A&E Records

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr FJ Wood
Bangholm Medical Centre (white Prac
Bangholm Loan
Edinburgh
EH5 3AH

Date: 19/03/2014

Emergency Discharge Summary

Patient	William O'Donnell 25 Boswall Crescent Edinburgh Midlothian EH5 2ER	**CHI**	**2810651094**
		Date of Birth / Age	28/10/1965 (48 years)
		UHPI	500631920R
		A&E Attendance Number	E2688080
Attendance Date	19/03/2014		
Attendance Time	13:10		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date			
Discharge To			

Dear Dr FJ Wood

Presentation: neck injury

Clinical note: 48-year-old car part attendant reports driver of a car hit at low speed in passenger side yesterday by another car, no pain at first, today reports stiff neck, some pain left side on movements,

PMH: HTN
DH: Antihypertensive
NKDA

on examination, neck, no swelling / bruising /deformity / signs of infection / C-spine tenderness / neurological symptoms / headache / photophobia, mild pain on all neck movements increased side flexion down left side some superior scapular border / trapezium, no pain on shoulder movements, no other symptoms / red flags / injuries / pain reported, DNVI

compression: Soft tissue injury

plan: Rest / ice, whiplash injury advice sheet given, regular analgesia, see GP is concerned, worsening statement given,

Yours Sincerely,

Joseph Loftus, Nurse

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr RM Falconer
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date: 13/02/2023

Emergency Discharge Summary

Patient	William O'Donnell 25 Boswall Crescent Edinburgh Midlothian EH5 2ER	**CHI**	**2810651094**
		Date of Birth / Age	28/10/1965 (57 years)
		UHPI	500631920R
		A&E Attendance Number	E5266300
Attendance Date	02/02/2023		
Attendance Time	11:18		
Mode of Arrival	Private Transport		
Source of Referral	Flow Centre		
Discharge Date	02/02/2023		
Discharge To			

Dear Dr RM Falconer

Presentation: PC - 1 WK HX OF DRY COUGH, SOB ON EXERTION, DISCOMFORT IN EPIGASTRIC REGION RADIATING TO RIGHT SCAPULA, CHEST CLEAR OBS - SATS 97, HR 49, BP 162/92 NEWS 1 HX - HERNIA ? SLOW AF

CLINICAL NOTES:
Clinical note: P/C: CHEST PAIN

Hx of P/C:
CP started 2 weeks ago on the posterior lower right side of the chest
the pain is triggered by coughing, heavy lifting or sleeping on that side at night
tried paracetamol which does not really help
this is associated with SOB
occasional dry cough
no fevers
no haemoptysis
no unintentional weight loss - weight stable 98Kg
no recent surgeries
The patient works as a taxi driver and he is sitting most of the day in his care but over the last 2 weeks his car was in maintenance but was keeeping himself active around the house
The patient usually gets chest discomfort anteriorly because of the hernia but feels this pain is different
no palpitations
no syncope of presyncope
no trauma

PMH:
epigastric hernia - referred to gen surgery has not been seen yet

HTN

Social:
lives with wife
taxi driver
ex smoker , smoked for about 40 years
once a week drinks 6 pints of beer

Allergies:
NKDA

Medications:
famotidine 20mg OD
esomeprazole 40 mg OD
lisinopril 20mg OD
mebeverine 135mg TDS
peptac
amlodipine 10mg OD
atenolol 50mg OD

O/E:
patient alert and responsive
orientated
NEWS 1 , t 36.4, HR 46, BP 177/78, SATS 98% RA, RR 18
Chest is clear
HS normal
no evidence of DVT

ECG sinus bradycardia, rate 44

Plan:
chase bloods
chase CXR

Bloods normal
D-dimer 293
Wells score 0
CXR normal
CRP AND WCC normal

I note that patient is on Atenolol for difficult to control BP causing the bradycardia

since patient is haemodynamically stable and has no syncopal or presyncopal episodes then no requirement to alter the atenolol at this stage

I have informed the patient of the results and sent him home with worsening advice

Heba Fahmy
senior CF

Any queries please contact 0131 537 1728

Yours Sincerely,

Dr Andrew E Leitch, Consultant

Clinic Letters

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

NHS Lothian

Ear Nose and Throat

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 02/08/2007
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:** **Date of Birth:**	500631920R 28/10/1965
Specialty:	Ear Nose and Throat	**Consultant:**	Prof RP Mills Locum 2

Thank you for referring Mr O#Donnell to the clinic with a 5 year history of an awareness of variable swelling on the anterior aspect of his right hard palate. There is a suspicion that the floor of the nose adjacent to this is also swollen. I have organised some scanning of this area just to demonstrate the pathology.

In addition and responsible for his variable sense of smell is actually quite marked ethmoidal polyposis # I think it was the increased awareness of this that had raised his concern about his palatal lesion putting the two together. I understand that you are currently juggling with his hypertension and I have therefore left it to you to decide whether you would treat him with oral steroids at this moment. Under normal circumstances I would give him 20 days of descending dose Prednisolone and Flixonase nasules as maintenance. I have started him on the nasules and will meet again in 2 months.

Yours sincerely

DR S METCALF
LOCUM ENT CONSULTANT

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Ear Nose and Throat

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 19/09/2007
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:** **Date of Birth:**	500631920R 28/10/1965
Specialty:	Ear Nose and Throat	**Consultant:**	Prof RP Mills Locum 2

Your recent CT scans confirm the presence of a possibly cystic area of your palate and I think it would be a good idea for us to get the opinion of the oral surgeons in the Dental Department. We are due to meet soon anyway to discuss your nasal polyposis but sometime soon I hope you will receive an appointment to visit them and discuss this interesting lesion a little further. It does not appear to be in any way threatening it is just obviously something that has been present for a number of years now and is intriguing.

Yours sincerely

DR S METCALF
LOCUM ENT CONSULTANT
sm/eh
19.09.07

c.c. DR OSTROWSKI
BANGHOLM MEDICAL CENTRE
BANGHOLM LOAN
EDINBURGH EH5

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Ear Nose and Throat

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 19/09/2007
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:** **Date of Birth:**	500631920R 28/10/1965
Specialty:	Ear Nose and Throat	**Consultant:**	Prof RP Mills Locum 2

I would be delighted if you would just cast an eye over Mr O#Donnell and his CT scans. He has had a 5 year history of an awareness of a variable swelling on the anterior aspect of his right hard palate. The CTs are not great but they do show a lower tenuation lesion involving the hard palate and extending into the floor of the nose. He does have ethmoidal polyposis as well which is where he has sinus opacification and I am seeing him for this later this month but your views on the possible cystic lesion of his palate would be most interesting.

Many thanks.

Yours sincerely

DR S METCALF
LOCUM ENT CONSULTANT
sm/eh
19.09.907

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Ear Nose and Throat

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 01/10/2007
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:** **Date of Birth:**	500631920R 28/10/1965
Specialty:	Ear Nose and Throat	**Consultant:**	Prof RP Mills Locum 2

I reviewed Mr O#Donnell and on 30mg Prednisolone his nasal polyposis was really well controlled. On Flixonase nasules alone it appears to be not particularly well controlled.

I have therefore returned him to oral steroid but left him on 5mg of Prednisolone plus nasules and we will meet again when he is on this dose.

Yours sincerely

S METCALFE
Locum ENT Consultant
Sm/ab
1/10/9

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

GI Endoscopy

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 03/10/2018
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:** **Date of Birth:**	500631920R 28/10/1965
Specialty:	GI Endoscopy	**Consultant:**	Dr MP Eugenicos (Back Fill)

Further to the endoscopy carried out recently on the above patient, I can confirm that the Clo/ Urease test result is POSITIVE. Please refer to the advice already given on the gastroscopy report.

Yours sincerely

Endoscopy Secretary

KC/JJ
Contact Tel Nos: 0131 536 6241

70272 SK Allan

500631920R M 28/10/1965
O'Donnell, William
25 Boswall Crescent,
Edinburgh,
Midlothian,
EH5 2ER
CHI 2810651094

NHS
Lothian

Consent Form - COPY

Patient agreement to endoscopic investigation or treatment

P10293212/000190/8/8

Name of procedure/s (*include a brief explanation if the medical term is not clear)*

Oesophago-Gastro Duodenoscopy (OGD) - Oral or trans-nasal endoscopy (TNE) (without sedation)

Investigation of the upper gastrointestinal tract with a flexible endoscope (with or without biopsy, photography)

Biopsy samples will be retained

Statement of patient

You have the right to change your mind at any time, including after you have signed this form

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in the booklet and on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. If a trainee performs this examination it will be performed under supervision by a fully qualified practitioner.

I would like to have: **local anaesthetic spray** ☑

Signed (patient) WODONNELL *Date* 1/10/18

Name (print in capitals) WILLIAM O'DONNELL

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have spoken to the healthcare professional.

Confirmation of consent
(to be completed by a healthcare professional when patient is admitted for procedure)

I have confirmed that the patient/guardian understands what the procedure involves, including the benefits and any risks

I have confirmed that the patient/guardian has no further questions and wishes for the procedure to go ahead

Signed Alison McDonald *Date* 8/10/18

Name (print in capitals) ALISON MACDONALD *Designation* SIN

(If your patient requires further information please complete page 3 of this consent form)

Patient Details	NHS Lothian ***Consent Form*** **Patient agreement to endoscopic investigation or treatment**

Statement of healthcare professional *(to be completed by a healthcare professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular I have explained:

The intended benefits

1. To diagnose and treat a possible cause of symptoms;
2. To review findings of any previous investigations.

Potential Risks

1. Procedure risks: Perforation, bleeding, damage to teeth;
2. Sedation risks: Adverse reaction to medications.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative investigations/treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed _____ **Date** _____

Name *(print in capitals)* _____ **Designation** _____

Statement of interpreter *where appropriate*

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

Signed _____ **Date** _____

Name *(print in capitals)* _____

GI Endoscopy ICP

TNE. Screen off please
X may have nasal polyps

NHS Lothian

Addressograph or Forename Surname 500631920R M 28/10/1965 Unit numbe O'Donnell, William C Address 25 Boswall Crescent, (*including Pos* Edinburgh, Midlothian, EH5 2ER **Preferred N** CHI 2810651094 70272 — SR Allan Tel. number	Arrived in ...LCJC.....unit for procedure Date 2/10/18 & time: GP Name Dr Allan Address Bangholm Medical Centre Bangholm loan Edinburgh Religion Ethnic Origin British **Consultant:** **Proposed Procedure: with Sedation** Yes ☐ No ☑ ☐ Colonoscopy ..... ☑ Endoscopy ..... ☐ Flexible Sigmoidoscopy ..... ☐ Pouch Endoscopy ..... ☐ *Other* ..... **Other** ☐ ..... Proposed date: & time: Date confirmed by patient as suitable ☐
Next of Kin: Name/address Alisd ODonnell 25 Boswall Crescent Tel. number(s):home mobile 07749 138363	
ALLERGIES: None document if pt has no known allergies/sensitivities	

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature	date
1	ALISON MACDONALD	S/N	AMD	AMacDonald	2/10/18
2	HEATHER PANT	S/N	HP	H. Pant	2/10/18
3	ANNA BOODLE	S/N	AB	AnnaBoodle	2.10.18
4	VERONICA STAMATAS	S/N	VS	V. Stamatas	2.10.18
5					
6					
7					
8					

a) **SIGHT / HEARING / DIFFICULTIES WITH UNDERSTANDING or COMMUNICATION**: eg Interpreter
N ☑, Y ☐ *specify* .....

b) **OVERNIGHT CARE** N/A ☐, or Escort Y / N (who).....Transport .....
24hr Care Y / N (who)..... I/P bed required Yes ☐, No ☐
PHONE NUMBER .....

c) **MOBILITY**: Wheelchair Y / N, Walking Aid Y / N ☐. requires: Hoist ☐

FALLS RISK ASSESSMENT REQUIRED Y / N

d) **HOSPITAL TRANSPORT**: Required N ☐, Y ☐. If Yes, reason why .....
If Ordered date: Type Ref No.....

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

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

Patient to complete this Pre-Procedural Assessment

for information for the staff to know before the procedure

Clinical Assessment

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

If YES: Insulin ☐, Diet ☐, or Tablets ☐ — Nurse record of BM [redacted]

Are you taking any of the following medication:	No	Yes
i) Clopidogrel	☑	☐
ii) Warfarin	☑	☐
iii) other anticoagulants (blood thinning drugs)	☑	☐
If yes, did you receive instructions about stopping?	☐	☐

If YES: INR result

What were they?.....

Nurse comments in shaded areas

CURRENT MEDICATIONS – including complementary medicines / vitamins etc *Tick if none* ☐

Drugs	dose	frequency	Drugs	dose	frequency
1 Lisinopril	20mg	1 Daily	7		
2 Amlodipine	10mg	1 Daily	8		
3 Atenolol	50mg	1 Daily	9		
4			10		
5			11		
6			12		

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

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

None

Please list any other health problems

Belching, retrosternal discomfort, early dysphagia.

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

Admitting Nurse initials AMD date 2/10/18 time 0841

500631920R M 28/10/1965
O'Donnell, William
25 Boswall Crescent,
Edinburgh,
Midlothian,
EH5 2ER
CHI 2810651094
SR. Allan

PRE-PROCEDURE CHECKS

Name
Dob
Unit no

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

CHECKLIST	WARD		Endoscopy		notes
Orientation to the ward/dept./unit	Y	N			
Patient identification checked & name band(s) applied	Y	N	Y	N	
ALLERGIES RE-CHECKED (same as on front cover)	Y	N	Y	N	
Correct procedure	Y	N	Y	N	
Pre, Peri and Post procedure care explained	Y	N			
Explanation of withdrawing consent during procedure	Y	N	Y	N	
Ensure baseline obs & weight recorded (Obs chart pg 4)	Y	N			
Last food: date 1/10/18 time 2200	Y	N			
Last drink: date 1/10/18 time 2200	Y	N			
Bowel prep taken / phosphate enema given or N/A ☑	Y	N	Y	N	
Taken routine drug therapy	Y	N			
Any limitations to movement identified: *If YES, Specify*	Y	N	Y	N	
Any other relevant issues identified:					
Jewellery REMOVED/TAPED or N/A ☐	Y	N	Y	N	
Belongings secured	Y	N			
Hearing Aids in situ: L R or N/A ☐	Y	N	Y	N	
Dentures in situ: Top / Bottom / Full or N/A ☐	Y	N	Y	N	
Glasses sent with patient or N/A ☐	Y	N	Y	N	
Spare Stoma bag sent or N/A ☑	Y	N	Y	N	
Ask patients permission for presence of medical student / work experience student					
Consent signed	Y	N	Y	N	
Pre procedure Nurse check: initials* ATWO					date 2/10/18 time 0930
Endoscopy Nurse initials* AB					date 21018 time 0915

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

500631920R M 28/10/1965
O'Donnell, William
25 Boswall Crescent,
Edinburgh,
Midlothian,
EH5 2ER
CHI 2810651094

Pre-, Peri-, Post-procedural observations

date 2 10 18

Name
Dob
Unit no

Time

Ht (m) Wt(kg) BMI	Hr : min	O/A												
Oral Airway	or N/A ☐		RA											
Oxygen Therapy (L / Min)	or N/A ☐	RA												
Oxygen Saturation	or N/A ☐	98%	98%											
Respiration	or N/A ☐													
Sedation Score	or N/A ☐													
Pain Score	or N/A ☐													
Nausea Score	or N/A ☐													
Procedure site checked	or N/A ☐													
Blood Loss	or N/A ☐													
Blood sugar	or N/A ☐													
Temp	or N/A ☐													

SCORING SYSTEM
see table below

200

200

Pain: - *use 0 – 10 scoring system*

0 NONE
Continue to assess pain with every set of observations

150

150

1-3 MILD
Continue to assess pain with Every set of observations

4-5

100

Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW

100

6-10

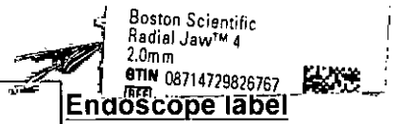
50

Assess. Using guidelines, Prescribe/give analgesia as Appropriate for the patient.
REVIEW

50

Blood Loss or N/A ☐
0 None
1 Slight
2 Heavy

[Record 'Drugs given' on table across]



Endoscope label

Sedation		**Nausea**	
0	None, patient alert	**0**	None
1	Mild, occasionally drowsy, easy to rouse	**1**	Mild nausea, no treatment required
2	Moderate, frequently drowsy, easy to rouse	**2**	Nausea/vomiting helped by Rx
3	Severe, somnolent, difficult to rouse	**3**	Persistent nausea / vomiting despite Rx
S	Normal, sleep, stirs to light touch	**S**	Score S if sleeping normally

FRANCE
LANCER

Duration cycle: 00h 45mn
Ending time : 10:33:30
INCIDENTS OCCURED: NONE

BLOWING :02mn06s

RINSE 2 :12mn51s

DISINFECTION :12mn04

RINSE 1 :05mn20

WASH :10mn2
Filling basin :01mn5

LEAKING TEST :02mn0

Prg n13 before 03 Da
Duration blow :02mn
N° low endoscope : 031
N° upper endoscope: 026
N° of order : 17217
Starting time : 09:48:00
Date :01/10/2018

LCTC 4M011152-A
PROGRAM N°01
USER'S : A
FUNCTION ANALYSES

21867864

(12).TNE 48.

70272 SR Allan
500631920R M 28/10/1965
O'Donnell, William
25 Boswall Crescent,
Edinburgh,
Midlothian,
EH5 2ER
CHI 2810651094

PRESCRIPTION & ADMINISTRATION RECORD

Clinical area ....LCTR.....

Name
Dob
Unit no

ONCE ONLY

Date	Time	Medicine (Approved name)	Dose	Route	Prescriber - sign + print	Time given	Given by
		OXYGEN	L	NASAL/ORAL			
					KCh	0905	HP.
2/10/18		Simeticone 80mg		oral	KCh		
		Lidocaine Hydrochloride 52mg Phenylephrine Hydrochloride 5.2mg		NASAL	KCh	0910	HP.
					KCh		
2/10/18		Xylocaine	40mg	nasal	KCh	0918	K.L.

PERI-PROCEDURE CARE

time, initials

Cannula site Size Skin Prep ☐
Handwash ☐ Gloves ☐ Aseptic Insertion ☐ Dressing labelled ☐
Difficulties/complication/deviation from standard technique Y N

BIOPSIES TAKEN OESOPHAGEAL ☐ GASTRIC ☐ DUODENAL ☐
CLO TEST ☐ COLON ☐ POLYP/S ☐ OTHER ☐ — AB 0923.

Oral Suction required Y ☐ or N/A ☐

Diathermy: none required ☐
Monopolar ☐, Bipolar ☐ site .....

Patient Nurse: initials* VS date 02.10.18

Endoscopy Nurse initials* AB date 02.10.18

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

POST-PROCEDURE:

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

PROCEDURE SUMMARY: procedure comfort mild ☐, moderate ☐, severe ☐

See report

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

Please refer to discharge summary Y☐ N/A ☐

SPECIFIC INSTRUCTIONS TO STAFF POST-PROCEDURE

Patient can DRINK Y ● NO ● after 30 mins ●
Patient can EAT Y ● NO ● after 30 mins ●
Suitable for NURSE-LED DISCHARGE YES / NO

Endoscopist print signature KCh

designation date time

500631920R M 28/10/1965
O'Donnell, William
25 Boswall Crescent,
Edinburgh,
Midlothian,
EH5 2ER
CHI 2810651094

POST PROCEDURE and DISCHARGE CRITERIA

Name
Dob
Unit no

POST PROCEDURE			initials	Comment overleaf
1	Trolley lowered, bed rails in situ, buzzer given	Y , N/A	initials	
2	**Observations** recorded:			
	on return *time*	Y , N/A		
	at 30mins	Y , N/A		
	after 1 hour	Y , N/A		
NOTE: Obs regime to follow is O_2 sats, TPR, BP Sedation, Pain & Nausea scores [recorded on pg 4]				

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

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

VARIANCES: **all staff to identify & record variances** *further Variance Sheet are available*

note Variance code letter: A = patient, B = clinician, C = hospital system, D = external / community

Record of Variance

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

Multidisciplinary Progress notes / problems

Name
Dob
Unit no

Time	include action taken, investigations required, etc + signature, pl

VARIANCES: **all staff to identify & record variances** *further Variance Sheet are available*

Types of Variance: please note the Variance code letter where possible
A – patient, **B** – clinician, **C** – Hospital system, **D** – external / community

Record of Variance

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

70272 SR Allan
500631920R M 28/10/1965
O'Donnell, William
25 Boswall Crescent,
Edinburgh,
Midlothian,
EH5 2ER
CHI 2810651094

Multidisciplinary Progress notes / problems

Name
Dob
Unit no

Time	include action taken, investigations required, etc + signature, print name & designation

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Gastroenterology

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 27/08/2020
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:**	500631920R
		Date of Birth:	28/10/1965
Specialty:	Gastroenterology	**Consultant:**	IBD Advice

CLN/AA
28th of August 2020

Thank you for your letter about this gentleman who has ongoing dyspepsia and excess gas. He had an endoscopy in 2018 which showed gastritis and at this time he was Helicobactor Pylori positive. He was given a course of treatment and I note the negative stool test in March of this year. In terms of further investigation I would suggest that he has his coeliac serology checked to exclude other causes for his symptoms. If this is negative I agree that Amitriptyline does not seem so sensible given he is a taxi driver. I would however consider Imipramine which is less sedating and he could try this at 10 mg nocte and titrate up the dose if he was tolerating it. Sometimes Esomeprazole gives additional benefit over other PPI's but if he has tried Lansoprazole, Ranitidine and Peptac all in reasonable doses together then I think there is little further to be gained in terms of symptomatic management from acid suppression.

Please contact me directly if you have any questions about this letter.

With kind regards.

Yours sincerely,

Dr Colin L Noble, MD
Consultant Gastroenterologist

FOR HEALTH CARE PROFESSIONALS ONLY: WGH.IBDConsultants@nhslothian.scot.nhs.uk or IBDNurses@nhslothian.scot.nhs.uk

Royal College of General Practitioners - Inflammatory Bowel Disease Toolkit www.rcgp.org.uk/ibd

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

General Surgery

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 30/03/2023
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:**	500631920R
		Date of Birth:	28/10/1965
Specialty:	General Surgery	**Consultant:**	Mr PJ Lamb

It was nice to see you in the surgical clinic at the Royal Infirmary today following your GP referral about a possible abdominal wall hernia and upper abdominal symptoms.

You get pain in the upper abdomen and right upper quadrant. You notice this particularly at work. It can be linked to following food but also to certain positions at work and when driving.

Over the last couple of years you have been investigated by the medical GI service with endoscopy and a normal ultrasound scan.

On clinical examination there was a divarication of your upper abdominal recti muscles but no hernia in that region. I have explained that there is no indication for surgical treatment to your abdominal wall.

I do not think that this explains your symptoms and for completeness I will arrange for you to have a CT scan of your abdomen. I will be in touch with the results of this when available in case there is anything identified that requires further assessment.

Kind regards,

Yours sincerely

Mr PETER LAMB
Consultant Upper GI Surgeon

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

General Surgery

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 30/03/2023
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

cc:	Dr Rosanne Falconer , Dr Steve Allan & Partners , Bangholm Medical Centre , Bangholm Loan , Edinburgh , EH5 3AH

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

General Surgery

Dr Hill
Bangholm Medical Centre
25 Bangholm Loan
Edinburgh
EH5 3AH

Date First Created: 13/06/2023
Date/Time Printed: 05/06/2026 08:45
Our Ref: 500631920R
CHI: 2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Midlothian Edinburgh EH5 2ER	**UHPI:**	500631920R
		Date of Birth:	28/10/1965
Specialty:	General Surgery	**Consultant:**	Mr PJ Lamb

ltr to pt 12.06.23

I am writing to update you with the results of your CT scan performed at the Royal Infirmary. I am pleased to say that this has not shown any intra-abdominal problems which is very reassuring.

Kind regards,

Yours sincerely

Mr PETER LAMB
Consultant Upper GI Surgeon

cc:	Dr Rosanne Falconer , Dr Steve Allan & Partners , Bangholm Medical Centre , Bangholm Loan , Edinburgh , EH5 3AH

Referrals

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Leith Community Treatment Centre L Physiotherapy
Urgency of referral	Routine
Date of referral	29/12/2011
Date submitted	29/12/2011
UCPN	101002983690H

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 5311301

REFERRING PRACTITIONER DETAILS

Name:	Dr. Nigel Ostrowski (GMC: 2333720)
Practice:	Dr Nigel Ostrowski and Partners (70022)
Phone:	Voice : 0131 552 6363

Practice address

Bangholm Medical Centre
Bangholm Loan
Edinburgh
EH5 3AH

CLINICAL INFORMATION

Reason for Referral:	Rt arm pain
Main Referral Text:	I would be most grateful for your assessment and treatment of this man who presents with neck stiffness associated with pain radiating down to his right hand with some variable paraesthesia and numbness. I suspect he has a degree of cervical spondylosis and that he would benefit from physical therapy.

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Time since onset? (Weeks) :	0-3	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Essential hypertension			28/05/1998	28/05/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
CHLORTALIDONE tabs 50mg	tablet	HALF TABLET(S) DAILY		22/12/2011		22/12/2011
LISINOPRIL tabs 20mg	tablet	TAKE ONE DAILY		27/07/2011		05/12/2011
ATENOLOL tabs 50mg	tablet(s)	1 Tab In the morning		18/03/2010		05/12/2011
AMLODIPINE tabs 10mg	tablet(s)	1 Tab In the morning		12/07/2007		05/12/2011

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
BENDROFLUMETHIAZIDE tabs 2.5mg	tablet(s)	1 Tab Daily		22/12/2009		05/12/2011

Additional information

Smoking history (Encounters):Current smoker	Date recorded:22-Dec-2011
Alcohol history (Encounters):Moderate drinker - 3-6u/day	Date recorded:18-Jun-2003
Exercise history (Encounters):Exercise grading	Date recorded:5-Apr-1995
Patient Weight in Kilograms:85.4	
Patient Height in Metres:1.75	

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	07/08/2015
Date submitted	07/08/2015
UCPN	101009738120R

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 5311301

REFERRING PRACTITIONER DETAILS

Name:	Dr S Baxter (GP Locum) (GMC: 6145302)
Practice:	Bangholm Medical Centre (White Prac (70022)
Phone:	Voice : 0131 552 6363

Practice address

Bangholm Loan
Edinburgh
EH5 3AH

CLINICAL INFORMATION

Reason for Referral:	? left sided hernia.
Main Referral Text:	I would be grateful for your assessment of this gentleman who has had an intermittent lump in his left groin for the past few months, which is reducible. On examination, I wonder whether he has a hernia. I am grateful for your further assessment and management. Kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Essential hypertension			28/05/1998	28/05/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lisinopril 20mg tablets	tablet	TAKE ONE DAILY		27/07/2011		13/07/2015
Atenolol 50mg tablets	tablet	1 TAB IN THE MORNING		18/03/2010		13/07/2015
Amlodipine 10mg tablets	tablet	1 TAB IN THE MORNING		12/07/2007		30/07/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:22-Dec-2011
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date recorded:18-Jun-2003
Exercise history (Encounters):Exercise grading Date recorded:05-Apr-1995
Patient Weight in Kilograms:85.4
Patient Height in Metres:1.75

NHS Lothian - Referral Letter

Referral To	Western General Hospital Gastroenterology - Medical L GI - Upper
Urgency of referral	Routine
Date of referral	03/08/2018
Date submitted	06/08/2018
UCPN	101016689232F

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 531 1301

REFERRING PRACTITIONER DETAILS

Name:	Dr. Steven Allan (GMC: 3566831)
Practice:	Dr Steve Allan & Partners (70272)
Phone:	Voice : 0131 552 7676

Practice address

Bangholm Medical Centre
Bangholm Loan
Edinburgh
EH5 3AH

CLINICAL INFORMATION

Reason for Referral: Excessive belching and retrosternal discomfort/early dysphagia.

Main Referral Text: For the past 3 months Mr O'Donnell has had a sudden occurrence of belching. He does not drink caffeinated drinks nor alcohol to excess. He complains about some retrosternal discomfort at times with a sense that something is stuck outwith the times that he is eating. He does not have any red flag symptoms and examining him in his abdomen/supraclavicular region reveal no obvious abnormality. A trial of Peptac made no difference whatsoever and he has stopped any fizzy drinks. Given the problem is worsening I have started him on Ranitidine, but as this has occurred for the first time out of the blue and seems to be worsening I would be grateful if you would consider upper GI endoscopy if you agreed.

Many thanks indeed.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Essential hypertension			28/05/1998	28/05/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lisinopril 20mg tablets	tablet	TAKE ONE DAILY				18/07/2018
Atenolol 50mg tablets	tablet	1 TAB IN THE MORNING				18/07/2018
Amlodipine 10mg tablets	tablet	1 TAB IN THE MORNING				18/07/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ranitidine 150mg tablets	tablet	1 TABLET TWICE DAILY		31/07/2018		31/07/2018
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		26/06/2018		26/06/2018

Additional information

Smoking history (Encounters):Ex smoker	Date recorded:22-May-2017
Alcohol history (Encounters):Moderate drinker - 3-6u/day	Date recorded:18-Jun-2003
Exercise history (Encounters):Exercise grading	Date recorded:05-Apr-1995
Patient Weight in Kilograms:93	
Patient Height in Metres:1.75	

NHS Lothian - Referral Letter

Referral To	Western General Hospital Gastroenterology - Medical L GI - Upper
Urgency of referral	Routine
Date of referral	26/08/2020
Date submitted	26/08/2020
UCPN	101021548587D

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 531 1301

REFERRING PRACTITIONER DETAILS

Name:	Dr. Steven Allan (GMC: 3566831)
Practice:	Dr Steve Allan & Partners (70272)
Phone:	Voice : 0131 552 7676

Practice address

Bangholm Medical Centre
Bangholm Loan
Edinburgh
EH5 3AH

CLINICAL INFORMATION

Reason for Referral: Ongoing dyspepsia and excess gas.

Main Referral Text: Mr O'Donnell is 54 and has been seen by your department 2 years ago. He had a gastroscopy at that point which revealed gastritis. Subsequent to this we have had great trouble getting on top of his symptoms. He describes ongoing dyspepsia, specifically when he bends over or compresses his abdomen. He no longer smokes, but vapes. He drinks only 6 cans of alcohol over the course of a week and his weight has been steady. He does not describe any red flag symptoms, but is becoming a little socially incapacitated by his symptoms. He has been individually and as a combination of therapies Lansoprazole, Ranitidine and Peptac, the latter 3 altogether not making a huge difference unfortunately. I added in some Simeticone again without any major improvement in symptoms.

He was HP positive in 2018 and was given eradication treatment. A repeat HP test in March was negative.

I am at a loss as how to play things with Mr O'Donnell. He works as a taxi driver at irregular hours and I am a little reluctant to start him on Amitriptyline given the sedating potential.

If you would be good enough to consider his case and offer me some advice either contacting me directly, or asking to see him in person I would be very happy. I have explained to him should you wish to discuss things with him you might choose to do this over the phone rather than face-to-face.

Whatever the outcome I would be very happy indeed for your help and input.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Gastritis unspecified			02/10/2018	02/10/2018
[D] Pelvic pain			30/11/2015	30/11/2015
Essential hypertension			28/05/1998	28/05/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Lansoprazole 30mg gastro-resistant capsules	capsule	1 CAPSULE ONCE OR TWICE DAILY		25/03/2019		16/03/2020

Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME	25/03/2019	03/06/2020
Lisinopril 20mg tablets	tablet	TAKE ONE DAILY		03/06/2020
Atenolol 50mg tablets	tablet	1 TAB IN THE MORNING		03/06/2020
Amlodipine 10mg tablets	tablet	1 TAB IN THE MORNING		03/06/2020

Additional information

Smoking history (Encounters):Ex smoker	Date recorded:22-May-2017
Alcohol history (Encounters):Moderate drinker - 3-6u/day	Date recorded:18-Jun-2003
Exercise history (Encounters):Exercise grading	Date recorded:05-Apr-1995
Patient Weight in Kilograms:93	
Patient Height in Metres:1.75	
Patient BMI:30.3	
Patient Blood Pressure (Systolic):140	
Patient Blood Pressure (Diastolic):70	

NHS Lothian - Imaging Request

Referral To	Western General Hospital Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	11/11/2021
Date submitted	11/11/2021
UCPN	101024838941E

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 07842697589
Voice (Mobile) : 07842697589
E-mail :
willie.odonnell65@googlemail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Steven Allan (GMC: 3566831)
Practice:	Dr Steve Allan & Partners (70272)
Phone:	Voice : 0131 552 7676

Practice address

Bangholm Medical Centre
Bangholm Loan
Edinburgh
EH5 3AH

INVESTIGATION REQUESTED

Test Requested:	**Ultrasound Upper abdomen**
Reason for Request:	upper abdo pains,initially partially helped by ppi meds. no help by ibs meds. describes pain in upper abdo/ruq postprandially. No bowel change. no wt-loss.Bloods fine. o/e tender ruq only. no masses/organomeg. I think ibs more likely and poss dyspepsia resistant to usual meds,but please help exclude gallstones

CLINICAL INFORMATION

Investigations

Description	Result	Date
Duration of Symptoms :	6mo	
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does the patient have impaired renal function? :	No	
Does this patient weigh more than 20 stone? :	No	
Any previous imaging? :	No	

Additional information

Patient Weight in Kilograms:93
Patient Height in Metres:1.75
Patient BMI:30.3
Patient Blood Pressure (Systolic):140
Patient Blood Pressure (Diastolic):70
Smoking history (Screening):Ex smoker Date Recorded:22-May-2017
Smoking history (Encounters):Ex smoker Date Recorded:22-May-2017
Alcohol history (Screening):Moderate drinker - 3-6u/day Date Recorded:18-Jun-2003
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date Recorded:18-Jun-2003
Exercise history (Screening):Exercise grading Date Recorded:05-Apr-1995
Exercise history (Encounters):Exercise grading Date Recorded:05-Apr-1995

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	15/08/2022
Date submitted	15/08/2022
UCPN	101027130796C

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 07842697589
Voice (Mobile) : 07842697589
E-mail :
willie.odonnell65@googlemail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Rosanne Falconer (GMC: 6075398)
Practice:	Dr Steve Allan & Partners (70272)
Phone:	Voice : 0131 552 7676

Practice address

Bangholm Medical Centre
Bangholm Loan
Edinburgh
EH5 3AH

CLINICAL INFORMATION

Reason for Referral: Ventral hernia

Main Referral Text: I would be grateful for your review of this 56 year old taxi driver who has a history of a ventral hernia. It has been troubling him particularly over the last 4 years and more noticeably over the last few months. He describes it as enlarging and it is getting to the stage where it is tricky for him to sleep and uncomfortable. Due to his disturbed sleep pattern he is now struggling to work and appears a vicious cycle is emerging. This has been a stressful time for him. He had an ultrasound scan performed in December 2021 which was normal. When he was last seen in surgery in July 2022 the ventral hernia was noted, the patient himself describes it as being approximately 5 inches in diameter. Otherwise his abdomen was normal. He also has an element of PUD and some musculoskeletal back pain as well and is on Esomeprazole and Famotidine for the former.

He would welcome an opinion regarding this hernia and I would be grateful for your review.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Gastritis unspecified			02/10/2018	02/10/2018
[D] Pelvic pain			30/11/2015	30/11/2015
Essential hypertension			28/05/1998	28/05/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Famotidine 20mg tablets	tablet	1 TABLET(S) DAILY		27/07/2022		27/07/2022
Esomeprazole 40mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		06/11/2020		27/04/2022
Lisinopril 20mg tablets	tablet	TAKE ONE DAILY. STOP TEMPORAR[more]				26/07/2022
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		25/03/2019		26/07/2022
Amlodipine 10mg tablets	tablet	1 TAB IN THE MORNING				26/07/2022
Atenolol 50mg tablets	tablet	1 TAB IN THE MORNING				26/07/2022

Additional information

Patient Weight in Kilograms:93	
Patient Height in Metres:1.75	
Patient BMI:30.3	
Patient Blood Pressure (Systolic):140	
Patient Blood Pressure (Diastolic):70	
Smoking history (Screening):Ex smoker	Date Recorded:22-May-2017
Smoking history (Encounters):Ex smoker	Date Recorded:22-May-2017
Alcohol history (Screening):Moderate drinker - 3-6u/day	Date Recorded:18-Jun-2003
Alcohol history (Encounters):Moderate drinker - 3-6u/day	Date Recorded:18-Jun-2003
Exercise history (Screening):Exercise grading	Date Recorded:05-Apr-1995
Exercise history (Encounters):Exercise grading	Date Recorded:05-Apr-1995

NHS Lothian - Referral Letter

Referral To	Western General Hospital Flow Centre Referral LI Flow Centre Referral
Urgency of referral	Urgent
Date of referral	02/02/2023
Date submitted	02/02/2023
UCPN	101028626345G

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 07842697589
Voice (Mobile) : 07842697589
E-mail :
willie.odonnell65@googlemail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Steven Allan (GMC: 3566831)
Practice:	Bangholm Medical Centre (70272)
Phone:	Voice : 0131 552 7676

Practice address

25 Bangholm Loan
Edinburgh
EH5 3AH

CLINICAL INFORMATION

Reason for Referral: New Slow AF with dry cough, SOBOE and mild epigastric pain.

Main Referral Text: We would be grateful for your review of this 57 year old gentleman who presented with weeks history of dry cough and epigastric pain which he says radiates to the right scapula. He describes it as a niggle. He mentioned that he has also been getting dyspnoea on minimal exertion (whilst doing house chores). He denies fever, chest pain, palpitations and other red flags.
He has a past medical history of hiatus hernia which he puts the pain down to. He mentioned that he also has an enlarged heart.
He is an ex smoker and works as a taxi driver.

O/E: Sats:97 HR:49 (irregularly irregular) BP: 162/92 CVS: HS I + II + 0 no heaves/thrills Abdo: SNT Calves/legs: SNT nil oedema Resp: chest clear.

We have done an ECG which showed a new slow AF. We are happy to manage him however we wonder if there may be an underlying condition which requires an acute treatment.

We thank you in advance.

With kind regards,
Adepeju Adeyemo
Physician associate.
D/W Dr S Allan.

Investigations

Description	Result	Date
Discussed with Receiving Service? :	No	
Receiving Specialty :	General Medicine	
Have there been any changes to medicines/dosage in the past two weeks? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Gastritis unspecified			02/10/2018	02/10/2018
[D] Pelvic pain			30/11/2015	30/11/2015
Essential hypertension			28/05/1998	28/05/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Famotidine 20mg tablets	tablet	1 TABLET(S) DAILY		27/07/2022		27/07/2022
Esomeprazole 40mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		06/11/2020		24/01/2023
Lisinopril 20mg tablets	tablet	TAKE ONE DAILY. STOP TEMPORAR[more]				29/11/2022
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		25/03/2019		24/01/2023
Amlodipine 10mg tablets	tablet	1 TAB IN THE MORNING				29/11/2022
Atenolol 50mg tablets	tablet	1 TAB IN THE MORNING				29/11/2022

Additional information

Patient Weight in Kilograms:93
Patient Height in Metres:1.75
Patient BMI:30.3
Patient Blood Pressure (Systolic):140
Patient Blood Pressure (Diastolic):70
Smoking history (Screening):Ex smoker Date Recorded:22-May-2017
Smoking history (Encounters):Ex smoker Date Recorded:22-May-2017
Alcohol history (Screening):Moderate drinker - 3-6u/day Date Recorded:18-Jun-2003
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date Recorded:18-Jun-2003
Exercise history (Screening):Exercise grading Date Recorded:05-Apr-1995
Exercise history (Encounters):Exercise grading Date Recorded:05-Apr-1995

NHS Lothian - Referral Letter

Referral To	Western General Hospital Respiratory Physiology LI L Primary Care Spirometry
Urgency of referral	Routine
Date of referral	21/12/2025
Date submitted	21/12/2025
UCPN	1010385849321

PATIENT DETAILS

CHI number:	2810651094
Name:	MR WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRESCENT
EDINBURGH MIDLOTHIAN
EH5 2ER

Voice (Home) : 07842697589
Voice (Mobile) : 07842697589
E-mail :
willie.odonnell65@googlemail.com

REFERRING PRACTITIONER DETAILS

Name:	Dr. Darran Hill (GMC: 7045726)
Practice:	Bangholm Medical Centre (70272)
Phone:	Voice : 0131 552 7676

Practice address

25 Bangholm Loan
Edinburgh
EH5 3AH

CLINICAL INFORMATION

Reason for Referral: suspected COPD/asthma

Main Referral Text:

To: Spirometry Department
Date: 21/12/2025

Re: Spirometry Request

Dear Colleague,

I am writing to request spirometry for this 60 yr oldgentleman who has presented with increasing breathlessness on exertion.

He reports feeling breathless with physical activities such as cutting the grass and bending over. He has a past history of occasional breathing episodes since his teenage years and notes some relief from using his wife's Ventolin inhaler. He also describes intermittent chest tightness and wheeze.

He is an ex-smoker with a 30 pack-year history, having quit 15 years ago. He is a taxi driver and has no known history of asbestos exposure.

On examination today, his respiratory rate was 16 per minute with oxygen saturation of 97% on room air. His chest was clear to auscultation.

Given the exertional breathlessness and significant smoking history, I suspect he may have an emerging element of COPD. I have initiated a trial of a Ventolin inhaler and arranged a chest X-ray (normal). I would be grateful if you could perform spirometry to aid in the assessment of his respiratory function.

Thank you for your assistance.

Yours sincerely,

Dr Darran Hill
General Practitioner

Investigations

Description	Result	Date
Has patient had previous spirometry? :	No	
I authorise any required tests for this patient, including all required medicines for the test to be administered by qualified NHS Staff? :	true	
If asthma is suspected, I authorise the Respiratory Physiologist to proceed to a Challenge test if deemed appropriate. This involves inhalation of a maximum cumulative dose of 635mg Mannitol as per protocol? :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Chest pain			02/02/2023	02/02/2023
Gastritis unspecified			02/10/2018	02/10/2018
[D] Pelvic pain			30/11/2015	30/11/2015
Essential hypertension			28/05/1998	28/05/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Atorvastatin 40mg tablets	tablet	TAKE 1 TABLET ONCE A DAY TRIA[more]		19/12/2025		19/12/2025
Salbutamol 100micrograms/dose inhaler CFC free	dose	INHALE ONE OR TWO PUFFS UP TO[more]		19/12/2025		19/12/2025
Lisinopril 20mg tablets	tablet	TAKE ONE DAILY. STOP TEMPORAR[more]				01/10/2025
Hyoscine butylbromide 10mg tablets	tablet	2 TABS FOUR TIMES A DAY PRN B[more]		08/10/2024		12/11/2025
Esomeprazole 40mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		06/11/2020		12/11/2025
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		25/03/2019		12/11/2025
Atenolol 50mg tablets	tablet	1 TAB IN THE MORNING				01/10/2025
Amlodipine 10mg tablets	tablet	1 TAB IN THE MORNING				01/10/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Salbutamol 100micrograms/dose inhaler CFC free	dose	INHALE ONE OR TWO PUFFS UP TO[more]		05/11/2025		05/11/2025

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	Drug code for allergy: Nortriptyline 10mg capsules, Reaction type: Allergy, Read code for reaction: Headache [1B1G.00], Certainty of allergy: Likely, Severity of allergy: Moderate.		29/08/2024	29/08/2024

Additional information

Patient Weight in Kilograms:99
Patient Height in Metres:1.75
Patient BMI:32.3
Patient Blood Pressure (Systolic):140
Patient Blood Pressure (Diastolic):80
Smoking history (Screening):Ex smoker Date Recorded:06-Nov-2025
Smoking history (Encounters):Ex smoker Date Recorded:06-Nov-2025
Alcohol history (Screening):Moderate drinker - 3-6u/day Date Recorded:18-Jun-2003
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date Recorded:18-Jun-2003
Exercise history (Screening):Exercise grading Date Recorded:05-Apr-1995
Exercise history (Encounters):Exercise grading Date Recorded:05-Apr-1995

NHS Lothian - Referral Letter

Referral To	Western General Hospital Bowel Cancer Screening Colonoscopy
Urgency of referral	Urgent - Suspected Cancer
Date of referral	01/06/2026
Date submitted	02/06/2026
UCPN	134000223357R

PATIENT DETAILS

CHI number:	2810651094
Name:	WILLIAM O'DONNELL
Date of birth:	28/10/1965
Sex:	Male

Contact Details

25 BOSWALL CRES
EDINBURGH
EH5 2ER

REGISTERED GP DETAILS

Name:	Darran Hill
Practice:	Bangholm Medical Centre
Phone:	Voice : 0131 552 7676

Practice address

25 Bangholm Loan
Edinburgh
EH5 3AH

REFERRING HCP DETAILS

Name:	
Organisation name:	Scottish Bowel Screening Programme

Organisation address

Scottish Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8AE
Voice : 01382 425677

CLINICAL INFORMATION

Reason for Referral: POSITIVE BOWEL SCREENING TEST RESULT

Reason for referral

Care type requested: Requires urgent assessment for a screening colonoscopy
Expected outcome: Assessment

Reports

Respiratory Physiology Service

Name: WILLIAM O'DONNELL **DOB:** 28-October-1965

Sex: M **Age:** 60.6 **Ht:** 1.760m **Wt:** 102.8kg **BMI:** 33.2

CHI: 2810651094 **Report to:** Dr D Hill Bangholm MC

Exhaled Fraction of Nitric Oxide Report

FeNO (ppb)	31

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (02-Jun-2026): EX-SMOKER; Breathless On Exertion; Wheeze; ?- C.O.P.D.; Ex-vaper. Chest tightness. ;

Salbutamol x2 taken about twenty eight hours ago.

FeNO < 25ppb; Low probability of eosinophilic inflammation. Symptoms unlikely to respond to corticosteroids. Low FeNO does not exclude a diagnosis of Asthma.

FeNO 25-49ppb; Intermediate. Raised result may support a diagnosis of Asthma. Review clinical history and symptoms. May respond to corticosteroids.

FeNO ≥ 50ppb; High probability of eosinophilic inflammation. A history suggestive of Asthma in conjunction with a FeNO ≥ 50 confirms a diagnosis of Asthma.

Respiratory Physiology Service

Name: WILLIAM O'DONNELL **DOB:** 28-October-1965

Sex: M **Age:** 60.6 **Ht:** 1.760m **Wt:** 102.8kg **BMI:** 33.2

CHI: 2810651094 **Report to:** Dr D Hill Bangholm MC

Peak Expiratory Flow Report

		Predicted	Range*
Baseline PEF (L/Min)	427	501	381 - 622
Post Bronchodilator PEF (L/Min)	481	501	381 - 622

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (02-Jun-2026): EX-SMOKER; Breathless On Exertion; Wheeze; ?- C.O.P.D.; Ex-vaper. Chest tightness. ;

Respiratory Physiology Service

Name: WILLIAM O'DONNELL **DOB:** 28-October-1965

Sex: M **Age:** 60.6 **Ht:** 1.760m **Wt:** 102.8kg **BMI:** 33.2

CHI: 2810651094 **Report to:** Dr D Hill Bangholm MC

Response to Bronchodilators Report

Date			02-Jun-2026			
	Value	Value	Value	%Pred	Predicted	Range*
Response to Bronchodilators						
Baseline						
FEV1 (L)			2.77	79	3.49	2.63 - 4.31
VC (L)			3.98	88	4.51	3.44 - 5.60
FEV1/VC (%)			69.6		77.5	65.4 - 88.1
PEFR (L/Min)			427	85	501	381 - 622
Dose 1			2.5 mg neb			
Bronchodilator			salbutamol			
Time after admin (mins)			20			
FEV1 (L)			3.11	89		
VC (L)			4.53	100		
FEV1/VC (%)			68.7			
PEFR (L/Min)			481	96		

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (02-Jun-2026): EX-SMOKER; Breathless On Exertion; Wheeze; ?- C.O.P.D.; Ex-vaper. Chest tightness. ;

Technical comment: All acceptability criteria met.
Primary care report
Baseline spirometry shows ventilatory capacity is within the normal range.
A significant response in FEV1 and VC demonstrated to 2.5mg nebulised salbutamol.
Post bronchodilator results would support a diagnosis of mild COPD using NICE criteria however please note the FEV1/VC ratio is within the normal range for this patient.
FeNO= 31 ppb. Intermediate probability of eosinophillic inflammation. Raised result may support a diagnosis of asthma. Review clinical history and symptoms. May respond to corticosteroids.

GC/JW

Respiratory Physiology Service

Name: WILLIAM O'DONNELL **DOB:** 28-October-1965

Sex: M **Age:** 60.6 **Ht:** 1.760m **Wt:** 102.8kg **BMI:** 33.2

CHI: 2810651094 **Report to:** Dr D Hill Bangholm MC

Ventilatory Capacity Report

Date			02-Jun-2026					
	Value	Value	Value	%Pred	Predicted	Range*		
Ventilatory Capacity								
FEV1 (L)			2.77	79	3.49	2.63	-	4.31
VC (L)			3.98	88	4.51	3.44	-	5.60
FEV1/VC (%)			69.6		77.5	65.4	-	88.1
PEFR (L/Min)			427	85	501	381	-	622

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (02-Jun-2026): EX-SMOKER; Breathless On Exertion; Wheeze; ?- C.O.P.D.; Ex-vaper. Chest tightness. ;

Technical comment: All acceptability criteria met.
Primary care report
Baseline spirometry shows ventilatory capacity is within the normal range.
A significant response in FEV1 and VC demonstrated to 2.5mg nebulised salbutamol.
Post bronchodilator results would support a diagnosis of mild COPD using NICE criteria however please note the FEV1/VC ratio is within the normal range for this patient.
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GC/JW

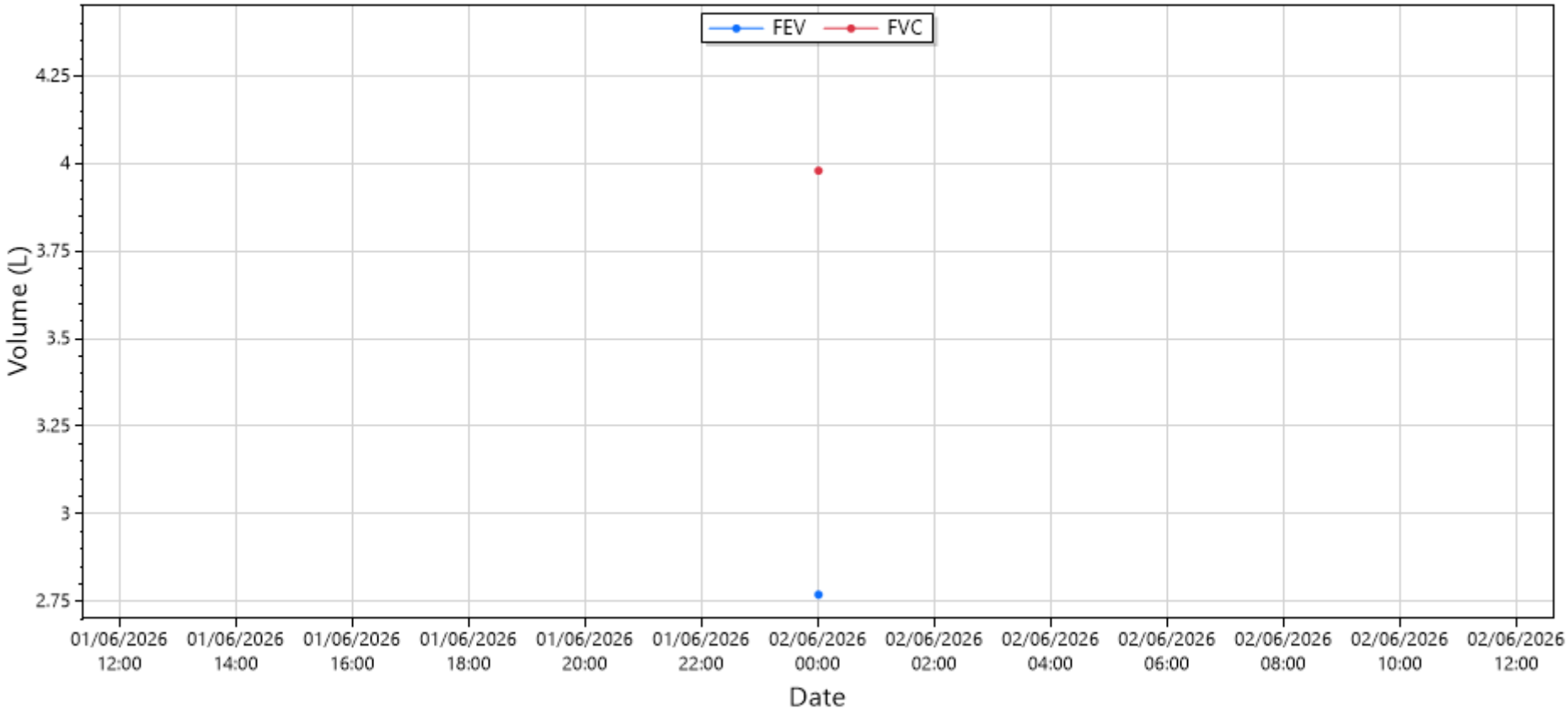
Respiratory Physiology Service

Name: WILLIAM O'DONNELL **DOB:** 28-October-1965

Sex: M **Age:** 60.6 **Ht:** 1.760m **Wt:** 102.8kg **BMI:** 33.2

CHI: 2810651094 **Report to:** Dr D Hill Bangholm MC

Ventilatory Capacity Graph



Radiology Reports

NHS Lothian - Radiology

Radiology Report

Patient Name:	O'donnell, William (Mr)	**Report Date:**	17/12/2021 11:37:00
Patient ID:	2810651094	**Accession No.:**	S110011200297
Patient Birth Date:	28/10/1965	**Report Status:**	A
Referring Physician:	RADEX External Referrer	**Reason For Study:**	

Report

Clinical History
upper abdo pains,initially partially helped by ppi meds. no help by ibs meds. describes pain in upper abdo/ruq postprandially. No bowel change. no wt-loss.Bloods fine. o/e tender ruq only. no masses/organomeg. I think ibs more likely and poss dyspepsia resistant to usual meds,but please help exclude gallstones / Ultrasound Upper abdomen

6043201 17/12/2021 US Abdomen

No previous for comparison.

Normal outline and echotexture of the liver. No gross hepatic lesion.
Thin walled gallbladder with no calculi within.
No biliary tract dilatation.
The pancreas was partially obscured by overlying bowel gas, however the visualised portion appeared normal.
Both kidneys are of normal size and echotexture. No gross renal lesion. No hydronephrosis.
Normal sized spleen.

Opinon:
Normal examination.
No gallstones.

__
Alasdair Hastings. GMC: 7586032
Radiology Registrar ST1.

Checked by Dr Sahar Naaseri, Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	O'donnell, William (Mr)	**Report Date:**	02/02/2023 15:38:00
Patient ID:	2810651094	**Accession No.:**	S110012531446
Patient Birth Date:	28/10/1965	**Report Status:**	D
Referring Physician:	AS416 Alexander Symonds	**Reason For Study:**	

Report

Clinical History
57M dry cough and SOB on exertion. ?consolidation

7116436 02/02/2023 XR Chest

Normal

Dr John Miller FRCR FRCP
Consultant Radiologist
john.miller@nhslothian.scot.nhs.uk

Reported by :

2nd Report by :

Verified by :

NHS Lothian - Radiology

Radiology Report

Patient Name:	O'donnell, William (Mr)	**Report Date:**	09/06/2023 15:21:00
Patient ID:	2810651094	**Accession No.:**	S310012861032
Patient Birth Date:	28/10/1965	**Report Status:**	A
Referring Physician:	PJXL Mr Pj Lamb	**Reason For Study:**	

Report

Clinical History
right upper quadrant pain on eating and at work normal ultrasound and previous ugie through gi service

7255545 02/06/2023 CT Abdomen/Pelvis With Contrast

No previous for comparison.

Unremarkable liver, gallbladder, biliary tree, pancreas, spleen, adrenal glands and both kidneys. Urinary bladder is collapsed but otherwise outlines normally. Normal volume prostate gland. No pelvic free fluid. Unprepared bowel is grossly normal. Normal appendix and terminal ileum. No size significant abdominal or pelvic lymph nodes. Lung bases are clear. No destructive bony lesions.

Opinion:
No acute intra-abdominal pathology identified.

Dr Sarah Eljamel. GMC: 7071031
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	O'donnell, William (Mr)	**Report Date:**	19/11/2025 11:44:00
Patient ID:	2810651094	**Accession No.:**	S110015717260
Patient Birth Date:	28/10/1965	**Report Status:**	A
Referring Physician:	Unknown	**Reason For Study:**	

Report

Clinical History
"dyspnoea , exsmoker. ventolin inh helps. o/e chest clear ? lung pathology suspect emerging COPD " / Chest

9646296 17/11/2025 XR Chest

Normal cardiac, mediastinal and hilar contours, with prominent cardiophrenic fat pads.
The lungs are clear with normal pulmonary vascularity.
No change from previous radiographs.

Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

Case Notes

University Hospitals Division

Lauriston Building
ENT Outpatient Department
Lauriston Place
Edinburgh
EH3 9HA

NHS Lothian

Please Scan

135266

Department of Ear Nose and Throat

CONSULTANT
DENTAL HOSPITAL
3RD FLOOR LAURISTON BUILDING
EDINBURGH

Date	19/09/2007
Our Ref	500631920R
CHI	2810651094

Patient:	Mr William O'Donnell 25 Boswall Crescent Edinburgh EH5 2ER	**UHPI:**	500631920R
		Date of Birth:	28/10/1965
Clinic Code:	LOCUM2	**Attendance Date:**	25/07/2007
Specialty:	Ear Nose and Throat		
Consultant:	Dr RP Mills		

Dear Colleague,

I would be delighted if you would just cast an eye over Mr O'Donnell and his CT scans. He has had a 5 year history of an awareness of a variable swelling on the anterior aspect of his right hard palate. The CTs are not great but they do show a lower tenuation lesion involving the hard palate and extending into the floor of the nose. He does have ethmoidal polyposis as well which is where he has sinus opacification and I am seeing him for this later this month but your views on the possible cystic lesion of his palate would be most interesting.

Many thanks.

5373297

Yours sincerely

DR S METCALF
LOCUMENT CONSULTANT
sm/eh
19.09.907

Maxfax.

Big Dent Scan + Ist at Scan !!

ENT

Dr RP Mills
Dr I Ganly
Dr M Armstrong
Secretary -
ann.burns@luht.scot.nhs.uk
0131 536 3740

Dr AIG Kerr
Dr GM McDougall -
(Lead Clinician)
Dr SJ Moralee
Secretary -
liz.hurrel@luht.scot.nhs.uk
0131 536 3742

Dr AT Williams
Dr ML Montague
Secretary -
sandra.knowles@luht.scot.nhs.uk
0131 536 3745

Appointments
Direct line
0131 536 3730 / 3637
Fax: 0131 536 3153

Waiting List enquiries
0131 536 3749
Fax: 0131 536 3757

St John's Hospital
01506 523 000
Secretaries ext.
53402 / 53404

Outpatient Clinic Letter

Edinburgh Dental Institute
Oral Surgery/Oral Medicine Clinic
Lauriston Building
Lauriston Place
Edinburgh EH3 9HA
Tel - 0131 536 4923 (Clinic)
- 0131 536 4986 (Secretary)
Fax: 0131 536 4988
www.epdi.org.uk

NHS Lothian

Dr S Metcalfe
Locum Consultant
ENT Department
Royal Infirmary
Lauriston Place
Edinburgh

Ref: 135266/NJM/JP
Date Dictated: 5 December 2007
Date Typed: 11 December 2007

Dear Dr Metcalfe

Re: Mr William O'Donnell, (28/10/65), 25 Boswall Crescent, Edinburgh, EH5 2ER

Thank you for referring the above gentleman.

Following further clinical examination a needle aspirate with soft tissue biopsy was performed on what has been confirmed to be a cystic lesion of the anterior maxilla associated with a non-vital upper right lateral incisor.

Plans are afoot to enucleate the cyst, probably under day bed general anaesthesia at St John's Hospital.

Thank you.

Yours sincerely

Dr N J Malden
Locum Consultant in Oral Surgery

Copy to – Secretary, Oral & Maxillofaical Surgery, St John's Hospital at Howden, Livingston

725943

Edinburgh Dental Institute
Oral Surgery/Oral Medicine Clinic
Lauriston Building
Lauriston Place
Edinburgh EH3 9HA
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NHS Lothian

Mr Victor Lopes
Consultant
Department of Oral & Maxillofacial Surgery
St John's Hospital at Howden
Howden Road West
Livingston
EH54 6PP

Ref: 135266/NJM/JP
Date Dictated: 5 December 2007
Date Typed: 11 December 2007

Dear ~~Mr Lopes,~~ Victor

Re: Mr William O'Donnell, (28/10/65), 25 Boswall Crescent, Edinburgh, EH5 2ER

The above named patient has been referred by the ENT Department. A CT scan confirmed a diagnosis of ethmoidal polyposis and revealed a cystic lesion in the anterior maxilla. Mr O'Donnell has been aware of a fluctuant swelling in the palate for 5 years.

Following needle aspirate and soft tissue biopsy a diagnosis of radicular cyst has been confirmed.

On discussion with ~~Dr Lopes~~ yourself and in consideration of the size of the lesion it was advised that management under general anaesthesia would be most appropriate. I have informed Mr O'Donnell of this and you may wish to further consult with him either at EDI or St John's Hospital concerning further management.

Thank you.

Yours sincerely

Dr N J Malden
Locum Consultant in Oral Surgery

Enc - OPG

NEEDS PAC · VL TO SEE GA1 1ST INSTANCE Lothian

ORAL & MAXILLOFACIAL SURGERY
WAITING LIST FORM **CONSULTANT** LOPES

Addressograph OR	Patient's Telephone Nos:
Name WILLIAM O'DONNELL	Home 551 4114
DOB 28-10-65	Work
Unit no. 135266	Mobile 07815768943

1. **Provisional Diagnosis** Radicular dental cyst 21
2. **Proposed Procedure** Removal tooth (12) and enucleation of cyst +/- bone graft
3. **Referral source:** OPD ☒ Ward ☐ GP ☐ Dentist ☒ Other ☒
4. **Other Information e.g.** ENT referral to EDI.

   Clopidogrel ☐ Aspirin ☐ Antibiotic cover ☐ Steroid cover ☒

5. **Urgency:** Urgent ☐ Routine ☒
6. **Patient suitable for:** Consultant List ☐ Staff Grade List ☒ SHO List ☐
7. **Would the patient take an appointment at short notice?** Yes ☒ No ☐
8. **Facility**

   Outpatient Dept: Minor op list ☐

   Day surgery ☒

   Inpatient Ward 18 ☑

   Admit day before: **reason** _____

   Admit fasting at _____

   Requires: Level 1 bed ☐ Level 2 bed (HDU) ☐ Level 3 bed (ITU) ☐

   To attend pre-admission clinic: Yes ☐ No ☐

9. **Anaesthetic:** LA ☐ LA & IV Sedation ☐ GA ☒
10. **Estimated theatre time** 1 ~~hour~~ hrs **Estimated stay** 1 days
11. **Transport required:** Yes ☐ No ☒ If yes, state type: Car ☐ 1 man amb ☐ 2 man amb ☐.
12. **Date on waiting list** 13/12/07 **Clinician's signature** LOPES

Complete if applicable: Waiting list booking details
Date of admission ...../...../..... Fasting instructions, if any: .....
Date of operation ...../...../.....

Ref: NM/L8/725943
Clinic: 17-01-08
Typed: 27-01-08

Dr S Metcalfe
Locum Consultant
ENT Department
Royal Infirmary of Edinburgh
Lauriston Place
EDINBURGH

Dear Dr Metcalfe

RE: **WILLIAM O'DONNELL (28-10-1965)**
CHI: not known
25 Boswall Crescent, Edinburgh EH5 2ER

The abave patient did not attend for surgery to enucleate the large radicular dental cyst in the maxilla, at St John's Hospital on 17-01-08.

We will keep you informed of his progress.

Yaurs sincerely

Dr N Maini
SHO, Oral & Maxillofacial Surgery