ED Clinical Notes

Last updated by Patrick HERLING on 29-May-2026 10:49 (v. 2)

Neil William SUTHERLAND

TNC9670 DoB: 04 Feb 1962 (64y)

31 Stratford Street

Blenheim, 7201

+64 (021) 065 0528 +64 (021) 0650528

Presented to: Wairau Hospital
Specialty: Emergency Medicine
Presented on: 29-May-2026 07:16

GP

Name	Redwoodtown Doctors
Practice	Redwoodtown Medical Centre
Phone	03 578-0470
Address	72 Cleghorn Street, Redwoodtown , BLENHEIM, 7201, New Zealand

Recipients

Other Recipient

—

Presenting Complaint

Abdominal pain

History

—

Allergies and Alerts, Adverse Drug Reactions

—

Examination

—

Investigations

—

Diagnosis

Diverticulitis

—

Management

This note was generated with the assistance of Heidi AI medical scribing software.

Subjective:
- Chief Complaint: Left lower quadrant abdominal pain.
- History of Presenting Illness: Woke at 5am with abdominal pain, first episode. Pain in left lower quadrant. No fever, chills, nausea, vomiting or diarrhoea. Bowel function normal. No radiation to back. No change in urine colour.
- Past Medical History: Nil.
- Medication History: Milk thistle (liver), kidney supplements.

Objective:
- General: nad
- Pulm: no acute resp distress
- Abdominal examination: Tenderness left lower quadrant. No guarding. No CVA ttp
- Skin: no rash

Investigations:
- Bloods: CRP 15, WCC normal, afebrile.
- Imaging: CT abdomen - acute uncomplicated sigmoid diverticulitis. Liver abnormality identified with recommendation for MRI with contrast.

Medical Decision Making:
CT abdomen reveals acute uncomplicated sigmoid diverticulitis. With uncomplicated diverticulitis with normal bloods, will hold abx based on current recommendations for treatment of acute uncomplicated diverticulitis. Will refer to general surgery. Also finding of liver abnormality with recommendation for MRI with contrast. Discussed case with on-call general surgery, Dr Richard Heath, with recommendation for outpatient follow-up with general surgery clinic. Order MRI to be done and will be reviewed in general surgery clinic. Patient updated on results.

Discharge Plan and Instructions:
- Outpatient follow-up with general surgery clinic
- MRI with contrast to be arranged
- Analgesia PRN

Medications

Scripted Medications

codeine phosphate 30 mg tablet, oral, 1 or 2 tablets every 4 hours when required; maximum 240 mg (8 tablets) daily, Dispensing Quantity: 10 tablet

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ibuprofen 200 mg tablet, oral, 2 tablets (200 - 400 mg) 3 - 4 times daily; maximum of 2.4 g(twelve tablets) daily, Dispensing Quantity: 20 tablets

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paracetamol 500 mg tablet, oral, 2 tablets every 4 - 6 hours; maximum of 4 g (8 tablets) daily, Dispensing Quantity: 20 tablets

---

Additional Medications

—

Follow up and Advice / Disposition

—

Completed By

ED Clinician	Patrick Herling Emergency Medicine Specialist	Date	29-May-2026

This document will be delivered electronically to the GP.

OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

Health New Zealand
Te Whatu Ora
Nelson Marlborough

Natalie Balme
Redwoodtown Medical Centre
93 Weld St, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:29/04/2026

TO: Natalie Balme, Redwoodtown Medical Centre, 93 Weld St, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	31 Stratford Street, Blenheim 7201	**Phone:**	
		Cell:	**+64 (021) 065 0528**

Problem: **Leukoplakia right true vocal fold**

Past History: **Moderate dysplasia vocal fold**

It was a pleasure to catch up with Neil again today. He wonders whether his voice has deteriorated slightly although he puts this down to age. He is eating and drinking without any difficulty.

There is no cervical lymphadenopathy.

Flexible endoscopy demonstrates persistent mild leukoplakia of the right vocal fold, but no ulceration. He has good movement of both vocal folds. We will catch up again in six months time.

Kind regards

Electronically signed by
Mr Sean Chan
Otolaryngologist

Signed on 29/04/2026

SC:AR
Document ID: 717290

Copies: Neil Sutherland, 31 Stratford Street, Blenheim 7201

OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

Health New Zealand
Te Whatu Ora
Nelson Marlborough

Natalie Balme
Redwoodtown Medical Centre
93 Weld St, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:7/01/2026

TO: Natalie Balme, Redwoodtown Medical Centre, 93 Weld St, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	31 Stratford Street, Blenheim 7201	**Phone:**	
		Cell:	**+64 (021) 065 0528**

Problem: **Leukoplakia right true vocal fold**

Past History: **Moderate dysplasia vocal fold**

Neil was due to be seen in the Ear, Nose and Throat clinic today. He did not arrive for this appointment. I will arrange for a further appointment.

Kind regards

Electronically signed by
Mr Sean Chan
Otolaryngologist

Signed on 14/01/2026

SC:AR
Document ID: 677043

Copies: Neil Sutherland, 31 Stratford Street, Blenheim 7201

OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

Health New Zealand
Te Whatu Ora
Nelson Marlborough

Natalie Balme
Redwoodtown Medical Centre
93 Weld St, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:23/07/2025

TO: Natalie Balme, Redwoodtown Medical Centre, 93 Weld St, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	31 Stratford Street, Blenheim 7201	**Phone:**	
		Cell:	**+64 (021) 065 0528**

Problem: **Leukoplakia right true vocal fold**

Past History: **Moderate dysplasia vocal fold**

It was a pleasure to catch up with Neil again today. He is doing well and has no concerns about his voice. I note that his vocal fold was last biopsied in 2017.

Neil's voice sounds nice and clear today. Flexible endoscopy demonstrated leukoplakia of his right vocal fold which remains relatively stable compared to photographs from 2023 and 2024.

At this stage, we can continue with regular surveillance and I will see him again in six months time.

Kind regards

Electronically signed by
Mr Sean Chan
Otolaryngologist

Signed on 24/07/2025

SC:AR
Document ID: 615382

Copies: Neil Sutherland, 31 Stratford Street, Blenheim 7201

URGENT CARE CENTRE

Marlborough Urgent Care Lt
Wairau Public Hospital, 30 Hospital Road
Witherlea, Blenheim 7201
03 520 6377
info@urgentcare.org.nz

Timeline 05 July, 2025 Saturday

Personal Details

Neil SUTHERLAND
DOB: 4/02/1962, 63 Y(s) **M**
NHI: TNC9670

Agnes TYSON(Nurse) 03:13 PM

Triage Template
Other Problem: Presents to MUCC

Patient has ingrown toe nail and very painful
said not getting better and concerned it is tracking.
assessed, informed patient not serious enough to need to go to ED but needs to contact GP on Monday morning to get into see them asap

Given lots of education and red flags to return to MUCC on Monday if not getting better and otherwise ED if required before then.
Temperature: 36.8
Method: Tympanic
Heart Rate: 82
Respiration Rate: 16
Oxygen Saturation On Air: 98
Triage Category: Less urgent - 4
Presented at reception: 3:12PM

05-Jul-2025
03:13 PM

Measurement

Respiratory rate: 16 bpm	**05-Jul-2025 03:13 PM**
Oxygen Saturation: 98 %	**05-Jul-2025 03:13 PM**
Temp: 36.8 oC (Tympanic)	**05-Jul-2025 03:13 PM**
Heart Rate (HR): 82 bpm	**05-Jul-2025 03:13 PM**

OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

Health New Zealand
Te Whatu Ora
Nelson Marlborough

Natalie Balme
Redwoodtown Medical Centre
93 Weld St, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:16/10/2024

TO: Dr Natalie Balme, Redwoodtown Medical Centre, 93 Weld St, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	138 Battys Road, Burleigh,	**Phone:**	
	Blenheim 7201	**Cell:**	**+64 (021) 065 0528**

Problem: **Leukoplakia right true vocal fold**

Past History: **Moderate dysplasia vocal fold**

It was nice to catch up with Neil again today. He is doing well and he has no trouble with singing.

Flexible endoscopy demonstrated leukoplakia on the superficial and medial aspects of the right vocal cord. This does not look significantly different from photographs from December 2023.

We had a brief discussion with regard to excising this. However, Neil was happy to persevere with surveillance. I will see him again in 6 months time.

Kind regards

Electronically signed by
Mr Sean Chan
Otolaryngologist

Signed on 16/10/2024

SC:AR
Document ID: 509260

Copies: Neil Sutherland, 138 Battys Road, Burleigh, Blenheim 7201

Update Received
Status: Returned
Service: Cardiology
Reason: Advice provided
Triaged by: Tammy Pegg

Comment: Hi Mark, I don't think we need to do anything further with the chest pain- but he does have probable failial hyperlipidaemia so I would think a statin is a good way to stay out of hospital. You could try rosuvastatin if there was a tolerance issues. He is high risk with his familial tendency
Date: 12 April 2024 12:31

Original Request
Patient: Neil SUTHERLAND (NHI: TNC9670)
Type: Cardiology Referral
Date: 28 March 2024 12:25
Id: 7052430
Referrer: Dr Mark Grainger

Clinic Letter
OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

Te Whatu Ora
Health New Zealand
Nelson Marlborough

Dr Natalie Balme
Redwoodtown Medical Centre
93 Weld St, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:13/12/2023

TO: Dr Natalie Balme, Redwoodtown Medical Centre, 93 Weld St, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	172 Weld Street, Witherlea,	**Phone:**	
	Blenheim 7201	**Cell:**	**+64 (021) 065 0528**

Problem: **Leukoplakia right true vocal fold**

Past History: **Moderate dysplasia vocal fold**

I was pleased to catch up with Neil again today. His voice remains reasonably good, although he tells me he has some trouble with his singing and performing.

Flexible endoscopy shows a small amount of leukoplakia on the superficial aspect of the right vocal fold, but this is relatively subtle and there is no suggestion of erythema or induration.

Video stroboscopy shows a good mucosal wave with symmetrical movement of both vocal folds.

We will catch up again in six months time.

Kind regards

Electronically signed by
Mr Sean Chan
Otolaryngologist

Signed on 20/12/2023

SC:AR
Document ID: 405185

Copies: Neil Sutherland, 172 Weld Street, Witherlea, Blenheim 7201

Clinic Letter
OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

Te Whatu Ora
Health New Zealand
Nelson Marlborough

31/05/2023

Dr Natalie Balme
Redwoodtown Medical Centre
93 Weld St, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:31/05/2023

TO: Dr Natalie Balme, Redwoodtown Medical Centre, 93 Weld St, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	138 Battys Road, Burleigh,	**Phone:**	
	Blenheim 7201	**Cell:**	**+64 (021) 065 0528**

Problem: **Leukoplakia right true vocal fold**

Past History: **Moderate dysplasia vocal fold**

Neil's voice has not changed significantly. He has been troubled by a gastrointestinal upset over the last couple of days.

Flexible endoscopy through the right nasal passage revealed some persistent leukoplakia on the right vocal fold. This looks a little better then it did in January. At this stage we will continue with surveillance. I will see him again in four months.

Kind regards

Electronically signed by
Mr Sean Chan
Otolaryngologist

SC:AR
Document ID: 327959

Copies: Mr Neil Sutherland, 138 Battys Road, Burleigh, Blenheim 7201

Christchurch Hospital
Te Whatu Ora
Emergency Medicine
(CDHB Adult ED Medical Assessment Record)

To: Natalie BALME

Mr Neil William SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
138 Battys Road, Burleigh, Blenheim, 7201, New Zealand
Ph: +64 (021) 065 0528

Attended: 14/02/2023 14:32

Ward/Location: CHC-EDH

Presenting Complaint
Chest pain

History, Examination, Investigations, Assessment, Progress, Plan
2 hours of central chest tightness.
Felt worse with taking deep breath
Has improved with oral analgesia in department
No sharp pain
Non radiating
No collapse or LOC
No recent cough or coryza
No other associated symptoms
Feels well currently.
No similar previously.

OE:
Looks comfortable
Chest clear bilaterally
Abdomen soft, no epigastric tenderness
Afebrile

Mobilising well in department with no shortness of breath, tachycardia or hypoxia
SpO2 98%, HR 61

ECG: NSR, no new ischemia

Troponin 6
Other bloods unremarkable

Discussed with SMO Carr

Plan:
For home
Next day troponin as per pathway
Low bar to return to ED if any other concerns.

Adverse Drug Reactions
.

Adverse Drug Reactions - from MedChart
Allergy Status Unknown - Please enter all Allergies and Intolerances on MedChart

Tetanus Booster (Boostrix) Given
· No

Working / Provisional Diagnoses
Primary Diagnosis
· Chest pain, low clinical risk

Medications
Confirmed there are no discharge medications.

Advice To Patient / Whanau
· Please show this advice to any GP, Pharmacist or other health professional you see.
· If any hospital appointments do not happen as planned phone 03 364 0640.
·

In an emergency, call 111. Otherwise phone your usual GP number if you are not feeling well or are worried about your health. After normal opening hours, your call will be answered by a nurse who will give you free health advice on what to do and where to go if you need urgent care. Tell them you have recently been in hospital.

How will recipient above receive this document?
This document will be delivered electronically when you press Finalise.

Clinician: Corey Fenton (House Officer) **Date:** 14/02/2023 16:46

Clinic Letter
OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

Te Whatu Ora
Health New Zealand
Nelson Marlborough

11/01/2023

Dr Natalie Balme
Redwoodtown Medical Centre
93 Weld St, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:11/01/2023

TO: Dr Natalie Balme, Redwoodtown Medical Centre, 93 Weld St, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	138 Battys Road, Burleigh,	**Phone:**	
	Blenheim 7201	**Cell:**	**+64 (021) 065 0528**

Problem: **Leukoplakia right true vocal fold**
Past History: **Moderate dysplasia vocal fold**

I was pleased to catch up with Neil again today. He has been busy working over the Christmas period. He has not had any real difficulty with his voice.

Flexible endoscopy again revealed Leukoplakia over the right vocal fold and it looks a little better compared to his examination in September. I think it would be reasonable to take an expectant approach and we will have another look in 4 months time, or sooner should he have any concerns.

Kind regards

Yours sincerely

Electronically signed by
Mr Sean Chan
Otolaryngologist

SC:TW
Document ID: 280162

Copies: Mr Neil Sutherland, 138 Battys Road, Burleigh, Blenheim 7201

Wairau Hospital

Medical Record

Emergency Medicine

(NMDHB - ED Clinical Notes)

Mr Neil William SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
138 Battys Road, Burleigh, Blenheim, 7201, New Zealand
Ph: +64 (021) 065 0528
ACC Number: MI97277

To: Natalie BALME

Time of Presentation: 14/10/2022 11:08

Discharge Date / Time: 14/10/2022 12:28
Ward/Location: WAIH-ED

Presenting Complaint
Injury of upper limb

History
pt using stanley knife this morning -> slipped and accidentally cut dorsum of left ring and little finger, and volar aspect of left index finger
not utd with tetanus immunisations
some altered sensation in tip of index finger
no other injury

usually otherwise well

Examination
undistressed
left hand
partial thickness loss of skin over dorsum of LF DIPJ
RF - flap laceration over dorsum of DP, not involving nail or extensor tendon
IF - transverse wounds x2 over volar aspect of pulp, just distal to DIPJ, some altered sensation to light touch over finger tip, normal FDS and FDP function of finger

Diagnosis
Open wound of hand

Management
discussed with pt that his injuries are too distal for repair of any nerves, and over time the sensation will improve
wounds cleaned and dressed
boostrix given
discharge home, gp follow up early next week for wound review

Clinician: Nikki Rolton (Emergency Medicine Specialist)

Signature:
Date: 14/10/2022 15:29

NMDHB Mental Health Services

Medical Record

Substance Abuse Individual Treatment Services

(NMDHB MH & Addiction Community Discharge Summary)

Mr Neil William SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
11 Karina Crescent, Redwoodtown, Blenheim, 7201, New Zealand
Ph: +64 (021) 065 0528

To: Natalie BALME

Admitted: 12/08/2022 00:00

Ward/Location: Nelson Mental Health & Addictions

Referral and Assessment

If you have any concerns about your mental health after your discharge please contact your GP, contact the Adult Mental Health Service, or for mental health emergency/crisis assistance outside 8am-4.30pm please contact the Crisis Mental Health Team.

· Reasons for Referral:
Neil was referred to addictions service by corrections after drink drive charge with an EBA reading of 670. He reports he drinks beer on 1-2 occasions a week, up to 13 Standard drinks (up to 10 stubbies of 4.5% beer).
Neil was given information and education about the long term health risks of alcohol use, low risk guidelines and standard drinks etc.
He consented to get a blood test and we scheduled a follow up Appt to discuss the results but Neil did not attend this Appt.

· Assessment and Findings:
one previous drink drive charge 5yrs ago.
Gave up wine last year after a presentation to ED with sudden onset of palpitations (reported at the time that he was drinking "2-5 wines a night".)

Slightly elevated GGT, lipids and glycated haemoglobin. GP PLEASE FOLLOW UP /DISCUSS THESE RESULTS WITH NEIL WHEN HE NEXT PRESENTS TO THE PRACTICE.

· Diagnosis:
Alcohol misuse

Clinician: Julie Loan (Registered Nurse)

Signature:
Date: 28/09/2022 09:42

Nelson Marlborough Health
TE WAIORA

Clinic Letter
OTOLARYNGOLOGY SERVICE
Wairau ENT Consultant Clinic

30/06/2021

Dr Natalie Balme
Redwoodtown Medical Centre
72 Cleghorn Street, Redwoodtown
Blenheim 7201

NHI:TNC9670
Clinic Date:30/06/2021

TO: Dr Natalie Balme, Redwoodtown Medical Centre, 72 Cleghorn Street, Redwoodtown, Blenheim 7201

Dear Natalie

Re:	**Neil Sutherland**	**DOB:**	**04/02/1962**
	33 Muller Road, Blenheim 7201	**Phone:**	
		Cell:	**+64 (021) 065 0528**

Lead Consultant: Mr Sean Chan

Problem: **Leukoplakia right true vocal fold**
Past History: **Moderate dysplasia vocal fold**

I was pleased to catch up with Neil again. He is happy with his voice and he is able to sing without any problems.

Flexible endoscopy reveals persistence of his Leukoplakia. There is no inflammation, erythema or ulceration.

Considering his past history of dysplasia, I think it would be prudent to keep this under surveillance. I plan to catch up with him again in a years time, or sooner should he have any concerns.

Kind regards

Yours sincerely

Electronically signed by
Mr Sean Chan
Otolaryngologist

SC:TW
Document ID: 95238

Copies:

Nelson Hospital

Medical Record

Emergency Medicine

(NMDHB - ED Clinical Notes)

Mr Neil William SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
33 Muller Road, Blenheim, 7201, New Zealand
Ph: +64 (021) 065 0528

To: Natalie REID

Time of Presentation: 24/03/2021 12:25

Ward/Location: NH-ED

Presenting Complaint
Palpitations

History
Sudden onset palpitations 1045 this morning
Associated lightheadedness, nausea, diaphoresis, mild SOB
Denies chest pain, no ripping/tearing, no pleuritic chest pain
Self-resolved after 15 mins sitting
Feeling well in ED, back to baseline
No calf pain/swelling
Otherwise well recently, no fevers or new cough
Denies abdo pain, nil change bowels or bladder

Usually well

Medications:
Atorvastatin

Social hx:
Lives in Blenheim with partner
Works as painter
Ex-smoker
Drinks 2-5 glasses of wine most nights

Allergies (include Drug and Non Drug) and Alerts
NKDA

Examination
Comfortable at rest
EWS 0
HR 79
BP 154 systolic

Warm, well perfused
Pulse reg, strong. Equal both sides
JVP NE
HS dual nil added
Good AE bilaterally, chest clear
Abdomen SNT, not distended
Calves SNT, no swelling
No peripheral oedema
Peripheral pulses strong

Investigations
ECG: Normal sinus rhythm
Repeat ECG normal
Bloods:
NAD

Diagnosis
Palpitations

Management
Impression) Palpitations ? cause

Plan)
ECG; NSR
Bloods; NAD
Discussed investigations normal. Cause for palpitations not found. At this stage the clinical risk is low and safe for discharge. Neil happy with this plan.
To catch up with GP in Blenheim- ? cardiology referal
Have explained nature of uncertainty around diagnosis and to represent if symptoms return
Have discussed sensible measures around isolated behaviour (up ladder etc) while diagnosis unclear
Friend will drive him back to Blenheim today

Note:
documentation read and ammended by Dr Aughton

Follow up and Advice
GP f/u with cardiology referral at discretion of GP

Document Contributors
Name: Phoebe Bardoul (Trainee Intern) Last Edited: 24/03/2021 14:11

Clinician: Olly Aughton (Registrar)

Signature:
Date: 24/03/2021 15:24

Otolaryngology
Nelson Hospital

Fax: 03 546 1356
Phone: 03 539 3703

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

3 June 2020 *(Clinic: 03/06/2020)*

NHI:TNC9670

Dr Emily Burgess (EC)
Redwoodtown Medical Centre
72 Cleghorn Street, Redwoodtown
Blenheim 7201

Dear Emily

Neil William Sutherland
33 Muller Road, Blenheim, 7201

DOB: 04/02/1962
Phone: +64 (021) 065 0528
Cell: +64 (021) 065 0528

Diagnosis: Leukoplakia right true vocal fold

Neil is doing well. I understand he has been very busy at work. He is singing occasionally and has no difficulty with his voice. He had some discomfort on the right side of his neck two weeks ago, but this resolved fairly quickly.

Flexible endoscopy demonstrated a small amount of Leukoplakia on the mid-right vocal fold and it looks less prominent compared to photographs taken in October last year. There is no cervical lymphadenopathy.

I plan to catch up with Neil again in 8 months' time.

Kind regards

Yours sincerely

Sean Chan
Otolaryngologist / Head and Neck Surgeon
SC:TW

Otolaryngology
Nelson Hospital

Fax: 03 546 1356
Phone: 03 539 3703

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

23 October 2019 *(Clinic: 23/10/2019)*

NHI:TNC9670

Dr Emily Burgess (EC)
Redwoodtown Medical Centre
72 Cleghorn Street, Redwoodtown
Blenheim 7201

Dear Emily

Neil William Sutherland
33 Muller Road, Blenheim, 7201

DOB: 04/02/1962
Phone: +64 (021) 065 0528
Cell: +64 (021) 065 0528

Diagnosis: Leukoplakia right true vocal fold

It was a pleasure to catch up with Neil again today. He has been doing very well. I understand he has been working quite long hours for a much extended period. He is happy with his voice and back to singing.

Flexible endoscopy demonstrated a small amount of Leukoplakia on the superior aspect of the mid portion of the right vocal fold. The remainder of the laryngeal mucosa appears healthy.

Video stroboscopy was performed and this demonstrated good movement of both vocal folds and nice mucosal waves.

I plan to catch up with Neil again in 8 months or sooner should he have any problems.

Kind regards

Yours sincerely

Sean Chan
Otolaryngologist / Head and Neck Surgeon
SC:TW

Wairau Hospital

Medical Record

Emergency Medicine

(NMDHB - ED Clinical Notes)

Mr Neil William SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
33 Muller Road, Blenheim, 7201, New Zealand
Ph: +64 (021) 065 0528
Acc Number: DA20328

To: Natalie REID

Time of Presentation: 12/03/2019 13:50

Ward/Location: WAIH-ED

Presenting Complaint
Injury of back

History
Using a sander with arms over head - felt a sudden sharp tear and discomfort in his lower R back, pain with moving and with bending. No discomfort radiating to the chest or the abdomen. Denies neck pain.

Allergies (include Drug and Non Drug) and Alerts
nkda

Examination
HR 89
BP
RR 16
Afebrile
ENT cl
Chest clear
Corr RRR
Abd soft and not tender
Limbs no swelling, good strength, normal sensation

Investigations
Chest X-ray neg

Diagnosis
Back strain

Management
Tramadol

Follow up and Advice
Tramadol 50 mg four times a day, Dantrolene 25 mg daily for 7 days, follow with GP in one week - return to the ED if increased trouble breathing worsening pain, written instructions given

Clinician: Douglas Connor (Specialist)

Signature:
Date: 12/03/2019 15:14

Wairau Hospital

Medical Record

Emergency Medicine

(NMDHB - ED Clinical Notes)

Mr Neil William SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
33 Muller Road, Blenheim, 7201, New Zealand
Ph: +64 (021) 065 0528

To: Natalie REID

Time of Presentation: 19/05/2018 00:41

Discharge Date / Time: 19/05/2018 02:29
Ward/Location: WAIH-ED

Presenting Complaint
Injury of head

History
Intoxicated and went in to someone else's house.
According to patient tripped and fell face first on a wooden floor.
Police reports are saying he was found bleeding and staggering across a street and wasn't aware of what was going on.
Sustained bruising over R) eye and a nose bleed.

Examination
Alert, Not in distress. GCS 15.
RR 22, Sats 99% RA, BP 120/80, HR 87, Afebrile.
Bruising below R) eye, Nasal swelling with scabs but no active bleed. Scalp clear.
No nasal septum hematoma.
EOM intact. Ear and Mouth clear. TMJ no tenderness.
NECK - FROM, non tender.
Chest - Clear, No signs of any injuries.
ABDO - SNT, BS normoactive, No bruising, No Renal Angle tenderness nor bruising.
EXT - No signs of any injuries, CRT < 2secs.
NEURO - NAD
PEARL, No papilledema.

Investigations
CT HEAD - Verbally reported to be normal by the on call radiologist.

Diagnosis
Contusion to face

Management
Examined as above.
Discussed with Dr Toney and given the conflicting history from the patient deemed appropriate to CT patient.
CT normal.
Patient was well and keen to go home.
Head injury leaflet given. Advised to come back if with any of the symptoms listed in the leaflet.

Clinician: Tiger Jee (H/S)

Signature:
Date: 19/05/2018 03:58

Otolaryngology
Wairau

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 9934
Phone: 03 520 9972

27 September 2017 *(Clinic: 27/09/2017)*

NHI:TNC9670

Dr Emily Burgess/redwoodtown (EC)
Redwoodtown Doctors
72 Cleghorn St
Blenheim

Dear Emily

Neil William Sutherland
33 Muller Road, Blenheim, 7201

DOB: 04/02/1962
Phone:
Cell: 021 065 0528

Diagnosis: Mild to moderate dysplasia right vocal fold

I was pleased to catch up with Neil again today. He underwent microlaryngoscopy and biopsy of his right vocal cord leukoplakia in May. He has recovered well although he feels like he has lost some of his vocal range and there is a subtle roughness to the quality of his voice.

Neil appears well and his voice sounds quite clear to me.

Flexible endoscopy reveals a small area of leukoplakia persistent on the superior aspect of the mid portion of the right vocal fold. He has good movement of both vocal folds.

I have discussed the findings with Neil and I have suggested another review in six months time but I would be happy to see him sooner should you have concerns.

Kind regards

Sean Chan
Otolaryngologist / Head and Neck Surgeon
SC:CC

Otolaryngology
Wairau Hospital

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 9934
Phone: 03 520 9972

17 February 2017 *(Clinic: 15/02/2017)*

NHI:TNC9670

Copy: Neil Sutherland : 25 Nelson Street, Mayfield, Blenheim, 7201

Dr Kirsten Tucker/redwoodtown (EC) (EC)
Redwoodtown Doctors
72 Cleghorn St
Blenheim

Dear Kirsten

Neil William Sutherland
25 Nelson Street, Mayfield, Blenheim, 7201

DOB: 04/02/1962
Phone:
Cell: 021 065 0528

Diagnosis **Recurrent leukoplakia right anterior vocal fold**

Recommendation **Microlaryngoscopy and biopsies**

Neil noticed some irritation in his larynx before Christmas and he has been trying throat clearing to try and shift it. He only produces a small amount of clear mucous. He feels that his voice is more "croaky" and he has a reduced vocal range and is not able to hit the higher notes when he sings, although he does not sing regularly. He denies any vocal abuse. He is eating and drinking without any difficulty and there is no suggestion of aspiration. There are no reflux symptoms.

Neil appears well. There is no cervical lymphadenopathy. His speaking voice is quite clear however when he produces a gliding note there are some pitch breaks towards the higher end.

The oral cavity and oropharynx were unremarkable.

Flexible endoscopy reveals small amount of leukoplakia affecting the anterior 1/3rd of the right vocal fold on the superior and medial surface. There is good movement of both vocal folds. The remainder of the larynx and hypopharynx were unremarkable. I have discussed the findings with Neil and we plan to go ahead with a microlaryngoscopy and biopsies. I note his last procedure was in September in 2011 and we used a size DN scope.

Yours sincerely

Sean Chan
Otolaryngologist / Head and Neck Surgeon
SC:DH

Wairau Hospital

Medical Record

Emergency Medicine

(-)

NEIL WILLIAM SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
25 NELSON STREET, MAYFIELD, BLENHEIM, 7201, NEW ZEALAND
Ph: 021 065 0528
Acc Number: NF45421 **Insurer:** ACC

To: DR EMILY BURGESS/REDWOODTOWN
72 CLEGHORN ST
BLENHEIM
7201
NEW ZEALAND
Ph: 03 578 0470

Time of Presentation: 20/09/2016 14:12

Time of Document Creation: 20/09/2016 14:52
Ward/Location: WAIRAU EMERGENCY DEPARTMENT

Presenting Complaint
head laceration

History
Moving item round garden
Bent down and hit head on wooden box
No LOC, seizure activity, focal neurology, amnesia

Allergies (include Drug and Non Drug) and Alerts
NKDA

Examination
GCS 15
CN 1-12 NAD
Upper and lower neuro NAD

Small 3 pointed star shaped incision
Total 3cm across

Infiltrated with 1.5ml 1% lidocaine +1:100000 adrenaline
Cleaned and irrigated with saline
2x4.0 ethilon sutures

Tetanus booster given

Diagnosis
Simple head laceration

Management
As above
Head injury advice sheet given
ACC

Follow up and Advice
Sutures out in 7 days with practice nurse

Clinician: Aaron Sutton

Signature:
Date: 20/09/2016 14:55

Medical Outpatients
Wairau Hospital

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 6368
Phone: 03 520 6366

28 June 2016 *(Dictated: 28/06/2016)*

NHI:TNC9670

Dr Jenny James/redwoodtown (EC)
Redwoodtown Doctors
72 Cleghorn Street
Blenheim

Dear Jenny

Neil William Sutherland
68 Dillon Street, Blenheim, 7201

DOB: 04/02/1962
Phone:
Cell: 021 065 0528

Mr Sutherland had a resting and 24 hour ECG to investigate palpitations due to possible paroxysmal atrial fibrillation. His resting 12 lead ECG was normal. During the 24 hour Holter he reported no symptoms. He was in sinus rhythm throughout the Holter with a average heart rate of 89, a maximum heart rate of 142 and a minimum heart rate of 56. There were very occasional supraventricular ectopic beats. No dysrhythmia was documented. On the available information there is currently no evidence of paroxysmal atrial fibrillation though this condition is not completely excluded. No further tests are required at this stage, but if Mr Sutherland has ongoing symptoms or prolonged palpitations he should present either to your practice or ED for an ECG. He could be considered for an event monitor at some point depending on symptoms.

I have not arranged to see him in MOPD at this stage.

Yours sincerely

Reon Van Rensburg
Specialist Physician
RV:BA

Medical Outpatients
Wairau Hospital

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 6368
Phone: 03 520 6366

2 May 2016 *(Dictated: 26/04/2016)* **NHI:TNC9670**

Copy: Dr Kirsten Tucker/redwoodtown (EC) : Redwoodtown Doctors

Dr Jenny James/redwoodtown (EC)
Redwoodtown Doctors
72 Cleghorn Street
Blenheim

Dear Jenny

Neil William Sutherland **DOB: 04/02/1962**
68 Dillon Street, Blenheim, 7201 **Phone:**
Cell: 021 065 0528

You wanted this patient to have an ECG and a 24 hour cardia monitor to investigate his palpitations.

I have requested these investigations and we will see him if there is anything importantly abnormal with the result.

Yours sincerely

John Hedley
Consultant Physician
JH:JC

Medical Outpatients
Wairau Hospital

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 6368
Phone: 03 520 6366

2 May 2016 *(Dictated: 26/04/2016)* **NHI:TNC9670**

Copy: Dr Kirsten Tucker/redwoodtown (EC) : Redwoodtown Doctors

Dr Jenny James/redwoodtown (EC)
Redwoodtown Doctors
72 Cleghorn Street
Blenheim

Dear Jenny

Neil William Sutherland **DOB: 04/02/1962**
68 Dillon Street, Blenheim, 7201 **Phone:**
Cell: 021 065 0528

You wanted this patient to have an ECG and a 24 hour cardia monitor to investigate his palpitations.

I have requested these investigations and we will see him if there is anything importantly abnormal with the result.

Yours sincerely

John Hedley
Consultant Physician
JH:JC

Otolaryngologist
Wairau Hospital

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 9934
Phone: 03 520 9972

13 April 2016 *(Clinic: 13/04/2016)* **NHI:TNC9670**

Copy: Neil Sutherland : 68 Dillon Street, Blenheim, 7201

Dr Kirsten Tucker/redwoodtown (EC)
Redwoodtown Doctors
72 Cleghorn St
Blenheim

Dear Kirsten

Neil William Sutherland
68 Dillon Street, Blenheim, 7201

DOB: 04/02/1962
Phone:
Cell: 021 065 0528

Diagnosis

Dysplasia anterior right vocal cord – resolved

Neil continues to do well. His vocal folds appear healthy and the area of leukoplakia appears to have settled. He is able to phonate well and he has symmetrical movement of both vocal folds. We will see him for further review in twelve months.

Yours sincerely

Sean Chan
Otolaryngologist / Head and Neck Surgeon
SC:DH

Otolaryngologist
Wairau Hospital

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 9934
Phone: 03 520 9972

18 November 2015 *(Clinic: 18/11/2015)*

NHI:TNC9670

Copy: Neil Sutherland : 16 / 1 Brian Bary Street, Blenheim, 7201

Dr Kirsten Tucker/redwoodtown (EC)
Redwoodtown Doctors
72 Cleghorn St
Blenheim

Dear Kirsten

Neil William Sutherland
16 / 1 Brian Bary Street, Blenheim, 7201

DOB: 04/02/1962
Phone:
Cell: 021 065 0528

Diagnosis

1. **Dysplasia anterior right vocal cord – query resolved**

Neil is doing great. He is singing without any trouble and is eating and drinking with no difficulty.

Flexible endoscopy revealed healthy vocal folds and the area of leukoplakia at the anterior right vocal cord has settled and the vocal fold mucosa looks healthy. He has good movement of the vocal folds.

I have suggested one further review in six months and at that stage we may be able to consider discharge.

Yours sincerely

Sean Chan
Otolaryngologist / Head and Neck Surgeon
SC:DH

Wairau Hospital

Medical Record

Emergency Medicine

(-)

NEIL WILLIAM SUTHERLAND
TNC9670 [DoB: 04/02/1962] Male
16 / 1 BRIAN BARY STREET, BLENHEIM, 7201
Ph: 021 065 0528
Acc Number: JL60935 **Insurer:** ACC

To: DR KIRSTEN TUCKER/REDWOODTOWN
72 CLEGHORN ST
BLENHEIM
NEW ZEALAND
Ph: 03 578 0470

Time of Presentation: 17/05/2015 14:12

Time of Document Creation: 17/05/2015 14:35
Ward/Location: WAIRAU EMERGENCY DEPARTMENT

Presenting Complaint
Burn R wrist
Working with hot wax creating artwork
Didn't cool at scene

cooled on arrival to ED by triage
Tet utd

Exam:
Right flexor surface of wrist <1% SA burn, one small blister
Distal function/wrist and hand ok
No other burns/injuries

Burn dressing and GP fu prn
Normal course of healing and warned about complications

Diagnosis
Burn of wrist

Management
.

Clinician: Emergency Specialist Dr. Mikael Mikaelsson **Signature:**
Date: 17/05/2015 14:41

Otolaryngology
Wairau Hospital

Hospital Road,
P.O.Box 46
Blenheim , New Zealand

Fax: 03 520 9934
Phone: 03 520 9972

15 April 2015 *(Clinic: 15/04/2015)* **NHI:TNC9670**

Dr Kirsten Tucker/redwoodtown (EC)
Redwoodtown Doctors
72 Cleghorn St
Blenheim

Dear Kirsten

Neil William Sutherland
16 / 1 Brian Bary Street, Blenheim, 7201

DOB: 04/02/1962
Phone:
Cell: 021 065 0528

Diagnosis: Dysplasia Anterior Right Vocal Cord

Neil seems to be doing well. He has been a little worried about his throat, but he has not noticed any change in his voice.

Flexible endoscopy reveals persistence of as small area of leukoplakia on the superior surface of his right vocal fold just behind the oral commissure. This appears unchanged. He has normal movement of the vocal folds.

I will catch up again with him in 6 months.

Kind regards,

Yours sincerely

Sean Chan
Otolaryngologist/Head & Neck Surgeon
SC:MT