 µm
LT: ---	LT: 4.45 mm (!) SD: 48 µm
WTW: ---	WTW: 11.9 mm
SE: --- K1: ---	SE: 45.23 D SD: 0.04 D K1: 44.90 D @179°
ΔK: --- K2: ---	ΔK: +0.67 D @ 89° K2: 45.57 D @ 89°
TSE: --- TK1: ---	TSE: --- TK1: ---
ΔTK: --- TK2: ---	ΔTK: --- TK2: ---

K AMO Verisyse 50 aph.retropu p.
- SRK®/T -
A const.: 116.90

IOL (D)	Ref (D)
---	---
---	---
---	---
---	---
---	---
---	---
+14.59	Emmetropia

(!) Borderline value (*) Value was edited manually --- No value measured

Comment

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
			Glasgow Royal Infirmary Ophthalmology
Physician	Dr Lockington	Operator	Nurses

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

! OS: Fixation Check! Axial length values slightly inconsistent: Unstable fixation?

Analyze

OS left

Eye status

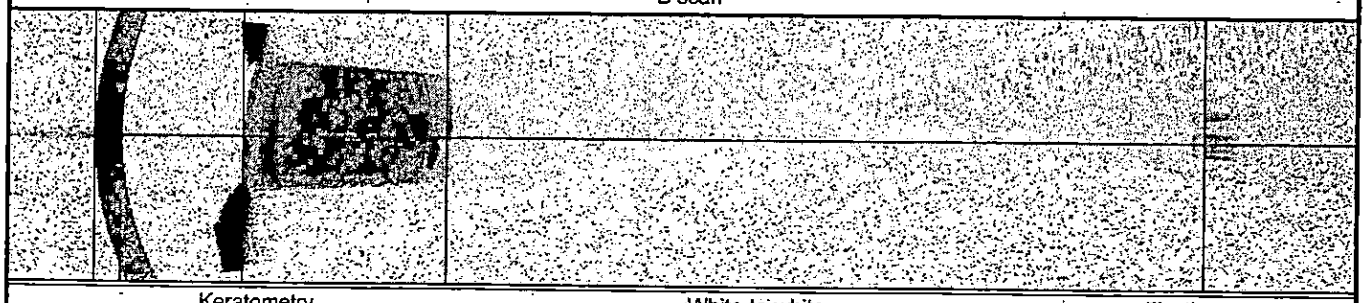
LS: Phakic	VS: Vitreous body	LVC: Untreated
Ref: —	VA: —	

Biometric values

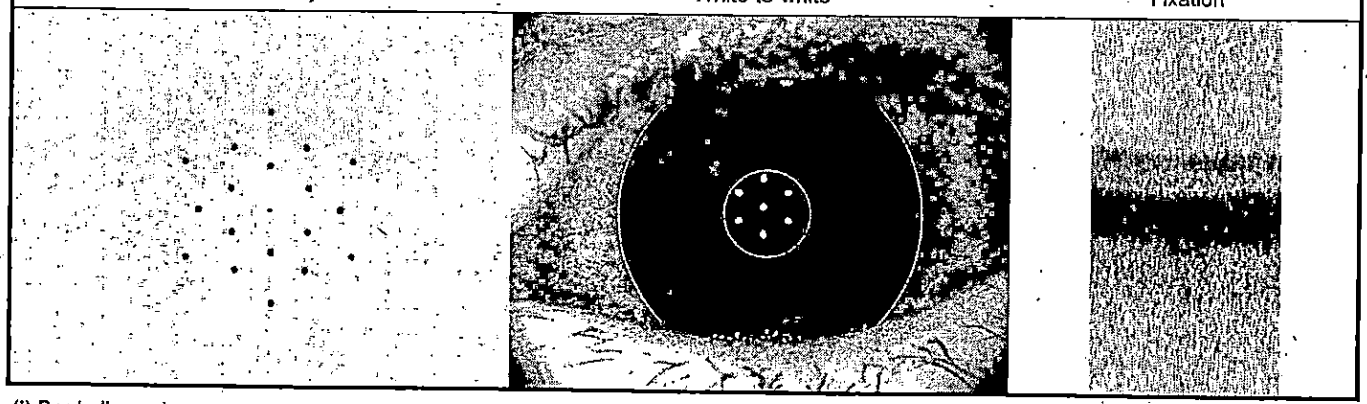
AL:	24.42 mm (!)	SD:	21 µm	WTW:	11.9 mm	lx: -0.3 mm	ly: +0.3 mm
CCT:	552 µm	SD:	3 µm	P:	3.4 mm	CW-Chord:	0.3 mm @ 294°
ACD:	3.18 mm	SD:	6 µm				
LT:	4.45 mm (!)	SD:	48 µm				

SE:	45.23 D	SD:	0.04 D	TSE:	—
K1:	44.90 D @ 179°	SD:	0.04 D	TK1:	—
K2:	45.57 D @ 89°	SD:	0.04 D	TK2:	—
ΔK:	+0.67 D @ 89°			ΔTK:	—

B scan



Keratometry | White-to-white | Fixation



(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William			
Date of birth	15/04/1960	Gender	Male	
Patient ID	1504606671			Glasgow Royal Infirmary Ophthalmology
Physician	Dr Lockington	Operator	Nurses	

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Biometric values

OD right	OS left
Eye status	
LS: Phakic VS: Vitreous body Ref: — VA: — LVC: Untreated	LS: Phakic VS: Vitreous body Ref: — VA: — LVC: Untreated
Biometric values	
AL: — CCT: — ACD: — LT: —	AL: 24.42 mm (!) SD: 21 µm CCT: 552 µm SD: 3 µm ACD: 3.18 mm SD: 6 µm LT: 4.45 mm (!) SD: 48 µm

AL	CCT	ACD	LT	AL	CCT	ACD	LT
—	—	—	—	24.42 mm	550 µm	3.18 mm	4.43 mm
—	—	—	—	—	553 µm	3.18 mm	4.42 mm
—	—	—	—	24.43 mm	553 µm	3.17 mm	4.44 mm
—	—	—	—	24.41 mm	550 µm	3.19 mm	4.47 mm
—	—	—	—	24.41 mm	555 µm	3.18 mm	4.42 mm
—	—	—	—	24.40 mm	552 µm	3.19 mm	4.48 mm

Corneal values	
SE: — K1: — K2: — ΔK: —	SE: 45.23 D SD: 0.04 D K1: 44.90 D @ 179° SD: 0.04 D K2: 45.57 D @ 89° SD: 0.04 D ΔK: +0.67 D @ 89°
SE: — ΔK: — SE: — ΔK: — SE: — ΔK: —	SE: 45.28 D ΔK: +0.68 D @ 90° SE: 45.22 D ΔK: +0.66 D @ 89° SE: 45.20 D ΔK: +0.67 D @ 87°
TSE: — TK1: — TK2: — ΔTK: —	TSE: — TK1: — TK2: — ΔTK: —
TSE: — ΔTK: — TSE: — ΔTK: — TSE: — ΔTK: —	TSE: — ΔTK: — TSE: — ΔTK: — TSE: — ΔTK: —
White-to-white and pupil values	
WTW: — lx: — ly: — P: — CW-Chord: —	WTW: 11.9 mm lx: -0.3 mm ly: +0.3 mm P: 3.4 mm CW-Chord: 0.3 mm @ 294°
— Reference Image	—

(!) Borderline value (*) Value was edited manually — No value measured

Comment

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

Pat. : W. ARGUE
ID : 1504606671
Sex : M Age : 60
Memo : JOHN R

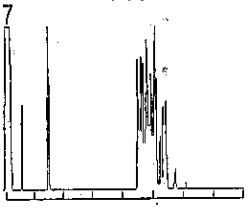
Phys.: LOCKINGTON

Eyetype : Phakic
Velocity: Axial 1550 m/s
ACD 1532 m/s
Lens 1641 m/s
Mode : Auto Gain : 100
Th.level: Normal

OD/R

No	Axial	ACD	Lens	Vit
1	22.15	2.84	4.69	14.62
2	22.08	2.72	4.66	14.70
3	22.03	2.62	4.67	14.74
4	22.36	3.04	4.71	14.61
5	22.19	2.90	4.68	14.61
6				
7	22.13	2.78	4.58	14.76
8	22.06	2.77	4.58	14.71
9	22.04	2.68	4.70	14.66
10				
Av	22.13	2.79	4.66	14.68
SD	0.10	0.12	0.05	0.06

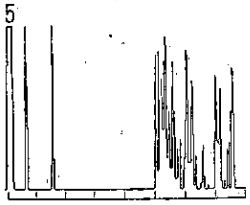
No.Av
Axial : **22.13 mm**
ACD : 2.79 mm
Lens : 4.66 mm
Vit : 14.68 mm
No. 7



OS/L

No	Axial	ACD	Lens	Vit
1	24.63	3.25	4.20	17.18
2	24.61	3.23	4.21	17.17
3	24.63	3.28	4.13	17.22
4				
5	24.60	3.00	4.72	16.88
6	24.64	3.06	4.72	16.85
7				
8	24.55	3.05	4.71	16.80
9	24.61	3.02	4.73	16.86
10	24.55	3.05	4.71	16.80
Av	24.60	3.12	4.52	16.97
SD	0.03	0.11	0.26	0.17

No.Av
Axial : **24.60 mm**
ACD : 3.12 mm
Lens : 4.52 mm
Vit : 16.97 mm
No. 5



2020/11/05 17:14
Echoscan US-1800 NIDEK
Main V1.11 Disp V1.21

t. : W. ARGUE
D : 1504606671
ex : M Age : 60
lemo : JOHN R

Phys.: LOCKINGTON

Formula : SRK-T

OD/R

Input Axial : 22.13 mm
K-1 : 7.47 mm
K-2 : 7.33 mm
Target : 0.00 D

IOL1	IOL	Ref.
Model:AR40E	21.5	0.89
Manuf:AMO	22.0	0.55
Acnst: 118.4	22.5	0.21
Power: 22.80	23.0	-0.14
	23.5	-0.49
	24.0	-0.84
	24.5	-1.20
IOL2		
Model:SA60AT	21.5	0.89
Manuf:ACRYSO	22.0	0.55
Acnst: 118.4	22.5	0.21
Power: 22.80	23.0	-0.14
	23.5	-0.49
	24.0	-0.84
	24.5	-1.20
IOL3		
Model:Cflex	22.0	1.10
Manuf:RAYNER	22.5	0.77
Acnst: 119.0	23.0	0.44
Power: 23.66	23.5	0.11
	24.0	-0.23
	24.5	-0.57
	25.0	-0.92

OS/L

Input Axial : 24.60 mm
K-1 : 7.60 mm
K-2 : 7.53 mm
Target : 0.00 D

IOL1	IOL	Ref.
Model:AR40E	14.5	0.97
Manuf:AMO	15.0	0.65
Acnst: 118.4	15.5	0.33
Power: 16.00	16.0	0.00
	16.5	-0.33
	17.0	-0.66
	17.5	-1.00
IOL2		
Model:SA60AT	14.5	0.97
Manuf:ACRYSO	15.0	0.65
Acnst: 118.4	15.5	0.33
Power: 16.00	16.0	0.00
	16.5	-0.33
	17.0	-0.66
	17.5	-1.00
IOL3		
Model:Cflex	15.0	0.98
Manuf:RAYNER	15.5	0.68
Acnst: 119.0	16.0	0.36
Power: 16.58	16.5	0.05
	17.0	-0.27
	17.5	-0.59
	18.0	-0.92

2020/11/05 17:14
Echoscan US-1800 NID
Main V1.11 Disp V1.21

Patient	Argue William			
Date of birth	15/04/1960	Gender	Male	
Patient ID	1504606671			Glasgow Royal Infirmary Ophthalmology
Physician	Dr Lockington	Operator	Nurses	

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

Please note the information on the last page.

OD right — IOL calculation — OS left

Eye status

OD right	OS left
LS: Phakic	VS: Vitreous body
Ref: ---	VA: ---
LVC: Untreated	LVC mode: -
Target ref.: plano	SIA: +0.00 D @ 0°
LS: Phakic	VS: Vitreous body
Ref: ---	VA: ---
LVC: Untreated	LVC mode: -
Target ref.: plano	SIA: +0.00 D @ 0°

Biometric values

	OD right	OS left
AL:	22.37 mm	23.82 mm (!)
SD:	8 µm	32 µm
ACD:	2.90 mm	3.10 mm
SD:	6 µm	14 µm
LT:	4.65 mm	4.39 mm (!)
SD:	23 µm	57 µm
WTW:	11.5 mm (!)	---
SE:	45.66 D	44.29 D
SD:	0.01 D	(!) 0.02 D
K1:	45.09 D @ 6°	43.56 D @161°
ΔK:	+1.15 D @ 96°	+1.49 D @ 71°
K2:	46.24 D @ 96°	45.05 D @ 71°
TSE:	---	---
TK1:	---	---
ΔTK:	---	---
TK2:	---	---

K Alcon SN60WF — OD right

- SRK®/T -
A const.: 119.00

IOL (D)	Ref (D)
+24.00	-0.83
+23.50	-0.49
+23.00	-0.15
+22.50	+0.18
+22.00	+0.51
+22.77	Emmetropia

K AMO Sensar AR40e — OD right

- SRK®/T -
A const.: 118.70

IOL (D)	Ref (D)
+23.50	-0.79
+23.00	-0.44
+22.50	-0.10
+22.00	+0.24
+21.50	+0.57
+22.35	Emmetropia

K Alcon SN60WF — OS left

- SRK®/T -
A const.: 119.00

IOL (D)	Ref (D)
+20.50	-0.70
+20.00	-0.36
+19.50	-0.03
+19.00	+0.30
+18.50	+0.62
+19.45	Emmetropia

K AMO Sensar AR40e — OS left

- SRK®/T -
A const.: 118.70

IOL (D)	Ref (D)
+20.00	-0.60
+19.50	-0.26
+19.00	+0.07
+18.50	+0.40
+18.00	+0.73
+19.11	Emmetropia

K Rayner C-Flex 570 C — OD right

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+23.00	-0.54
+22.50	-0.19
+22.00	+0.15
+21.50	+0.48
+21.00	+0.82
+22.22	Emmetropia

K Rayner Superflex 620 H — OD right

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+23.00	-0.54
+22.50	-0.19
+22.00	+0.15
+21.50	+0.48
+21.00	+0.82
+22.22	Emmetropia

K Rayner C-Flex 570 C — OS left

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+20.00	-0.68
+19.50	-0.34
+19.00	+0.00
+18.50	+0.33
+18.00	+0.66
+19.00	Emmetropia

K Rayner Superflex 620 H — OS left

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+20.00	-0.68
+19.50	-0.34
+19.00	+0.00
+18.50	+0.33
+18.00	+0.66
+19.00	Emmetropia

(!) Borderline value (*) Value was edited manually --- No value measured

Comment

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
Physician	Dr Lockington	Operator	Nurses

Glasgow Royal Infirmary
Ophthalmology

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

Please note the information on the last page.

IOL calculation

OD right	OS left
Eye status	
LS: Phakic VS: Vitreous body	LS: Phakic VS: Vitreous body
Ref: --- VA: ---	Ref: --- VA: ---
LVC: Untreated LVC mode: -	LVC: Untreated LVC mode: --
Target ref.: plano SIA: +0.00 D @ 0°	Target ref.: plano SIA: +0.00 D @ 0°
Biometric values	
AL: 22.37 mm SD: 8 µm	AL: 23.82 mm (!) SD: 32 µm
ACD: 2.90 mm SD: 6 µm	ACD: 3.10 mm SD: 14 µm
LT: 4.65 mm SD: 23 µm	LT: 4.39 mm (!) SD: 57 µm
WTW: 11.5 mm (!)	WTW: ---
SE: 45.66 D SD: 0.01 D K1: 45.09 D @ 6°	SE: 44.29 D (!) SD: 0.02 D K1: 43.56 D @161°
ΔK: +1.15 D @ 96° K2: 46.24 D @ 96°	ΔK: +1.49 D @ 71° K2: 45.05 D @ 71°
TSE: --- TK1: ---	TSE: --- TK1: ---
ΔTK: --- TK2: ---	ΔTK: --- TK2: ---
K AMO Verisyse 50 aph.retropu p. - SRK®/T - A const.: 116.90	K AMO Verisyse 50 aph.retropu p. - SRK®/T - A const.: 116.90
IOL (D) Ref (D)	IOL (D) Ref (D)
--- ---	--- ---
--- ---	--- ---
--- ---	--- ---
--- ---	--- ---
--- ---	--- ---
--- ---	--- ---
+20.07 Emmetropia	+17.23 Emmetropia

(!) Borderline value (*) Value was edited manually --- No value measured

Comment

Patient	Argue William			
Date of birth	15/04/1960	Gender	Male	
Patient ID	1504606671			Glasgow Royal Infirmary Ophthalmology
Physician	Dr Lockington	Operator	Nurses	

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye. - Note: re-check measurement values. Mean corneal curvature of the right eye is -1.37 D smaller than mean corneal curvature of left eye. - Note: re-check measurement values.

OD right

Analyze

Eye status

LS: Phakic
Ref: ---

VS: Vitreous body
VA: ---

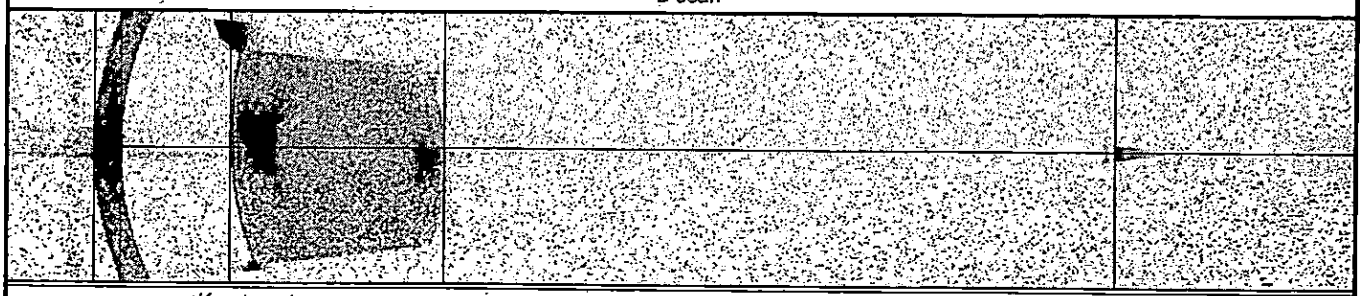
LVC: Untreated

Biometric values

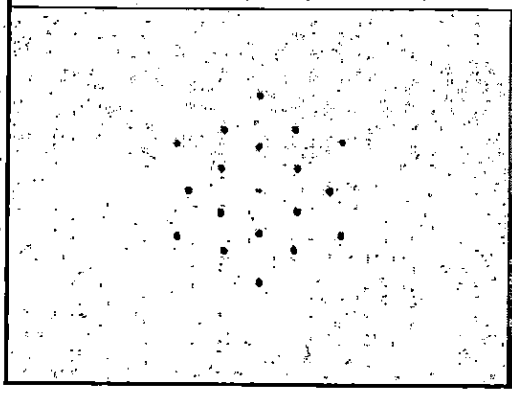
AL:	22.37 mm	SD:	8 µm	WTW:	11.5 mm (!)	lx: +0.6 mm	ly: +1.1 mm
CCT:	549 µm (!)	SD:	6 µm	P:	7.8 mm	CW-Chord:	2.2 mm @ 231°
ACD:	2.90 mm	SD:	6 µm				
LT:	4.65 mm	SD:	23 µm				

SE:	45.66 D		SD: 0.01 D	TSE:	---
K1:	45.09 D	@ 6°	SD: 0.01 D	TK1:	---
K2:	46.24 D	@ 96°	SD: 0.01 D	TK2:	---
ΔK:	+1.15 D	@ 96°		ΔTK:	---

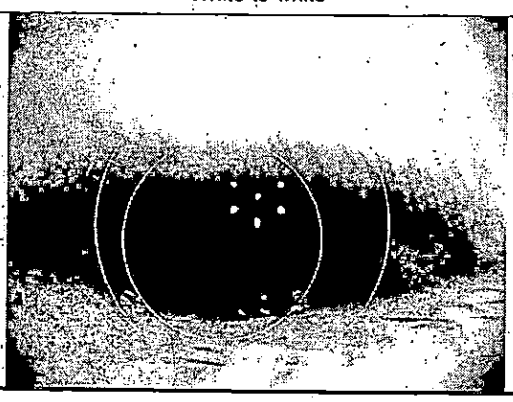
B scan



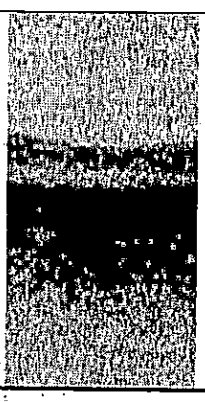
Keratometry



White-to-white



Fixation



(!) Borderline value (*) Value was edited manually --- No value measured

Comment

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
Physician	Dr Lockington	Operator	Nurses

Glasgow Royal Infirmary
Ophthalmology

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye. - Note: re-check measurement values. Mean corneal curvature of the right eye is -1.37 D smaller than mean corneal curvature of left eye. - Note: re-check measurement values.
OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Analyze

OS left

Eye status

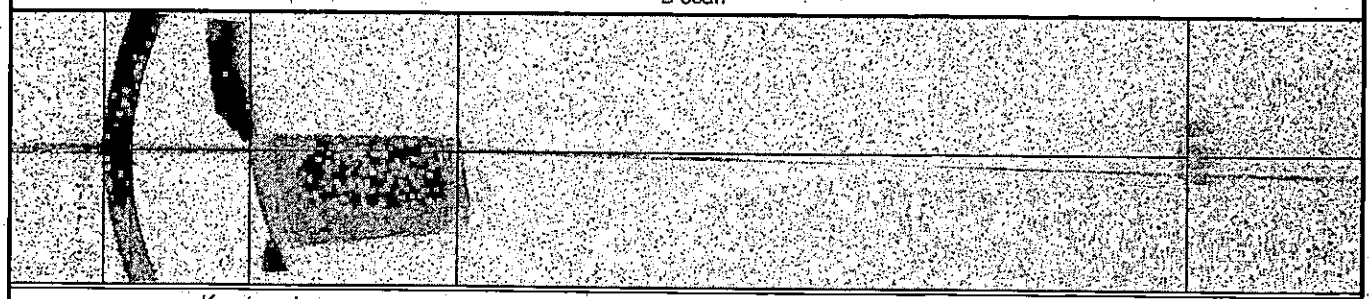
LS: Phakic VS: Vitreous body LVC: Untreated
Ref: --- VA: ---

Biometric values

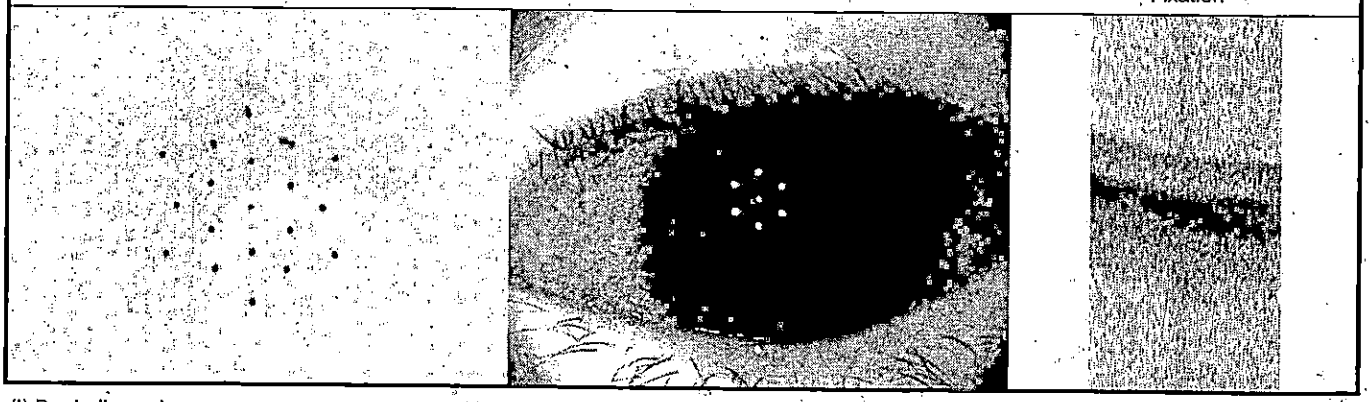
AL:	23.82 mm (!)	SD:	32 µm	WTW:	---	Ix: ---	Iy: ---
CCT:	570 µm	SD:	4 µm	P:	---	CW-Chord: ---	
ACD:	3.10 mm	SD:	14 µm				
LT:	4.39 mm (!)	SD:	57 µm				

SE:	44.29 D (!)	SD:	0.02 D	TSE:	---
K1:	43.56 D @ 161°	SD:	0.05 D	TK1:	---
K2:	45.05 D @ 71°	SD:	0.03 D	TK2:	---
ΔK:	+1.49 D @ 71°			ΔTK:	---

B scan



Keratometry | White-to-white | Fixation



(!) Borderline value (*) Value was edited manually --- No value measured

Comment

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
Physician	Dr Lockington	Operator	Nurses

Glasgow Royal Infirmary
Ophthalmology

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye. - Note: re-check measurement values. Mean corneal curvature of the right eye is -1.37 D smaller than mean corneal curvature of left eye. - Note: re-check measurement values. OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Biometric values

OD right	OS left
Eye status	
LS: Phakic Ref: --- LVC: Untreated VS: Vitreous body VA: ---	LS: Phakic Ref: --- LVC: Untreated VS: Vitreous body VA: ---
Biometric values	
AL: 22.37 mm SD: 8 µm CCT: 549 µm (!) SD: 6 µm ACD: 2.90 mm SD: 6 µm LT: 4.65 mm SD: 23 µm	AL: 23.82 mm (!) SD: 32 µm CCT: 570 µm SD: 4 µm ACD: 3.10 mm SD: 14 µm LT: 4.39 mm (!) SD: 57 µm

AL	CCT	ACD	LT
22.37 mm	544 µm	2.90 mm	4.66 mm
22.37 mm	554 µm	2.89 mm	4.65 mm
22.36 mm	546 µm	2.88 mm	4.63 mm
22.37 mm	548 µm	2.90 mm	4.66 mm
22.37 mm	550 µm	2.90 mm	4.66 mm
22.37 mm	555 µm	2.90 mm	4.66 mm

AL	CCT	ACD	LT
---	570 µm	3.09 mm	4.36 mm
---	567 µm	---	---
23.82 mm	565 µm	3.11 mm	4.36 mm
23.81 mm	572 µm	3.12 mm	4.41 mm
---	571 µm	3.10 mm	4.44 mm
---	574 µm	3.08 mm	---

Corneal values	
SE: 45.66 D K1: 45.09 D @ 6° SD: 0.01 D K2: 46.24 D @ 96° SD: 0.01 D ΔK: +1.15 D @ 96° SD: 0.01 D	SE: 44.29 D (!) SD: 0.02 D K1: 43.56 D @ 161° SD: 0.05 D K2: 45.05 D @ 71° SD: 0.03 D ΔK: +1.49 D @ 71°
SE: 45.67 D ΔK: +1.15 D @ 96° SE: 45.65 D ΔK: +1.15 D @ 96° SE: 45.65 D ΔK: +1.14 D @ 96°	SE: 44.40 D ΔK: +1.52 D @ 74° SE: 44.29 D ΔK: +1.45 D @ 71° SE: 44.28 D ΔK: +1.55 D @ 71°
TSE: --- TK1: --- TK2: --- ΔTK: ---	TSE: --- TK1: --- TK2: --- ΔTK: ---
TSE: --- ΔTK: --- TSE: --- ΔTK: --- TSE: --- ΔTK: ---	TSE: --- ΔTK: --- TSE: --- ΔTK: --- TSE: --- ΔTK: ---
White-to-white and pupil values	
WTW: 11.5 mm (!) lx: +0.6 mm ly: +1.1 mm P: 7.8 mm CW-Chord: 2.2 mm @ 231°	WTW: --- lx: --- ly: --- P: --- CW-Chord: ---
--- **Reference image** ---	

(!) Borderline value (*) Value was edited manually --- No value measured

Comment

Patient	Argue William			
Date of birth	15/04/1960	Gender	Male	
Patient ID	1504606671			Glasgow Royal Infirmary Ophthalmology
Physician	Dr Lockington	Operator	Nurses	

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

Warnings for IOL calculations

SRK®/T

[OD]

SRK® is a trademark of CTI (Computational Technology Inc.)

[OS]

SRK® is a trademark of CTI (Computational Technology Inc.)

Warnings for measurements

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye. - Note: re-check measurement values.

Mean corneal curvature of the right eye is -1.37 D smaller than mean corneal curvature of left eye. - Note: re-check measurement values.

[OS]

OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Stobhill/GRI Discharge Summary for Consultant Ophthalmologist

NHS Greater Glasgow and Clyde

Dear Doctor

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Your Patient

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

Underwent the operation of:

Left ☐ PHACO + IOL (Cataract Extraction) ☐ Ectroplon ☐

Right ☐ Trabeculectomy ☐ Ptosis ☐

Bilateral ☐ Entroplon ☐

Other Operation (Details) _____

Under L/A ☐ G/A ☐ Tropical ☐ On: _____

As A: Day Case ☐ Inpatient ☐

Their treatment on discharge to the operated eye is:

Guttae Maxitrol QID ☐ Guttae Nevenac TDS ☐ Maxidex ☐ Chloramphenicol ☐

TREATMENT DURATION 4 WEEKS ☐

Other: (Including any treatment to the unoperated eye)

A follow up appointment has been arranged for:

STOBHILL ☐ GRI ☐ 4-6 WEEKS POST-OP OPTOM ☐

Additional Comments:

Yours sincerely: Doctor _____ Date _____

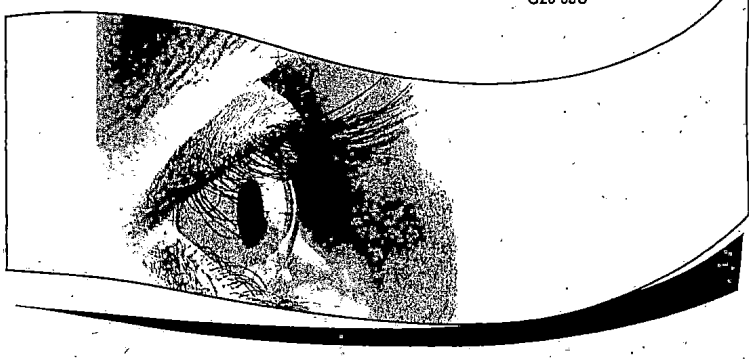
Ophthal ology Department

NHS
Greater Glasgow and Clyde

Patient Information on

Post-operative Eye Care

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU



Your Nurse Contact is:

_____

Stobhill Hospital
Tel.: 0141 355 1573

Glasgow Royal Infirmary
Tel.: 0141 211 5968

MIS 241826

Patients Name: _____

Post operative instructions for immediately after your operation

On the day and evening of your operation:

- If you have an eye pad or shield, leave in position until the next morning.
- You may experience a little discomfort around your eye, any discomfort should be relieved by taking a mild pain killer such as Paracetamol.

The morning after your operation:

- Remove your eye shield (or pad) and discard it.
- If your eyelids are a bit sticky (don't worry).
- Gently bathe your lids with cooled boiled water.
- Start putting in your eye drops (usually 4 times a day).
- Follow the main instructions on the next pages of this booklet.
- Keep your 4-6 week Clinic Appointment following your operation, which will be arranged for you.
- Please give letter to GP.

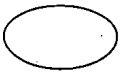
Post-operative Eye Drops

After cataract surgery use the drops prescribed for 4 weeks, unless otherwise indicated.

Patient's Name: _____

RIGHT EYE	TICK BOX ☑	
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐

TEA TIME ☐	BED TIME ☐	AND ALSO AT _____
TEA TIME ☐	BED TIME ☐	AND ALSO AT _____
TEA TIME ☐	BED TIME ☐	AND ALSO AT _____
TEA TIME ☐	BED TIME ☐	AND ALSO AT _____

LEFT EYE	TICK BOX ☑	
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐
PUT 1 DROP OF _____ 	BREAKFAST ☐	LUNCH TIME ☐

TEA TIME ☐	BED TIME ☐	AND ALSO AT _____
TEA TIME ☐	BED TIME ☐	AND ALSO AT _____
TEA TIME ☐	BED TIME ☐	AND ALSO AT _____
TEA TIME ☐	BED TIME ☐	AND ALSO AT _____

Instructions from the morning after your operation until your follow-up appointment

- Do not knock or rub your eye.
- Ensure that you apply your drops as prescribed.
- Keep using your drops until your follow-up appointment (you may get more from your GP if needed).
- Avoid any activity that causes pain or discomfort in your eye.
- Take life easy for the first two weeks following your operation.
- You may continue to wear your existing glasses. However, you may require a change in your spectacle prescription. Your Consultant will arrange this at one of your follow-up appointments.
- Sunglasses may be worn to reduce glare.
- Activities such as swimming or bowling should be avoided for 4 weeks.
- If you have any concerns or questions or simply need some advice, please contact us on:

Stobhill Hospital

0141 355 1573 (Direct line)
Monday - Friday 9.00am – 5.00pm

Glasgow Royal Infirmary

0141 211 5968 (Direct Line)
Monday - Friday 9.00am - 5.00pm

Outwith these Hours

Contact the Ophthalmologist on-call

Via Gartnavel Hospital

0141 211 3000

ELECTRONIC PATIENT RECORDS

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

Including:

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

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 21/07/2016

Consultant: Dr Neil Dignon

SA Russell
The Maryhill Red Practice
Maryhill Health Centre
41 Shawpark Street
Glasgow
Glasgow
G20 9DR

Dear SA Russell

Re: **Argue William** DOB: **15/04/1960** CHI: **1504606671**
74 Cumlodden Drive
Glasgow G20 0JU

Attended on: **21/07/2016 at 16:50 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
left thumb injury

Nursing Assessment:

Investigations in ED:
1. XR Thumb Lt

Diagnosis:

Diagnosis	Side	Site
Open wound of finger(s) without damage to nail		

Procedures: **1. Tape closure other**

Immunisations: **None**

Dispensed Medication:

Dispensed Medicine	Formulation	Dose	UOM	Route	Frequency	Duration
Flucloxacillin Cap 500mg QID PREPACKED ONLY	**Capsules (PP)**	**500**	**MG**	**Oral**	**FOUR Times a Day**	**No duration defined**

Clinician Notes:

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Pauline Travers
Nurse

Copies to:

1. SA Russell (GP)

School Address:

HOSPITAL INFORMATION MISSING

Dr ALASDAIR WEBB
MARYHILL HEALTH CENTRE
41 SHAWPARK STREET GLASGOW

G20 9DR

Date : 10 Aug 2011

Dear Dr ALASDAIR WEBB,

Re: WILLIAM ARGUE, 74 CUMLODDEN DRIVE, GLASGOW, G20 0JU
Date of Birth: 15/04/1960 CHI number: 1504606671

HOSPITAL INFORMATION MISSING Patient attended on the 10 Aug 2011.

The presenting complaint was: **BACK INJURY - RTA YESTERDAY**

Triage information:	**Not recorded**
The following investigations were carried out:	**THUMB-LEFT X RAY**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT** - SPRAIN - BACK- SPECIFY REGION IN G P LETTER** **** INJURY- NOT ASSAULT** - SPRAIN - FINGER- SPECIFY WHICH IN G P LETTER**
The following treatment was given:	**None**
	DISCHARGED

At the conclusion of
treatment the patient was:

Follow-up: **DISCHARGED**

Additional information: **None**

Yours sincerely,

FIONA MCCRACKEN

EMERGENCY NURSE PRACTITIONER

Clinical letter - GP: GP LETTER

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard:	
Department:	GENERAL SURGERY
Contact Tel:	0141 355 1504
Enquiries to:	KELLY CLARKE
Letter Date:	18/06/2018
Reference:	TF/AMMCS
Dictated Date:	11/06/2018
Transcribed Date:	12/06/2018

Dear Dr Russell,,

William Argue; D.O.B: 15/04/1960; CHI: 1504606671
74 Cumlodden Drive, Glasgow, Lanarkshire, G20 0JU

This gentleman attended the minor ops clinic at Stobhill Hospital to get a small sebaceous cyst removed from his scalp. The procedure has been carried out uneventfully under local anaesthetic and there are stitches in place which will need to be removed in one week's time.

Yours sincerely

Electronically Signed: Dr Teresa Fernandez, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. L Kelly
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Main Switchboard:	
Department:	Urology
Contact Tel:	0141 201 3529
Enquiries to:	Janice Paulley
Letter Date:	29/04/2024
Reference:	ri/or
Dictated Date:	09/04/2024
Transcribed Date:	19/04/2024

Dear Dr. L Kelly,

William Argue; D.O.B: 15/04/1960; CHI: 1504606671
74 CUMLODDEN DRIVE, Glasgow, Lanarkshire, G20 0JU

Admission: Specialty - Urology; Ward - STO UROHA - ACH Urology Area I
Consultant - Mr Michael Fraser; Date of Admission - 09/04/2024
Date of Discharge - 09/04/2024; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Mr Argue was referred to the flexible cystoscopy clinic complaining of lower urinary tract symptoms, namely urinary urgency, frequency, incomplete emptying, nocturia and dribbling. He is a gentleman who had a previous urethral dilatation or optical urethrotomy about 20 years ago although he is unsure about the details. He was referred as there had been a recurrence and he may have had a urethral stricture. He does report a poor quality of life regarding his symptoms and his IPSS score a couple of years ago was 15. He did have a prolonged flow rate at the time but no significant post-void residual. He is not on any medication regarding his lower urinary tract symptoms.

At flexible cystoscopy, there was no urethral stricture identified and his cystoscope had passed quite easily into the bladder. Again in the bladder there was no abnormalities such as tumour, inflammation or bladder stones which would be causing his symptoms and both his ureteric orifices were then identified. We had a chat about lifestyle management and he is doing appropriate things such as decreasing his caffeine and alcohol intake. He does report having the urgency and the flow being the main issues. I would therefore be grateful if you can prescribe solifenacin 5mg once daily for his urgency symptoms and to then add on tamsulosin 400mcg once daily if there are still issues with his flow. These can be taken together. If there is no improvement on these medications after about 4-6 weeks then he may need urodynamic testing as we need to find out whether this is more in keeping with bladder outflow obstruction or detrusor overactivity.

Kind regards

Dr Rizwan Iqbal

Clinical Research Fellow Urology

Electronically Signed: Dr Rizwan Iqbal, Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ophthalmology GGC Cataract (optom use only)	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Routine
Date of referral 24-Jan-2020 **Date sent** 04-Feb-2020

PATIENT DETAILS

Surname	ARGUE
Forename(s)	WILLIAM
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	-
Reference:	-

Patient's address

74 CUMLODDEN DRIVE
GLASGOW
G20 0JU

Contact number(s)

Voice: 07932308810

**** Patient does consent to send past medical history and drug history via SCI Gateway to the Hospital indicated ****

101020599450N | Unique Care Pathway Number: 101020599450N

REGISTERED GP DETAILS

Name	Dr Russell		
GMC code	-	GP code	-
Practice name	Maryhill Health Centre		
Practice code	-		

Practice address

51 Gairbraid Avenue
Maryhill
Glasgow
G20 8FB

Contact number(s)

-

REFERRING HCP DETAILS

HCP Name	ClaireWotherspoon
HCP code	129473
HCP Position	-
Organisation name	Eyeworks Opticians Limited (48547)
Location code	-

Organisation address

T/A VALUESPECS
UNIT 14
SPRINGBURN SHOPPING CENTRE
GLASGOW
G21 1TS

Contact number(s)

	Voice: 0141 558 1501

OPTOMETRY INFORMATION

Lifestyle affected	Yes	**AMD Present**	-
Wants surgery (if advised)	Yes		
Cataract Leaflet Given	Yes		

Date of Last Eye Test -	**Acuity at Last Eye Test** -	**Right**	-	**Left**	-

Right	**Ocular Examination - External/Internal**	**Left**
Please find comments below under **Administrative information.**		Please find comments below under **Administrative information.**

Applanation Tonometry	**R** 12 mmhg	**L** 15 mmhg	**RAPD**	No	**Fields Attached**	No	
Time 14 : 33	**Method** Non Contact						

Vision	Sph	Cyl	Axis	Prism	VA	PH VA	Add	NVA	Test Date
R	+2.00	-0.50	180	----	6/5	-	+2.25	N5	24-Jan-2020
L	+1.50	--	-	----	CF	6/36	+2.25	NIL	

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Optometrist Direct Referral

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Comment Right:Anterior eye-quiet, VH grade 4
Lens-very mild yellowing
Posterior-disc 0.1CD ratio, shallow cupping, well defined NRR, macula flat, periphery-clear and flat

Comment Left:Anterior eye-overall quiet, mild corneal endothelial changes?
Lens-moderate brunescence, difficult to see beyond cat
Posterior-very difficult view beyond cataract, with dilation, could see some laser scars from previous RD, no other features seen

Patient History and Details:Mr Argue attended 24/01/2020 to our practice for the first time. He complained of gradual reduction in vision over the last year, especially winter months with lower light levels. He mentioned that he previous had a L retinal detachment (when 17yo). He reports his vision has been poor in the LE since the RD, but notices that everything has a yellow/orange tinge through the LE. He reports longstanding symptom of a shadow in the LE, but no flashing lights or floaters. Dilated examination found dense cataract in the LE, which was difficult to see beyond. A cataract consultation was completed. He is OK with local anaesthethic, and can lie flat for 30 mins. He has no anxiety/claustrophobia. The risks were explained and accepted. The previous RD is a comorbidity and I advised that removing the cataract may improve clarity but not vision (I have no record of previous VAs). Mr Argue would like to be considered for L cataract surgery. Many thanks.

Previous Attendance at Hospital Eye Service?:Yes

If Yes, Location:GGC

Patient will accept any site:Yes

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

Patient consent:Yes

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Minor Surgery GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address

Urgency of referral Routine
Date of referral 20-Apr-2018 **Date sent** 20-Apr-2018

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	

Patient's address

74 Cumlodden Drive
Glasgow
GLASGOW
G20 0JU

Contact number(s)

Voice: 01419467566
Voice: 07932308810

101015940735F

Unique Care Pathway Number: 101015940735F

REGISTERED GP DETAILS

Name	Dr S Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

Maryhill Health and Care Centre
51 Garbarid Avenue
Maryhill
G20 8FB

Contact number(s)

Voice: 0141 451 2830
Facsimile: 0141 945 3749

REFERRING GP DETAILS

Name	Dr. Susanne Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2830

Facsimile: 0141 945 3749

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: smooth firm lump on left side of forehead

Comment: This gentleman has a smooth firm lump on the side of his forehead 1cm in diameter ,it has been present for some months and he is self conscious about it ,there is no tethering hardnes or discharge clinically it feels like a cyst .I have explaine removal would cause a scar but he is keen to be considered for removal of this lump

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Chronic obstructive pulmonary disease	-	30-Nov-2017	30-Nov-2017
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Percent predicted FEV1, 110 %	-	30-Nov-2016	30-Nov-2016
Spirometry	-	30-Nov-2016	30-Nov-2016
Emergency excision of appendix	-	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	Start Date: 20/01/2000	26-Jan-2000	26-Jan-2000
Intravenous pyelography	Renal tract ultrasoundStart Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	-	20-Jan-2000	20-Jan-2000

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Braltus Inhalation Powder Capsules With Inhaler 10 micrograms	60	60 CAPSULE	ONE DOSE TO BE INHALED EACH DAY	-	30-Nov-2017	05-Mar-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	30-Nov-2017	05-Mar-2018

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Methylprednisolone Acetate Injection 40 mg/1 ml vial	1	1 VIAL	TO BE USED AS DIRECTED	-	05-Mar-2018	05-Mar-2018
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	18-Jan-2018	18-Jan-2018
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	18-Jan-2018	18-Jan-2018
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY FOR SHOULDER PAIN	-	30-Nov-2017	30-Nov-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
19-Apr-2018	139	78
25-Aug-2017	141	84
11-Apr-2016	132	80
13-Jan-2015	154	93
07-Aug-2014	149	89

Body Measurements

Date Recorded	Height	Weight	BMI
19-Apr-2018	-	71.85	25.76
30-Nov-2016	167	75.5	27.07
05-Aug-2011	167	77	27.61
15-May-2006	170	83	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Stopped smoking :	attending physio for shoulder and has felt a difference in shoulder work now moving t o lochgilphead feels has lost weight has given up smoking feels less hungryy tha- TRUNCATED	19-Apr-2018
Current smoker:		30-Nov-2016
Moderate smoker - 10-19 cigs/d :		11-Apr-2016
Light smoker - 1-9 cigs/day :	NO progress with police scaffolding up for 8 weeks cant get car in daughter has got a holiday in tenerife leaving next week cant sleep at night hoping to get back towork in ma- TRUNCATED	13-Jan-2015
Light smoker - 1-9 cigs/day :	quite hoarse chest clear good rom in left arm tender in left side of neck but pain radiating up into neck likely spondylosis but x ray neck and chest as hoarse	07-Aug-2014
Drinks occasionally :		19-Apr-2018

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

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

CHI: 1504606671

Stobhill Hospital

Total Att: 3

12 Mth Att: 0

Title: **MR**

ARGUE **William**

DOB: **15/04/1960** Age: **56y** Sex: **Male**

74 Cumlodden Drive
Glasgow
Lanarkshire
G20 0JU
0141 946 2656

Next of kin: **PENDERS, Patricia**
Relationship: **Partner**
07912159679

GP: **SA Russell**
0141 531 8830

Attendance Date: **21/07/2016** Arrival Time: **16:50**

Registration Time: **16:50** Date of Incident: **21/07/2016**

Major Incident Desc:

Reason for Attendance: **left thumb injury**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **21/07/2016 17:02** Nurse name: **Nurse Fiona McCracken**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:

1504606671 15/04/1960 ARGUE William
1504606671 15/04/1960 ARGUE William
1504606671 15/04/1960 ARGUE William
1504606671 15/04/1960 ARGUE William
1504606671 15/04/1960 ARGUE William

Date	Clinical Notes
	Seen By P TRAVERS — Time Seen 1750

21/7/12

P/c Left thumb inj. — RHD

H/c ? piece of "bit" from metal screw gun in soft tissue of thumb this am. Works as a joiner

NKDA ○ PMH ATT UTD.

O/E

open laceration
swollen pulp.
? bony defect
○ N/v deficit

Plan Xray Left thumb. No FB seen.

TREAT clean
steristrip
antibiotics
analgesic
observe ↓ return if worsen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
21/7/12	FLUCLOXACILLIN	500	○			

MIS 263984

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 11-6-18

1504606671
ARGUE M
William 15/04/1960
74 Cumlodden Drive
Glasgow, Lanarkshire
G20 0JU

HOSP/CHI no.

WARD

HOSP- STOBHILL

THEATRE- HOPS

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT		
PRE - OP INSTRUMENT COUNT CORRECT	N A	
FINAL SWAB COUNT CORRECT		I
FINAL INSTRUMENT COUNT CORRECT		CAMPBELL
FINAL SWAB DISPATCH COUNT CORRECT		

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1- SIGNATURE - N/A
SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*		N	
INCOMING COUNT *To be completed for temporary replacement*		A	

OPERATION: EXCISION LESION ON FOREHEAD.

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

Swabs (2x2)	0	Tapes				ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	5	Sloops/Slings				
Abdominal packs	0	Bulldogs				
Sutures	1	Shods				
Blades	1	Tibbs Cannula			N	
IV needles	1	Ports			A	
Syringes	1	Staple Gun Inserts				
Discard-a-pad	0	Spears				
Diathermy pencil	0	Throat packs - Anae				
Diathermy tips	0	Throat packs - Scrub				
Scratch pad	0	Retrieval Bag (Bert)				
Reels	0	Digital Tourniquets				
Patties	0					
Pledgelets	0					

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) - N/A

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

Al
N: 1504606671
ARGUE M
Cl William 15/04/1960
D(74 Cumlodden Drive
Glasgow, Lanarkshire
G20 0J

Admission Checklist

Hospital : Stobhill	Consultant : DR Fernandez	Date : 21/6/18
Proposed Operation:-		

Patient Questionnaire Completed?	Yes ☐	No ☐
Pre-Op assessment Completed?	Yes ☐	No ☐
Escort Details (responsible Adult)Name:	Telephone Number:	
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?	Date.....	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed	Yes ☐	No ☑ N/A
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 ☐ DD ☐ 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
Alert Sticker (if required)	Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... 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

	Time.....	Time.....
SP02		
BP		
HR		
Temp		
Staff Initials		

Please print & sign name when checklist completed	Name : Time :

Acute Services Division
Surgery & Anaesthetics

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

Affix Addressograph Label
Name :
CHI :
DOB :

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 – Hardcopy	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Prescription Chart	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Alert sticker		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			
Check with:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Patient/Incapacity/Consent(Circle)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and site for Surgery	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked		Yes ☐ No ☐	
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☐		Yes ☐ No ☐
Allergies/Sensitivities and Reactions	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, please specify			
Fasted from - specify time (24hr clock	Food: Fluid:	Checked:	Checked:
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.			
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 ☐

Acute Services Division
Surgery & Anaesthetics

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

Affix Addressograph Label
Name :
CHI :
DOB :

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 r public health purposes?"		Please see page 1 Checked ☐	Please see page 1 Checked ☐
..IRSA screen results (if applicable)	Positive ☐ Results Pending ☐	Negative ☐ N/A ☐	Comments if required:
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 ☐
ampon 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/Accessories	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information			
Please print and sign name once the checklist is complete	Admission: Time:	Reception: N/A ☐ Time:	Anaesthetic Assistant: Time

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label
Name :
CHI :
DOB :

GG&C Day Surgery/23 hour Care Plan
Anaesthetics

Surgical Brief					
Surgical Brief carried out: Yes ☐ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse:	BP:	Temp:	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 ☐		
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 ☐	
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

Time Rotated							
Probe Position							

Prevention of Eye Injury		This section NOT applicable ☐
Eyes protected from injury during procedure	Yes ☐ No ☐	Specify:

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
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

Record of Anaesthetic Pump Infusion Device Numbers	This section NOT applicable ☑				

Comments/Events

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix Addressograph Label
Name :
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:		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 ☐

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

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
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix Addressograph Label
Name :
CHI :
DOB :

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	
Scalp	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 Scalp	Drug 1% Xylocaine with Adrenaline 1:200,000	Quantity 2mls	
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	Scalp	4-0 Dermalon	Mepore	
2				

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

Affix Addressograph Label
Name :
CHI :
DOB :

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

Excision of Sebaceous cyst from Scalp

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 ☐

Traceability Stickers

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label
Name :
CHI :
DOB :

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

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

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 Inspection 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
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Post-operative Observations

Time																		
210																		
200																		
190																		
180																		
170																		
160																		
150																		
140																		
130																		
120																		
110																		
100																		
90																		
80																		
70																		
60																		
50																		
40																		
30																		
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																		

Affix Addressograph Label

Name :

CHI :

DOB :

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
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			

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

Affix Addressograph Label
Name :
CHI :
DOB :

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		**Comments**
BP		
HR		
SpO2		
Wound Site 1		
Wound Site 2		
Diet & Fluids tolerated		
Operated limb N/A ☐ Colour Sensation Movement		

Signature:

Events / Comments

This section NOT applicable ☐

Events / Comments	Time	Signature

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Affix Addressograph Label
Name :
CHI :
DOB :

Discharge Criteria

	Yes	N/A	Comments
Able to dress, sit & walk unaided			
Stable Vital Signs			BP / HR SpO2 %
Sedation Score (alert & orientated)			
Pain Controlled (mild <3 to 0)			
Post - op Nausea & vomiting satisfactory			
Tolerating Food & Fluids			
Voided Urine post-op			
Ivice given if not voided urine post-op			
Wound site(s) checked & satisfactory 1. 2.			
CSM of operated limb checked & satisfactory			
IV Cannula removed			
ID bracelet/ECG electrodes removed			
Anti-D given			
Appliances given			
Post –Op discharge letter			
Follow up appointment arranged			By post ☐ Given ☐
Practice/ District Nurse referral			
Post- Op Instructions given			
Discharge medication			
esponsible 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 ..... hrs By.....

Patient left DSU at..... Destination.....

Discharged into the care of ..... Relationship.....

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

Acute Services Division
Surgery & Anaesthetics

Affix Addressograph Label

Name :

CHI :

DOB :

GG&C Day Surgery/23 hour Care Plan

Notes

ELECTRONIC PATIENT RECORDS

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

Including:

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

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Urology
Contact Tel: 0141 201 3538
Enquiries to: Ruth.Dickson@ggc.scot.nhs.uk
Letter Date: 15/08/2022
Reference: MF/JC
Dictated Date: 20/07/2022
Transcribed Date: 09/08/2022

Dr. L Kelly
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Dear Dr Kelly,

William Argue; D.O.B: 15/04/1960; CHI: 1504606671
74 CUMLODDEN DRIVE, Glasgow, Lanarkshire, G20 0JU

I saw this gentleman today. He has apparently had a urethral stricture in the past although there are no records of this and his recollection is very poor. Free voided flow rate was prolonged and slow, but with no significant residual. His IPSS is 15. I think that his situation merits optical urethrotomy or dilatation, he is agreeable.

Yours Sincerely

Michael Fraser

Consultant Urological Surgeon

Electronically Signed: Mr Michael Fraser, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Ophthalmology
Contact Tel: 0141 211 1643
Enquiries to: kirsty.hunter@ggc.scot.nhs.uk

Letter Date: 05/11/2020
Reference: DL/KH
Dictated Date: 05/11/2020
Transcribed Date: 18/11/2020

Dr. SA Russell
Maryhill Red Practice
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Dear Dr. SA Russell,

William Argue; D.O.B: 15 Apr 1960; CHI: 1504606671
74 CUMLODDEN DRIVE, Glasgow, Lanarkshire, G20 0JU

Attendance: Specialty - Ophthalmology; Clinic - GRDLEY7-DR LOCKINGTON CATARACT CLINIC THURS AM
Date and Time of Appointment - 05/11/2020 09:00

Clinical Comments:
Diagnosis:

Left retinal detachment surgery as teenager

Denies history of amblyopia or lazy eye

Significant difference in axial length

No fundal view, ultrasound reveals staphyloma

Visual acuity:

Right eye 6/6, left eye counting fingers

William is aware that his vision is getting gradually worse in his left eye. He is keen for any procedure to improve this. He has consented for left cataract surgery under local anaesthetic as a daycase following discussion of the risks. He understands the guarded prognosis due to his previous retinal detachment and potential refractive surprise due to the difference in measurement. He will hear from us in due course regarding a date for his surgery.

Yours sincerely

Dr David Lockington

Consultant Ophthalmologist

Electronically Signed: Dr David Lockington, Consultant

cc. Value Specs
Springburn Shopping Centre
230 Springburn Way
Glasgow
G21 1TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Ophthalmology
Contact Tel: 0141 211 1643
Enquiries to: kirsty.hunter@ggc.scot.nhs.uk
Letter Date: 09/11/2020
Reference:
Dictated Date: 09/11/2020
Transcribed Date:

William Argue
74 CUMLODDEN DRIVE
Glasgow
Lanarkshire
G20 0JU

Dear Mr Argue,

PRIVATE AND CONFIDENTIAL

Notification of Addition to Ophthalmology Waiting List

THIS IS NOT AN ADMISSION LETTER FOR SURGERY

I am writing to confirm that you have been added to the Ophthalmology waiting list to have a procedure carried out.

Under the Patient's Rights (Scotland) Act 2011, patients requiring inpatient or day case treatment should start to receive treatment within 12 weeks. This is called Treatment Time Guarantee (TTG). The guarantee date is calculated from the date you and your clinician agree to go ahead with treatment.

The TTG date for your procedure is 28/01/21, however the waiting time for each specialty is different and for some specialties patients may have to wait for more than 12 weeks. Many patients will be seen sooner than this but unfortunately this is not possible in a number of specialties at present, including: Ophthalmology.

Please accept our apology for not being able to meet your 12 week Treatment Time Guarantee.

At present the Ophthalmology service is currently under significant pressures due to an increased demand for emergency and elective surgery and the Ophthalmology teams are working as flexibly as possible to try to maintain prompt access for all patients. The service currently does not have the capacity to meet the 12 week guarantee target for every patient which is disappointing, although does ask patients if they are willing to come in at short

notice, which allows patients to be offered an admission date if someone cancels at short notice.

Please be assured that we are committed to reducing waiting times and treating all patients as soon as possible.

To help you understand how long you may have to wait, 9 out of 10 patients have been seen in Ophthalmology within 24.6 in the last three months.

We will contact you again, by letter or telephone, to arrange an exact date for your admission to come in for treatment.

It is important that we have the correct details for you. If your address or telephone number has changed recently, or you know of any dates when you will not be available to come in for treatment, please contact us on the telephone number above.

Yours sincerely

Kirsty Hunter

Secretary in Ophthalmology

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	——	**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral Routine
Date of referral 28-Oct-2021 **Date sent** 28-Oct-2021

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	-

Patient's address

74 Cumlodden Drive
GLASGOW
G20 0JU

Contact number(s)

Voice: 01419467566
Voice: 07932308810

101024719676B | Unique Care Pathway Number: 101024719676B

REGISTERED GP DETAILS

Name	Dr Luke Kelly		
GMC code	7036808	GP code	01716
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

Maryhill Health and Care Centre
51 Garbarid Avenue
Maryhill
G20 8FB

Contact number(s)

Voice: 0141 451 2830
Facsimile: 0141 945 3749

REFERRING GP DETAILS

Name	Dr. Jessica Lynas		
GMC code	7036828	GP code	03221
Practice name	Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2830

Facsimile: 0141 945 3749

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: prev urethral stricture , recurrence of symptoms

Comment: This 61 year old man complains of recurrence of symptoms he had when diagnosed and treated for urethral stricture with dilation in 2000. HE complains of urinary frequency, urgency , dribbling and nocturia. He is very embarrassed at being caught out needing to get to a toilet quickly when out and about. PSA normal 1.2 . Urine dip clear. I'd be grateful for your further asessment.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Acne rosacea	-	29-Apr-2021	29-Apr-2021
Acute arthritis	Shoulder	02-May-2018	02-May-2018
Chronic obstructive pulmonary disease	-	30-Nov-2016	30-Nov-2016
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Post bronchodilator spirometry	-	06-Dec-2016	06-Dec-2016
Percent predicted FEV1, 110 %	-	30-Nov-2016	30-Nov-2016
Spirometry	-	30-Nov-2016	30-Nov-2016
Post bronchodilator spirometry	-	30-Nov-2016	30-Nov-2016
Referral for spirometry	-	10-Oct-2016	10-Oct-2016
Emergency excision of appendix	-	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	Start Date: 20/01/2000	26-Jan-2000	26-Jan-2000
Intravenous pyelography	Renal tract ultrasoundStart Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	-	20-Jan-2000	20-Jan-2000

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	56	56 tablet	ONE TABLET AT NIGHT	-	01-Jun-2021	02-Sep-2021
Trimbow Inhaler 87 micrograms + 5 micrograms + 9 micrograms/dose	120	120 DOSE	TWO PUFFS TO BE USED TWICE DAILY	-	26-Sep-2019	02-Sep-2021
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	30-Nov-2017	14-Jan-2021

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started

						Date last issued
Doxycycline Hyclate Capsules 100 mg	84	84 capsule	1 CAPSULE DAILY	-	23-Sep-2021	23-Sep-2021
Dermol 500 Lotion	500	500 ML	TO BE USED AS A SOAP SUBSTITUTE AND AS MOISTURISER AT NIGHT	-	23-Sep-2021	23-Sep-2021
Ivermectin Cream 10 mg/gram	30	30 gram	APPLY ONCE DAILY TO AFFECTED AREAS SHORT TERM USE ONLY STOP ONCE RESOLVED	-	03-Sep-2021	03-Sep-2021
Ivermectin Cream 10 mg/gram	30	30 gram	APPLY ONCE DAILY TO AFFECTED AREAS SHORT TERM USE ONLY STOP ONCE RESOLVED	-	22-Jul-2021	22-Jul-2021
Ivermectin Cream 10 mg/gram	30	30 gram	APPLY ONCE DAILY TO AFFECTED AREAS SHORT TERM USE ONLY STOP ONCE RESOLVED	-	01-Jun-2021	01-Jun-2021

Blood Pressure

Date Recorded	Systolic	Diastolic
10-Sep-2019	145	83
18-Dec-2018	138	98
19-Apr-2018	139	78
25-Aug-2017	141	84
11-Apr-2016	132	80

Body Measurements

Date Recorded	Height	Weight	BMI
20-Feb-2020	168	74.7	26.5
19-Feb-2020	-	74	-
20-Dec-2019	-	70	-
18-Oct-2019	168	71.5	25.33
10-Sep-2019	-	69.95	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		20-Feb-2020
Current smoker:		18-Oct-2019
Stopped smoking :	attending physio for shoulder and has felt a difference in shoulder work now moving t o lochgilphead feels has lost weight has given up smoking feels less hungryy tha- TRUNCATED	19-Apr-2018
Current smoker:		30-Nov-2016
Moderate smoker - 10-19 cigs/d :		11-Apr-2016
Current non drinker:		20-Feb-2020
Alcohol units per week 0 :		20-Feb-2020
Drinks occasionally :		19-Apr-2018
GPPAQ physical act ind: active:		20-Feb-2020

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances
Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Shoulder GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	——	**Hospital** and **hospital address** Hospital location code. G107H Email address -

Urgency of referral Routine
Date of referral 01-Dec-2017 **Date sent** 01-Dec-2017

PATIENT DETAILS

Surname	Argue
Forename(s)	William
Title	Mr
Sex	Male
Date of birth	15-Apr-1960
CHI no.	1504606671
Area of Residence	-

Patient's address

74 Cumlodden Drive
Glasgow
GLASGOW
G20 0JU

Contact number(s)

Voice: 01419467566
Voice: 07932308810

1010150121354 Unique Care Pathway Number: 1010150121354

REGISTERED GP DETAILS

Name	Dr S Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Health Centre (18866)		
Practice code	43311		

Practice address

Maryhill Health and Care Centre
51 Garbarid Avenue
Maryhill
G20 8FB

Contact number(s)

Voice: 0141 451 2830
Facsimile: 0141 945 3749

REFERRING GP DETAILS

Name	Dr. Susanne Russell		
GMC code	3098451	GP code	08672
Practice name	Maryhill Red Practice (43311)		
Practice code	43311		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2830

Facsimile: 0141 945 3749

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: left shoulder pain andlimitation of movement

Comment: This gentleman works as a builder and has been exepriencing increasing pain and disability in his left shoulder .He has had no direct injury and x ray shows mild changes of OA only ,however he has marked limitation of posterior and roatational movement in his left shoulder .There is no crepitus no wasting or weakness of his lower arm .I have referred fro physio but his symptmos are impacting greatly on his work and he has had to tke time off .I would apprecaite your review of his symptoms
Many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Chronic obstructive pulmonary disease	-	30-Nov-2017	30-Nov-2017
Appendicitis and other disorders of the appendix	appendectomy	17-Jan-2003	17-Jan-2003
Haematuria	Start Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Haematuria	-	20-Dec-1999	20-Dec-1999
Closed fracture thumb proximal phalanx	-	06-Oct-1989	06-Oct-1989
Assault by cutting and stabbing instruments	-	10-Aug-1986	10-Aug-1986
Retinal detachments and defects	Left eye successful corrective surgery	01-May-1985	01-May-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Percent predicted FEV1, 110 %	-	30-Nov-2016	30-Nov-2016
Spirometry	-	30-Nov-2016	30-Nov-2016
Emergency excision of appendix	-	15-Jan-2003	15-Jan-2003
Dilatation of urethral meatus	Start Date: 20/01/2000	26-Jan-2000	26-Jan-2000
Intravenous pyelography	Renal tract ultrasoundStart Date: 20/12/1999	26-Jan-2000	26-Jan-2000
Dilatation of urethral meatus	-	20-Jan-2000	20-Jan-2000

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY FOR SHOULDER PAIN	-	30-Nov-2017	30-Nov-2017
Braltus Inhalation Powder Capsules With Inhaler 10 micrograms	60	60 CAPSULE	ONE DOSE TO BE INHALED EACH DAY	-	30-Nov-2017	30-Nov-2017
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	30-Nov-2017	30-Nov-2017
Salbutamol Cfc-free inhaler 100 micrograms/puff	2	2 inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	25-Aug-2017	25-Aug-2017
	60	60 CAPSULE	ONE DOSE TO BE INHALED EACH DAY	-	25-Aug-2017	

Braltus Inhalation Powder Capsules With Inhaler 10 micrograms	25-Aug-2017

Blood Pressure

Date Recorded	Systolic	Diastolic
25-Aug-2017	141	84
11-Apr-2016	132	80
13-Jan-2015	154	93
07-Aug-2014	149	89
18-Nov-2013	146	89

Body Measurements

Date Recorded	Height	Weight	BMI
30-Nov-2016	167	75.5	27.07
05-Aug-2011	167	77	27.61
15-May-2006	170	83	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		30-Nov-2016
Moderate smoker - 10-19 cigs/d :		11-Apr-2016
Light smoker - 1-9 cigs/day :	NO progress with police scaffolding up for 8 weeks cant get car in daughter has got a holiday in tenerife leaving next week cant sleep at night hoping to get back towork in ma- TRUNCATED	13-Jan-2015
Light smoker - 1-9 cigs/day :	quite hoarse chest clear good rom in left arm tender in left side of neck but pain radiating up into neck likely spondylosis but x ray neck and chest as hoarse	07-Aug-2014
Cigarette smoker, 20 Cigarettes/day:		18-Nov-2013

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:Yes

Social circumstances

Ethnic Origin: (White) Scottish

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

ARGUE, William (Mr)
BORN 15-Apr-1960 (66y) GENDER Male
CHI 1504606671

Pre Op Assessment Form

Last updated by John RICHARDSON (John Richardson) 6 years ago (v. 1) Show History

Do Not Overwrite – This form is specific to this service and procedure only.

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Emergency Contact Details

Name	Elizabeth Argue
Address	—
Landline	—
Mobile	07969149437
Relationship	Sister

Assessment

Assessment Nurse	John Richardson	Grade	6
Consultant	Lockington	Assessment Date	05-Nov-2020
Hospital	Glasgow Royal Infirmary		
Specialty	Ophthalmology		
Is the patient over 65 years?	No		

Admission

Procedure —

Availability

Are you available at short notice? —

Period of unavailability

Unavailable from —

To —

Reasons for unavailability —

Further details —

Admission Date — Admission Time —

Hospital

ARGUE, William (Mr)

Patient Information BORN 15-Apr-1960 (66y) GENDER Male

Leaflet 1504606671

Information Please click here for the POA Guidelines

Anaesthetic

Previous GA —

Dentition Risk —

Reduced Neck Movement —

Family History —

Other Risk —

Heartburn —

Sickle Cell Disease —

Information Please click here for the POA Guidelines

Surgical

Affects Suitability For DSU Or SDA —

Any Serious Surgical Or Anaesthetic Complication —

Information Please click here for the POA Guidelines

Cardiovascular

Hypertension —

Arrhythmias —

Palpitations / Blackouts —

Angina

Angina —

Heart Attack? —

Murmur —

Heart Failure —

Information Please click here for the POA Guidelines

Respiratory

Do[redacted] **ARGUE, William (Mr)** —

BORN 15-Apr-1960 (66y) GENDER Male

CHI 1504606671

Do you have COPD\Emphysema?	Yes	COPD\Emphysema Details	trimbow inhaler early COPD
Have You Taken Oral Steroids In The Last Six Months?	—	Oral Steroids Details	—
Frequency Of Flareups?	Once A Year	Frequency of Flareups Details	—
Grade Of Breathlessness?	—	Grade of Breathlessness Details	—
URTI	No		

Information Please click here for the POA Guidelines

Neurological

Stroke	—
Epilepsy	—
Neurological Disease	—
Physical Disability	—

Haematological

Bleeding Disorder	—
Previous DVT	—
Anaemia	—
Blood Products - If you ever need a blood transfusion or other blood products, would you refuse to receive them ?	—

Information Please click here for the POA Guidelines

Others

Kidney Disease	—
Liver Disease /Jaundice	—
Diabetes	—
Rheumatoid Arthritis	—
Has The Patient Ever Been Notified That They Are At Risk Of CJD or vCJD For Public Health Purposes	—
Any Serious Illness Not Already Mentioned?	—

Information Please click here for the POA Guidelines

ARGUE, William (Mr)
BORN 15-Apr-1860 (66y) GENDER Male
CHI 1504606671

Exercise Tolerance

Level of fitness —

Information Please click here for the POA Guidelines

Social

Alcohol

Alcohol > 30U	—
Units / Wk	—
Duration	—

Smoking

Smokes	—
Cigs/Day	—
Ex Smoker	—

Drugs

IV or Recreational Drug Abuser	—
Ex User	—
Methadone Req	—
Self-Admin	—

Pregnancy

Pregnant	—

Information Please click here for the POA Guidelines

Drug History: Full Generic Name & Dose

Trimbow inhaler
Mirtazepine

Allergies

Allergies	No

Information Please click here for the POA Guidelines

Prosthesis/Implants

Pacemaker —

Pr[redacted] ARGUE, William (Mr)

BORN 15-Apr-1960 (66y) GENDER Male

CHI 1504606671

Information Please click here for the POA Guidelines

Examination

Weight not taken Yes

Ranitidine 150MG X 2 tabs Dispensed As Per PGD 2018/1621	No

Vital Signs

Pulse	62 bpm
Temperature	—
Systolic BP	156 mmHg
Diastolic BP	73 mmHg
Resp rate	—
SaO2	—
Comments	—

Risk Of Sleep Apnoea

Do You Suffer From Daytime Sleepiness, Restless Sleep Or Witnessed Breath Holding During Sleep? —

Information Please click here for the POA Investigation Guidelines

Investigations & Date Ordered

FBC	No	FBC Date	—
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—
Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	No	Cross Match Date	—
Group & Save	No	Group & Save Date	—
Coag Screen	No	Coag Screen Date	—
U&Es	No	U&Es Date	—
LFTs	No	LFTs Date	—
TFT	No	TFT Date	—
Bone	No	Bone Date	—
ECG	No	ECG Date	—
MRSA Screen	No	MRSA Screen Date	—
Echo	No	Echo Date	—
Other	—		

MRSA Screening Clinical Risk Assessment (CRA)

A: ARGUE, William (Mr) Clinical Risk Assessment (For Patients > 23 Hours)
No BORN 15-Apr-1960 (66y) GENDER Male
CHI 1504606671

DVT Risk Factors

VTE Risk

Is The Patient At Risk Of DVT?	—
Do They Require Prophylaxsis?	—
Comments	—

Day Surgery / Admission Criteria

Is this procedure suitable for day surgery?	—

Admission Criteria

Appropriate admission based on nursing assessment	—
Additional information	—

Advice and Actions

Q 1	
Advise to take usual anti-reflux medication	No
Q 2	
Dispensed Ranitidine as per PGD directive	No
Q 3	
Refer to smoking cessation clinic	No
Q 4	
Advise not to take "intravenous or recreational drug (s)" during the 24 hours before surgery (related to Social – Drugs).	No
Q 5	
Anticoagulant advice	No
Q 6	
Clopidogrel advice	No

Q 7

ARGUE, William (Mr) No

BORN 15-Apr-1960 (66y) GENDER Male

Q 8 1504606671

OCP advice No

Q 9

Provide Herbal Medicine Advice No

Q 10

Arrange for dialysis the day before surgery No

Q 11

Ensure facilities for dispensing methadone are available, if the patient is taking methadone No

Q 12

Fasting Information Discussed No

Q 13

Dentition Risk Discussed No

Pre-operative Assessment Summary

Assessor	John Richardson	Grade	6
	Suitable and keen for L Phaco + IOL LA/DC		

Anaesthetic Assessment

Anaesthetist	—	Grade	—
	—		

Recommended Admission Pathway

Review By

Anaesthetist	—		
Other	—		
DSU/23hr Criteria Met	—	SDA Criteria Met	—

Referrals

Smoking Cessation	—
Other	—

Print

NHS
Greater Glasgow and Clyde

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

CATARACT MANAGEMENT PACK

DATE 5/11/20 CONSULTANT Lockington SITE CRI

THEATRE DATE..... LOCATION..... TIME.....

LISTING DETAILS PATIENTS TELEPHONE NUMBER.....

EYE LISTED TODAY: RIGHT ☐ LEFT ☑ FOR BILATERAL SEQUENTIAL SURGERY? YES ☐ NO ☑

ANAESTHETIC: LA ☑ GA ☐ SEDATION ☐ DURATION OF SURGERY.....

TORIC IOL ☐ OTHER SPECIAL IOL .....

NEVANAC YES ☐ NO ☑

POOLING GRADE: RIGHT EYE 1 ☐ 2 ☐ 3 ☐ 4 ☐ LEFT EYE: 1 ☐ 2 ☐ 3 ☑ 4 ☐

RISK SCORE	RIGHT EYE	LEFT EYE
AGE 80-89	1	1
AGE> 89	2	2
ALPHA BLOCKERS	1	1
CAN'T LIE FLAT	1	1
AL>26mm	1	1
AL>30mm	2	2
AL <21.5mm	2	2
ACD < 2.5mm	1	1
SMALL PUPIL	1	(1)
DEEP SET EYE	1	1
CORNEAL PATHOLOGY MILD	1	1
CORNEAL PATHOLOGY SEVERE	2	2
CATARACT: NO VIEW BRUNESCENT/BROWN	3	(3)
CATARACT: POST POLAR	3	3
PXF/PHACODONESIS	3	3
PREVIOUS IVT	1	1
PREVIOUS VITRECTOMY	1	(1)
PREVIOUS TRAB	1	1
TOTAL		

OTHER ISSUES

ONLY EYE ☐ BCVA OTHER EYE.....

LASER CORNEA SX: ☐

TRAUMA ☐ .....

ANTICOAGULANTS .....

INR .....ON.....

A BLOCKER .....

PREVIOUS EYE SURGERY YES ☑ NO ☐

DETAILS.....

REFRACTICE OUTCOME: EMMETROPIA ☑

OTHER.....

GUARDED PROGNOSIS YES ☑ NO ☐

DETAILS.....

OCULAR CO-MORBIDITY Detached retina - left, Stylus no mac.

OTHER DISABILITIES.....

SIGNATURE DS PRINT Lockington DESIGNATION CS DATE 5/11/20

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

HISTORY / OCULAR EXAMINATION

BLURRED VISION RIGHT EYE ☐ LEFT EYE ☑ BOTH ☐

DIFFICULTY DRIVING: YES ☑ NO ☐ NON DRIVER ☐ GLARE RIGHT EYE ☐ LEFT

DIFFICULTY READING YES ☑ NO ☐ AMBLYOPIA: RIGHT EYE ☐ LEFT EYE ☐

CURRENT MEDICATION OPHTHALMIC RELEVANT

TOPICAL.......—.......

SYSTEMIC....Mirtazapine / inhalers (Tiotropium)....

GLASSES/CONTACT LENS PRESCRIPTION

RIGHT EYE Sph +2.00 Cyl -0.50 AXIS 180 LEFT EYE Sph +1.50 Cyl — AXIS

CONTACT LENS NO ☐ YES ☐ TYPE OF LENS ....

RIGHT EYE	VISUAL ACUITY	LEFT EYE
6/36	(UNAIDED) / AIDED	6/60
6/5-2	PH	6/24
	NEAR	

GLS 6/5-1

RIGHT EYE		LEFT EYE
✓	LIDS	✓
w	CONJUNCTIVA	w
✓	CORNEA	✓
16	IOP	20
[illegible]	AC	[illegible]
	PUPIL	Sull
NS +/-	LENS	Brunescent Co.
(e) ndn	FUNDUS	no view

US: Staphyloma No RD

DILATING DROPS	EYE	EYE	TIME	SIGNATURE	EXP/BATCH No
TROPICAMIDE 1%	RIGHT	LEFT ✓	855	[signature]	
PHENYLEPHRINE 2.5%	RIGHT	LEFT			

DIAGNOSIS/TREATMENT PLAN: left Phaco/IOL - guarded
[illegible] optic sign

SIGNATURE ....DS....PRINT....[illegible]....DESIGNATION....[illegible]....DATE....5/11/2[illegible]

NHS
Greater Glasgow and Clyde

1504606671
ARGUE
William
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU
M
15/04/1960

PRE OPERATIVE ASSESSMENT **FIRST EYE** **RIGHT / LEFT**

DATE 5/11/20 ASSESSOR JOAN RICHARDSON SITE GRI

BIOMETRY

LENS STAR ☐ IOL MASTER ☑ (R+L) CONTACT ASCAN ☑ (L) HANDHELD KERATOMETER ☑

COMMENTS

(L) K, 7.60 K, 7.53
(R) K, 7.47 K, 7.33

1504606671
ARGUE
William
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
M
15/04/1960

PATIENT EDUCATION ☑ DROP TECHNIQUE

CAN PATIENT LIE FLAT FOR HALF HOUR? YE

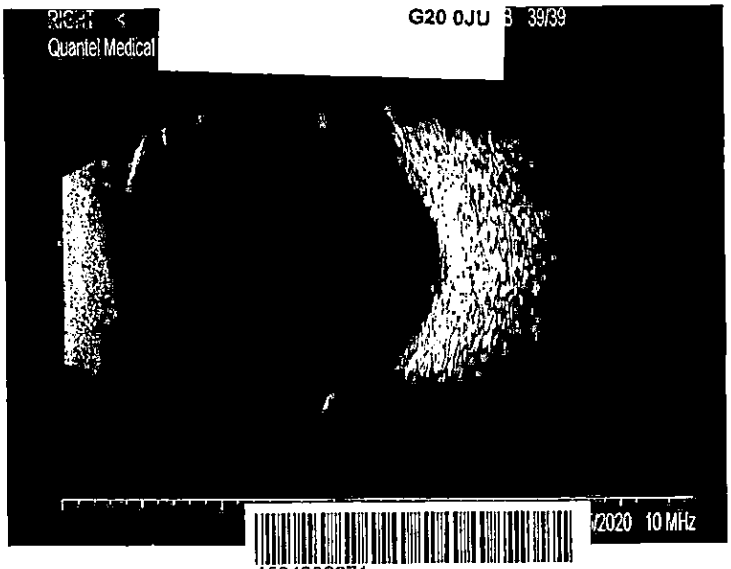
CLAUSTROPHOBIA ☐ COUGH/MOVEM

DISTRICT NURSE/CARERS REQUIRED ☐

GA INSTRUCTIONS GIVEN YES ☐ N/A ☑

PRE OPERATIVE ASSESSMENT: COMMENTS/A

BP P T RESP O2



1504606671
ARGUE
William
M
15/04/1960

Left eye

SIGNATURE..... PRINT..... DESIGNATION..... DATE.....

MULTIDISCIPLINARY NOTES AND IOL CHOICE .....

left Pharo/Ice - UIA 16.50 ⇒ ∞

ST/VS/A-mg L Cataract IOL master + Labels

CONSENT ☑ INCAPACITY CONSENT REQUIRED ☐

Patient Agreement to Investigation or Treatment
Consent Form – Cataract Surgery

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

1504606671
ARGUE M
William 15/04/1960
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

name

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).

Cataract Surgery **Right Eye** ☐ **Left Eye** ☑

ST

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

1:100 Worse Vision
1:200 Second Operation
1:1000 Blindness due to infection
Bleeding, Cystoid Macular Oedema, Retinal Detachment
Need for Glasses

Could not have Refractive surgery

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 DS

Name / Designation (print) Locum

Date 5/11/20

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.**


1504606671
ARGUE M
William 15/04/1960

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 × W. Argue	Date 5/11/20
Name (print)	

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

(L) repeated.

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
Physician	Dr Lockington	Operator	Nurses

Glasgow Royal Infirmary
Ophthalmology

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

[OD] SRK® is a trademark of CTI (Computational Technology Inc.)
[OS] SRK® is a trademark of CTI (Computational Technology Inc.)
OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

IOL calculation

OD right	OS left
Eye status	
LS: Phakic	LS: Phakic
VS: Vitreous body	VS: Vitreous body
Ref: —	Ref: —
VA: —	VA: —
LVC: —	LVC: Untreated
LVC mode: -	LVC mode: -
Target ref.: plano	Target ref.: plano
SIA: +0.00 D @ 0°	SIA: +0.00 D @ 0°
Biometric values	
AL: —	AL: 24.42 mm (!) SD: 21 µm
ACD: —	ACD: 3.18 mm SD: 6 µm
LT: —	LT: 4.45 mm (!) SD: 48 µm
WTW: —	WTW: 11.9 mm
SE: — K1: —	SE: 45.23 D SD: 0.04 D K1: 44.90 D @179°
ΔK: — K2: —	ΔK: +0.67 D @ 89° K2: 45.57 D @ 89°
TSE: — TK1: —	TSE: — TK1: —
ΔTK: — TK2: —	ΔTK: — TK2: —

K Alcon SN60WF - SRK®/T - A const.: 119.00		K AMO Sensar AR40e - SRK®/T - A const.: 118.70	
IOL (D)	Ref (D)	IOL (D)	Ref (D)
+17.50	-0.63	+17.00	-0.51
+17.00	-0.31	+16.50	-0.19
+16.50	+0.00	+16.00	+0.13
+16.00	+0.31	+15.50	+0.44
+15.50	+0.62	+15.00	+0.76
+16.50	Emmetropia	+16.20	Emmetropia

K Rayner C-Flex 570 C - SRK®/T - A const.: 118.60		K Rayner Superflex 620 H - SRK®/T - A const.: 118.60	
IOL (D)	Ref (D)	IOL (D)	Ref (D)
+17.00	-0.58	+17.00	-0.58
+16.50	-0.25	+16.50	-0.25
+16.00	+0.07	+16.00	+0.07
+15.50	+0.39	+15.50	+0.39
+15.00	+0.70	+15.00	+0.70
+16.11	Emmetropia	+16.11	Emmetropia

(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William				
Date of birth	15/04/1960	Gender	Male	Glasgow Royal Infirmary Ophthalmology	
Patient ID	1504606671				
Physician	Dr Lockington	Operator	Nurses		

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

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OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

IOL calculation

OD right	OS left
Eye status	
LS: Phakic	LS: Phakic
VS: Vitreous body	VS: Vitreous body
Ref: —	Ref: —
VA: —	VA: —
LVC: —	LVC: Untreated
LVC mode: -	LVC mode: -
Target ref.: plano	Target ref.: plano
SIA: +0.00 D @ 0°	SIA: +0.00 D @ 0°
Biometric values	
AL: —	AL: 24.42 mm (!) SD: 21 µm
ACD: —	ACD: 3.18 mm SD: 6 µm
LT: —	LT: 4.45 mm (!) SD: 48 µm
WTW: —	WTW: 11.9 mm
SE: —	SE: 45.23 D SD: 0.04 D
K1: —	K1: 44.90 D @179°
ΔK: —	ΔK: +0.67 D @ 89°
K2: —	K2: 45.57 D @ 89°
TSE: —	TSE: —
TK1: —	TK1: —
ΔTK: —	ΔTK: —
TK2: —	TK2: —
	K AMO Verisyse 50 aph.retropu p.
	- SRK®/T -
	A const.: 116.90
	IOL (D) Ref (D)
	— —
	— —
	— —
	— —
	— —
	+14.59 Emmetropia

(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William				
Date of birth	15/04/1960	Gender	Male	Glasgow Royal Infirmary Ophthalmology	
Patient ID	1504606671				
Physician	Dr Lockington	Operator	Nurses		

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Analyze

OS left

Eye status

LS: Phakic	VS: Vitreous body	LVC: Untreated
Ref: —	VA: —	

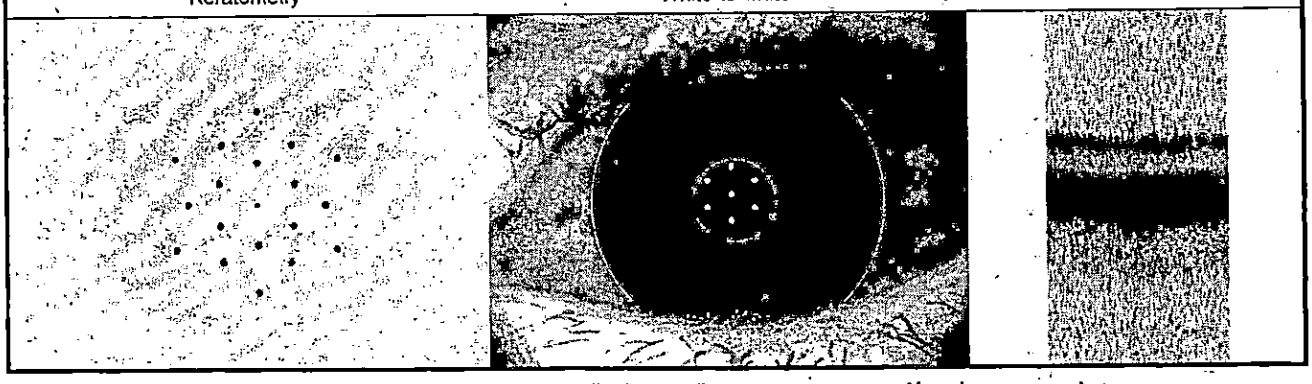
Biometric values

AL:	24.42 mm (!)	SD:	21 µm	WTW:	11.9 mm	lx:	-0.3 mm ly: +0.3 mm
CCT:	552 µm	SD:	3 µm	P:	3.4 mm	CW-Chord:	0.3 mm @ 294°
ACD:	3.18 mm	SD:	6 µm				
LT:	4.45 mm (!)	SD:	48 µm				

SE:	45.23 D		SD: 0.04 D	TSE:	—
K1:	44.90 D	@ 179°	SD: 0.04 D	TK1:	—
K2:	45.57 D	@ 89°	SD: 0.04 D	TK2:	—
ΔK:	+0.67 D	@ 89°		ΔTK:	—

B scan

Keratometry | White-to-white | Fixation



(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William				
Date of birth	15/04/1960	Gender	Male		
Patient ID	1504606671			Glasgow Royal Infirmary Ophthalmology	
Physician	Dr Lockington	Operator	Nurses		

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Biometric values

OD right	OS left
Eye status	
LS: Phakic VS: Vitreous body	LS: Phakic VS: Vitreous body
Ref: — VA: —	Ref: — VA: —
LVC: Untreated	LVC: Untreated
Biometric values	
AL: —	AL: 24.42 mm (!) SD: 21 µm
CCT: —	CCT: 552 µm SD: 3 µm
ACD: —	ACD: 3.18 mm SD: 6 µm
LT: —	LT: 4.45 mm (!) SD: 48 µm

AL	CCT	ACD	LT	AL	CCT	ACD	LT
—	—	—	—	24.42 mm	550 µm	3.18 mm	4.43 mm
—	—	—	—	—	553 µm	3.18 mm	4.42 mm
—	—	—	—	24.43 mm	553 µm	3.17 mm	4.44 mm
—	—	—	—	24.41 mm	550 µm	3.19 mm	4.47 mm
—	—	—	—	24.41 mm	555 µm	3.18 mm	4.42 mm
—	—	—	—	24.40 mm	552 µm	3.19 mm	4.48 mm

Corneal values	
SE: —	SE: 45.23 D SD: 0.04 D
K1: —	K1: 44.90 D @ 179° SD: 0.04 D
K2: —	K2: 45.57 D @ 89° SD: 0.04 D
ΔK: —	ΔK: +0.67 D @ 89°
SE: — ΔK: —	SE: 45.28 D ΔK: +0.68 D @ 90°
SE: — ΔK: —	SE: 45.22 D ΔK: +0.66 D @ 89°
SE: — ΔK: —	SE: 45.20 D ΔK: +0.67 D @ 87°
TSE: —	TSE: —
TK1: —	TK1: —
TK2: —	TK2: —
ΔTK: —	ΔTK: —
TSE: — ΔTK: —	TSE: — ΔTK: —
TSE: — ΔTK: —	TSE: — ΔTK: —
TSE: — ΔTK: —	TSE: — ΔTK: —
White-to-white and pupil values	
WTW: — lx: — ly: —	WTW: 11.9 mm lx: -0.3 mm ly: +0.3 mm
P: — CW-Chord: —	P: 3.4 mm CW-Chord: 0.3 mm @ 294°
— **Reference image**	—

(!) Borderline value (*) Value was edited manually — No value measured

Comment

1504606671
ARGUE
William
74 CUMLODDEN DRIVE
Glasgow, Lanarkshire
G20 0JU

M
15/04/1960

Pat. : W. ARGUE
ID : 1504606671
Sex : M Age : 60
Memo : JOHN R

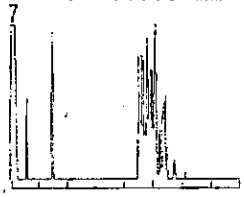
Phys.: LOCKINGTON

Eyetype : Phakic
Velocity: Axial 1550 m/s
ACD 1532 m/s
Lens 1641 m/s
Mode : Auto Gain : 100
Th.level: Normal

OD/R

No	Axial	ACD	Lens	Vit
1	22.15	2.84	4.69	14.62
2	22.08	2.72	4.66	14.70
3	22.03	2.62	4.67	14.74
4	22.36	3.04	4.71	14.61
5	22.19	2.90	4.68	14.61
6				
7	22.13	2.78	4.58	14.76
8	22.06	2.77	4.58	14.71
9	22.04	2.68	4.70	14.66
10				
Av	22.13	2.79	4.66	14.68
SD	0.10	0.12	0.05	0.06

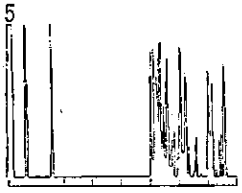
No.Av
Axial : **22.13 mm**
ACD : 2.79 mm
Lens : 4.66 mm
Vit : 14.68 mm
No. 7



OS/L

No	Axial	ACD	Lens	Vit
1	24.63	3.25	4.20	17.18
2	24.61	3.23	4.21	17.17
3	24.63	3.28	4.13	17.22
4				
5	24.60	3.00	4.72	16.88
6	24.64	3.06	4.72	16.85
7				
8	24.55	3.05	4.71	16.80
9	24.61	3.02	4.73	16.86
10	24.55	3.05	4.71	16.80
Av	24.60	3.12	4.52	16.97
SD	0.03	0.11	0.26	0.17

No.Av
Axial : **24.60 mm**
ACD : 3.12 mm
Lens : 4.52 mm
Vit : 16.97 mm
No. 5



2020/11/05 17:14
Echoscan US-1800 NIDEK
Main V1.11 Disp V1.21

Pat. : W. ARGUE
ID : 1504606671
Sex : M Age : 60
Memo : JOHN R

Phys.: LOCKINGTON

Formula : SRK-T

OD/R

Input Axial : 22.13 mm
K-1 : 7.47 mm
K-2 : 7.33 mm
Target : 0.00 D

IOL1 Model:AR40E Manuf:AMO Acnst: 118.4 Power: 22.80	IOL	Ref.
	21.5	0.89
	22.0	0.55
	22.5	0.21
	23.0	-0.14
	23.5	-0.49
	24.0	-0.84
	24.5	-1.20

IOL2 Model:SA60AT Manuf:ACRYSO Acnst: 118.4 Power: 22.80	IOL	Ref.
	21.5	0.89
	22.0	0.55
	22.5	0.21
	23.0	-0.14
	23.5	-0.49
	24.0	-0.84
	24.5	-1.20

IOL3 Model:Cflex Manuf:RAYNER Acnst: 119.0 Power: 23.66	IOL	Ref.
	22.0	1.10
	22.5	0.77
	23.0	0.44
	23.5	0.11
	24.0	-0.23
	24.5	-0.57
	25.0	-0.92

OS/L

Input Axial : 24.60 mm
K-1 : 7.60 mm
K-2 : 7.53 mm
Target : 0.00 D

IOL1 Model:AR40E Manuf:AMO Acnst: 118.4 Power: 16.00	IOL	Ref.
	14.5	0.97
	15.0	0.65
	15.5	0.33
	16.0	0.00
	16.5	-0.33
	17.0	-0.66
	17.5	-1.00

IOL2 Model:SA60AT Manuf:ACRYSO Acnst: 118.4 Power: 16.00	IOL	Ref.
	14.5	0.97
	15.0	0.65
	15.5	0.33
	16.0	0.00
	16.5	-0.33
	17.0	-0.66
	17.5	-1.00

IOL3 Model:Cflex Manuf:RAYNER Acnst: 119.0 Power: 16.58	IOL	Ref.
	15.0	0.98
	15.5	0.68
	16.0	0.36
	16.5	0.05
	17.0	-0.27
	17.5	-0.59
	18.0	-0.92

2020/11/05 17:14
Echoscan US-1800 NIDEK
Main V1.11 Disp V1.21

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
Physician	Dr Lockington	Operator	Nurses

Glasgow Royal Infirmary
Ophthalmology

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

Please note the information on the last page.

IOL calculation

OD right	OS left
Eye status	
LS: Phakic	LS: Phakic
Ref: —	Ref: —
LVC: Untreated	LVC: Untreated
Target ref.: plano	Target ref.: plano
VS: Vitreous body	VS: Vitreous body
VA: —	VA: —
LVC mode: -	LVC mode: -
SIA: +0.00 D @ 0°	SIA: +0.00 D @ 0°
Biometric values	
AL: 22.37 mm SD: 8 µm	AL: 23.82 mm (!) SD: 32 µm
ACD: 2.90 mm SD: 6 µm	ACD: 3.10 mm SD: 14 µm
LT: 4.65 mm SD: 23 µm	LT: 4.39 mm (!) SD: 57 µm
WTW: 11.5 mm (!)	WTW: —
SE: 45.66 D SD: 0.01 D	SE: 44.29 D (!) SD: 0.02 D
ΔK: +1.15 D @ 96°	ΔK: +1.49 D @ 71°
TSE: —	TSE: —
ΔTK: —	ΔTK: —
K1: 45.09 D @ 6°	K1: 43.56 D @161°
K2: 46.24 D @ 96°	K2: 45.05 D @ 71°
TK1: —	TK1: —
TK2: —	TK2: —

K Alcon SN60WF

- SRK®/T -
A const.: 119.00

IOL (D)	Ref (D)
+24.00	-0.83
+23.50	-0.49
+23.00	**-0.15**
+22.50	+0.18
+22.00	+0.51
+22.77	Emmetropia

K AMO Sensar AR40e

- SRK®/T -
A const.: 118.70

IOL (D)	Ref (D)
+23.50	-0.79
+23.00	-0.44
+22.50	**-0.10**
+22.00	+0.24
+21.50	+0.57
+22.35	Emmetropia

K Alcon SN60WF

- SRK®/T -
A const.: 119.00

IOL (D)	Ref (D)
+20.50	-0.70
+20.00	-0.36
+19.50	**-0.03**
+19.00	+0.30
+18.50	+0.62
+19.45	Emmetropia

K AMO Sensar AR40e

- SRK®/T -
A const.: 118.70

IOL (D)	Ref (D)
+20.00	-0.60
+19.50	-0.26
+19.00	**+0.07**
+18.50	+0.40
+18.00	+0.73
+19.11	Emmetropia

K Rayner C-Flex 570 C

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+23.00	-0.54
+22.50	-0.19
+22.00	**+0.15**
+21.50	+0.48
+21.00	+0.82
+22.22	Emmetropia

K Rayner Superflex 620 H

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+23.00	-0.54
+22.50	-0.19
+22.00	**+0.15**
+21.50	+0.48
+21.00	+0.82
+22.22	Emmetropia

K Rayner C-Flex 570 C

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+20.00	-0.68
+19.50	-0.34
+19.00	**+0.00**
+18.50	+0.33
+18.00	+0.66
+19.00	Emmetropia

K Rayner Superflex 620 H

- SRK®/T -
A const.: 118.60

IOL (D)	Ref (D)
+20.00	-0.68
+19.50	-0.34
+19.00	**+0.00**
+18.50	+0.33
+18.00	+0.66
+19.00	Emmetropia

(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William		
Date of birth	15/04/1960	Gender	Male
Patient ID	1504606671		
Physician	Dr Lockington	Operator	Nurses

Glasgow Royal Infirmary
Ophthalmology

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

Please note the information on the last page.

IOL calculation

OD right	OS left
Eye status	
LS: Phakic	LS: Phakic
Ref: —	Ref: —
LVC: Untreated	LVC: Untreated
Target ref.: plano	Target ref.: plano
VS: Vitreous body	VS: Vitreous body
VA: —	VA: —
LVC mode: -	LVC mode: -
SIA: +0.00 D @ 0°	SIA: +0.00 D @ 0°
Biometric values	
AL: 22.37 mm SD: 8 µm	AL: 23.82 mm (!) SD: 32 µm
ACD: 2.90 mm SD: 6 µm	ACD: 3.10 mm SD: 14 µm
LT: 4.65 mm SD: 23 µm	LT: 4.39 mm (!) SD: 57 µm
WTW: 11.5 mm (!)	WTW: —
SE: 45.66 D SD: 0.01 D	SE: 44.29 D (!) SD: 0.02 D
K1: 45.09 D @ 6°	K1: 43.56 D @161°
K2: 46.24 D @ 96°	K2: 45.05 D @ 71°
ΔK: +1.15 D @ 96°	ΔK: +1.49 D @ 71°
TSE: —	TSE: —
TK1: —	TK1: —
TK2: —	TK2: —
ΔTK: —	ΔTK: —
K AMO Verisyse 50 aph.retropu p. - SRK®/T - A const.: 116.90	K AMO Verisyse 50 aph.retropu p. - SRK®/T - A const.: 116.90
IOL (D) Ref (D)	IOL (D) Ref (D)
— —	— —
— —	— —
— —	— —
— —	— —
— —	— —
— —	— —
+20.07 Emmetropia	+17.23 Emmetropia

(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William				
Date of birth	15/04/1960	Gender	Male	Glasgow Royal Infirmary	
Patient ID	1504606671			Ophthalmology	
Physician	Dr Lockington	Operator	Nurses		

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye. - Note: re-check measurement values. Mean corneal curvature of the right eye is -1.37 D smaller than mean corneal curvature of left eye. - Note: re-check measurement values.

OD right — Analyze

Eye status

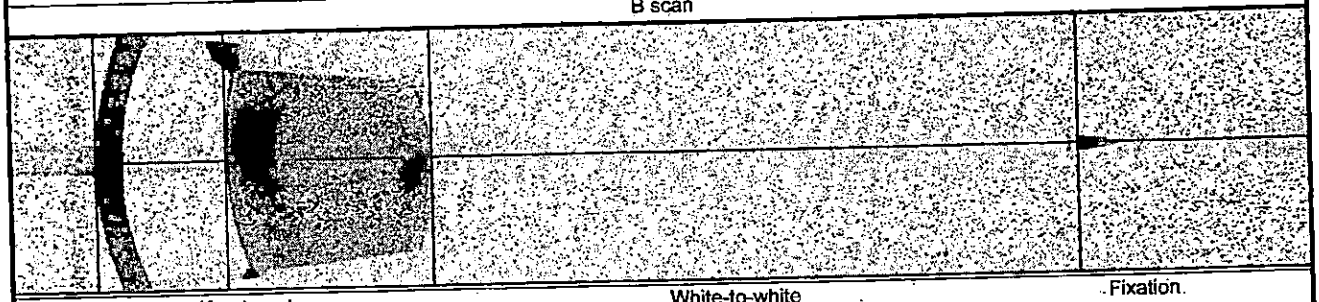
LS: Phakic
Ref: —
VS: Vitreous body
VA: —
LVC: Untreated

Biometric values

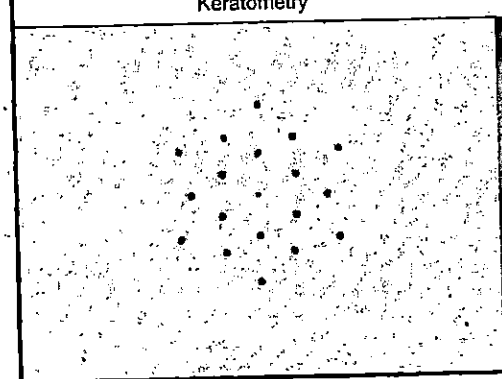
AL:	22.37 mm	SD:	8 µm	WTW: 11.5 mm (!)	lx: +0.6 mm ly: +1.1 mm
CCT:	549 µm (!)	SD:	6 µm	P: 7.8 mm	CW-Chord: 2.2 mm @ 231°
ACD:	2.90 mm	SD:	6 µm		
LT:	4.65 mm	SD:	23 µm		

SE:	45.66 D		SD: 0.01 D	TSE:	—
K1:	45.09 D	@ 6°	SD: 0.01 D	TK1:	—
K2:	46.24 D	@ 96°	SD: 0.01 D	TK2:	—
ΔK:	+1.15 D	@ 96°		ΔTK:	—

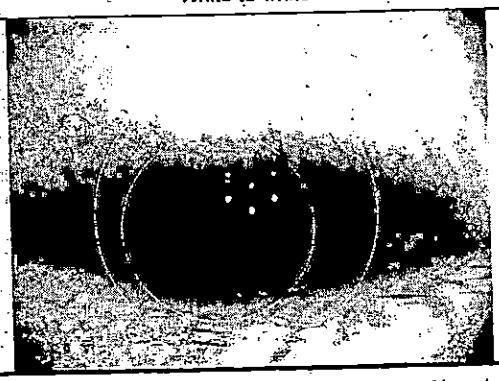
B scan



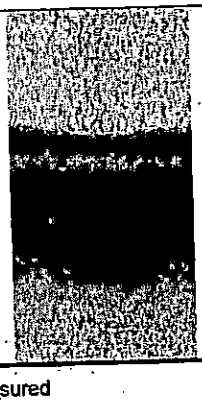
Keratometry



White-to-white



Fixation



(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William				
Date of birth	15/04/1960	Gender	Male	Glasgow Royal Infirmary Ophthalmology	
Patient ID	1504606671				
Physician	Dr Lockington	Operator	Nurses		

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye. - Note: re-check measurement values. Mean corneal curvatur
e of the right eye is -1.37 D smaller than mean corneal curvature of left eye. - Note: re-check measurement values.
OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Analyze

OS left

Eye status

LS: Phakic
Ref: —

VS: Vitreous body
VA: —

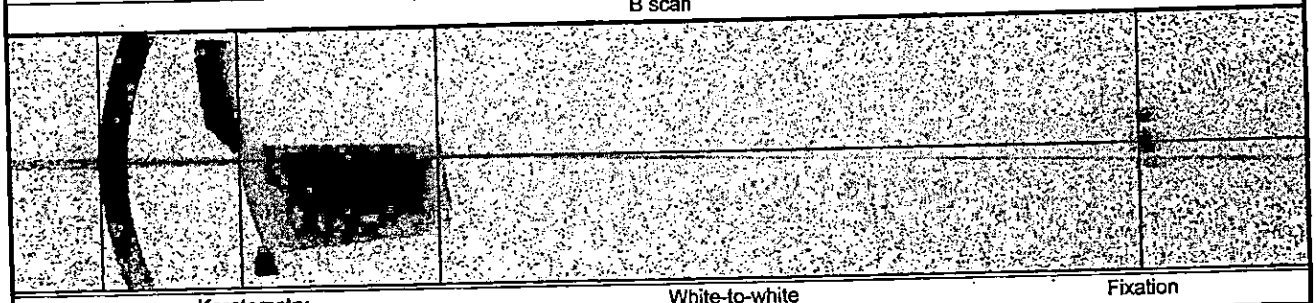
LVC: Untreated

Biometric values

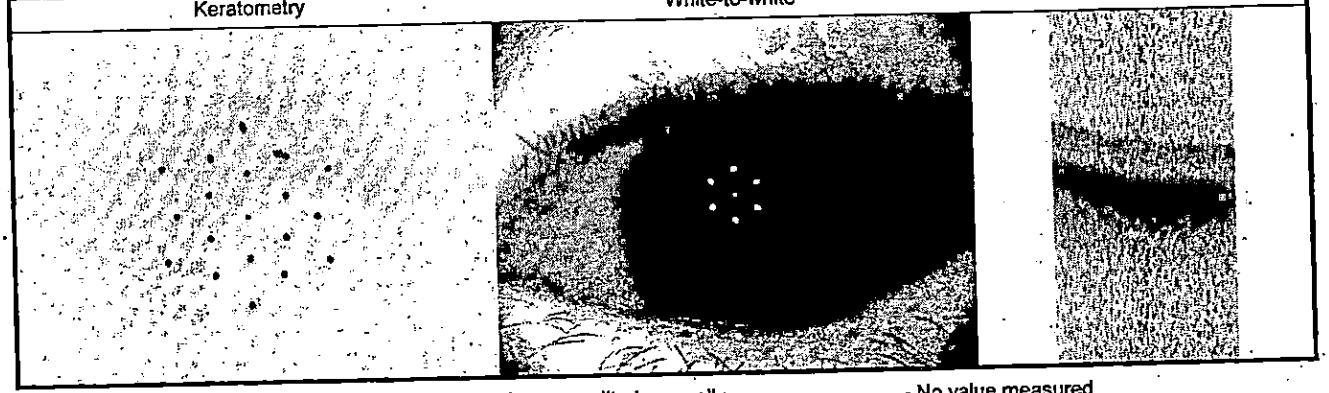
AL:	23.82 mm (!)	SD:	32 µm	WTW:	—	lx: —	ly: —
CCT:	570 µm	SD:	4 µm	P:	—	CW-Chord: ---	
ACD:	3.10 mm	SD:	14 µm				
LT:	4.39 mm (!)	SD:	57 µm				

SE:	44.29 D (!)		SD: 0.02 D	TSE:	—
K1:	43.56 D	@ 161°	SD: 0.05 D	TK1:	—
K2:	45.05 D	@ 71°	SD: 0.03 D	TK2:	—
ΔK:	+1.49 D	@ 71°		ΔTK:	—

B scan



Keratometry | White-to-white | Fixation



(!) Borderline value (*) Value was edited manually — No value measured

Comment

ZEISS

Patient	Argue William				
Date of birth	15/04/1960	Gender	Male	Glasgow Royal Infirmary	
Patient ID	1504606671			Ophthalmology	
Physician	Dr Lockington	Operator	Nurses		

Date of calibration test: 05/11/2020 by: Nurses Result: OK
Date of measurement: 05/11/2020 n: 1.3375 CVD: 12.00 mm

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye - Note: re-check measurement values. Mean corneal curvatur
e of the right eye is -1.37 D smaller than mean corneal curvature of left eye - Note: re-check measurement values.
OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

Biometric values

OD right	OS left
Eye status	
LS: Phakic VS: Vitreous body	LS: Phakic VS: Vitreous body
Ref: — VA: —	Ref: — VA: —
LVC: Untreated	LVC: Untreated
Biometric values	
AL: 22.37 mm SD: 8 µm	AL: 23.82 mm (!) SD: 32 µm
CCT: 549 µm (!) SD: 6 µm	CCT: 570 µm SD: 4 µm
ACD: 2.90 mm SD: 6 µm	ACD: 3.10 mm SD: 14 µm
LT: 4.65 mm SD: 23 µm	LT: 4.39 mm (!) SD: 57 µm

AL	CCT	ACD	LT	AL	CCT	ACD	LT
22.37 mm	544 µm	2.90 mm	4.66 mm	—	570 µm	3.09 mm	4.36 mm
22.37 mm	554 µm	2.89 mm	4.65 mm	—	567 µm	—	—
22.36 mm	546 µm	2.88 mm	4.63 mm	23.82 mm	565 µm	3.11 mm	4.36 mm
22.37 mm	548 µm	2.90 mm	4.66 mm	23.81 mm	572 µm	3.12 mm	4.41 mm
22.37 mm	550 µm	2.90 mm	4.66 mm	—	571 µm	3.10 mm	4.44 mm
22.37 mm	555 µm	2.90 mm	4.66 mm	—	574 µm	3.08 mm	—

Corneal values

SE: 45.66 D SD: 0.01 D	SE: 44.29 D (!) SD: 0.02 D
K1: 45.09 D @ 6° SD: 0.01 D	K1: 43.56 D @ 161° SD: 0.05 D
K2: 46.24 D @ 96° SD: 0.01 D	K2: 45.05 D @ 71° SD: 0.03 D
ΔK: +1.15 D @ 96°	ΔK: +1.49 D @ 71°
SE: 45.67 D ΔK: +1.15 D @ 96°	SE: 44.40 D ΔK: +1.52 D @ 74°
SE: 45.65 D ΔK: +1.15 D @ 96°	SE: 44.29 D ΔK: +1.45 D @ 71°
SE: 45.65 D ΔK: +1.14 D @ 96°	SE: 44.28 D ΔK: +1.55 D @ 71°
TSE: —	TSE: —
TK1: —	TK1: —
TK2: —	TK2: —
ΔTK: —	ΔTK: —
TSE: — ΔTK: —	TSE: — ΔTK: —
TSE: — ΔTK: —	TSE: — ΔTK: —
TSE: — ΔTK: —	TSE: — ΔTK: —

White-to-white and pupil values

WTW: 11.5 mm (!) lx: +0.6 mm ly: +1.1 mm	WTW: — lx: — ly: —
P: 7.8 mm CW-Chord: 2.2 mm @ 231°	P: — CW-Chord: —

Reference image

— —

(!) Borderline value (*) Value was edited manually — No value measured

Comment

Patient	Argue William				
Date of birth	15/04/1960	Gender	Male	Glasgow Royal Infirmary	
Patient ID	1504606671			Ophthalmology	
Physician	Dr Lockington	Operator	Nurses		

Date of calibration test:	05/11/2020	by:	Nurses	Result:	OK
Date of measurement:	05/11/2020	n:	1.3375	CVD:	12.00 mm

Warnings for IOL calculations

SRK®/T

[OD]

SRK® is a trademark of CTI (Computational Technology Inc.)

[OS]

SRK® is a trademark of CTI (Computational Technology Inc.)

Warnings for measurements

Axis length of the right eye is 1.45 mm shorter than axis length of the left eye. - Note: re-check measurement values.

Mean corneal curvature of the right eye is -1.37 D smaller than mean corneal curvature of left eye. - Note: re-check measurement values.

[OS]

OS: Fixation Check! Axial length values slightly inconsistent. Unstable fixation?

US Bladder with flow rate

Performed	21-Jul-2022 10:10	Received	21-Jul-2022 11:47
Reported	21-Jul-2022 11:45	Order Number	G107H38652673
Status	Final	Source System	MiSys

US Bladder with flow rate Final
William Argue
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting