University Hospitals Division

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

NHS Lothian

Department of General Surgery

Dr Cooney
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date First Created :03/10/2024
Date Authorised :
Date/Time Printed :10/10/2024 11:48
Our Ref :600065926A
CHI :0307651525

DESTROYED Casenote

Patient:	Deborah F Berry 190 Pilton Avenue Edinburgh EH5 2LG	**UHPI:**	600065926A
		Date of Birth:	03/07/1965
Ward:	Ward 106 RIE	ETI A2/JCB	
Consultant:	Mr Artur Zanellato	**Admission Date:**	02/10/2024
		Discharge Date:	03/10/2024

Allergen (Group to which Allergen belongs)	Reaction
fentanyl	2 other adverse reaction - see TRAK
morphine	2 other adverse reaction - see TRAK

Amlodipine 10mg tablets			
Dose	Route	Frequency	GP to continue
10 mg	Oral	Once daily at 0700	Yes
Notes:			
Atorvastatin 40mg tablets			
Dose	Route	Frequency	GP to continue
40 mg	Oral	Once daily at 2200	Yes
Notes:			
Bisoprolol 5mg tablets			
Dose	Route	Frequency	GP to continue
5 mg	Oral	Once daily at 0700	Yes
Notes:			
Dihydrocodeine 30mg tablets			
Dose	Route	Frequency	GP to continue
30 mg	Oral	PRN 4 hourly max qds	No
Notes:			

Prescribed By ..... **Date**..... **Print Name**.....
Dispensed By ..... **Date**..... **Print Name**.....
Final Check ..... **Date**..... **Print Name**.....
Verified By ..... **Date**..... **Print Name**.....

General Surgery

Prof Jonathan Fallowfield
Miss Sarah Thomasset
Prof Ewen Harrison
Mr James Powell
Prof SJ Wigmore
Secretary: 0131 242 3661

Prof RW Parks
Mr 6M Stutchfield
Mr MJ Hughes
Miss A Adair
Mr JJC Casey
Miss RV Guest
Secretary: 0131 242 3662

Mr C Deans
Mr S McKechnie
Miss TE Gillies
Mr A Zanellato
Secretary: 0131 242 3473

Mr R Ravindran
Prof O Mole
Miss SJ Wakelin
Mr A Sutherland
Mr J Terrace
Mr I Currie
Ms L Ewan
Ms O Spence
Secretary: 0131 242 3663

Mr P Lamb
Mr D Damaskos
Secretary: 0131 242 3667

Mr GW Couper
Prof Skipworth
Secretary: 0131 242 3176

Miss A Paisley
Secretary: 0131 242 3620

Richard McGregor
Secretary: 0131 242 3613

Oncology Consultant WGH:
Dr Lucy Wall
0131 537 3916

Trauma & Orthopaedic Surgery

UHPI: 600065926A **DOB:** 03/07/1965 **Patient Name:** Deborah F Berry
Address:190 Pilton Avenue, , Edinburgh, EH5 2LG

Duloxetine 30mg gastro-resistant capsules			
Dose	Route	Frequency	GP to continue
30 mg	Oral	Once daily at 0700	Yes
Notes:			
Mirtazapine 45mg tablets			
Dose	Route	Frequency	GP to continue
45 mg	Oral	Once daily at 2200	Yes
Notes:			
Omeprazole 20mg gastro-resistant capsules			
Dose	Route	Frequency	GP to continue
20 mg	Oral	Once daily at 0700	Yes
Notes:			
Perindopril erbumine 4mg tablets			
Dose	Route	Frequency	GP to continue
4 mg	Oral	Once daily at 0700	Yes
Notes:			

Prescribed By ..... **Date**..... **Print Name**.....
Dispensed By ..... **Date**..... **Print Name**.....
Final Check ..... **Date**..... **Print Name**.....
Verified By ..... **Date**..... **Print Name**.....

OPERATION/PROCEDURE(S):
Nil

UNDERLYING DIAGNOSIS: Post-operative pain following gastric bypass surgery

TYPE OF ADMISSION: Emergency

CHANGES TO MEDICATIONS SINCE ADMISSION (relative to ECS):
Started:
- Dihydrocodeine 30mg PRN for 7/7
Stopped: Nil
Changed: Nil
Withheld: Nil

ALLERGIES / ADVERSE DRUG REACTIONS:
Fentanyl
morphine

Discharge prescription checked against ECS med rec: Yes

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL: Nil

ACTION REQUIRED FROM GP: Nil

Inpatient Discharge Summary

University Hospitals Division

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

NHS Lothian

UHPI: 600065926A **DOB:** 03/07/1965 **Patient Name:** Deborah F Berry
Address:190 Pilton Avenue, , Edinburgh, EH5 2LG

Dear Doctor,

COURSE OF ADMISSION:

Dear Doctor,

Ms Berry was admitted under the care of General Surgery at RIE on the 2/10/24 after presenting with abdominal pain following gastric bypass surgery in turkey. The patient was found to have unremarable bloods. She was investigated for this with a CT abdomen/pelvis which did not demonstrate any complications following the surgery. The patient was reassured of this and was deemed fit for discharge on the 3/10/24.

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS/DNACPR STATUS/ ANTCIPATORY CARE PLANNING:
Nil

Should you need further information please contact: Mr Zanellato ETI

Thank you for your ongoing care of this patient.

Yours sincerely,

S Garland FY2

Name/Designation
Department of General Surgery, Royal Infirmary of Edinburgh

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

NHS Lothian

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

General Surgery

Dr Cooney
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Date: 05/11/2024

Inpatient Discharge Summary

Patient	Deborah Berry 190 Pilton Avenue Edinburgh EH5 2LG	**CHI** **Date of Birth / Age** **UHPI**	**0307651525** 03/07/1965 (59 years) 600065926A
Ward	Ward 106 RIE	**Admission Date**	02/10/2024
Consultant	Mr Artur Zanellato	**Discharge Date**	03/10/2024

Dear Dr Cooney

Mrs Berry is a fifty nine year old lady who was admitted under my care with abdominal pain and some nausea after a gastric bypass undertaken in Turkey.

All the investigations are unremarkable and she was reassured and discharged with symptomatic treatment.

I have not organised follow up.

Yours sincerely

Mr Artur Zanellato
Consultant General Surgeon

AZ/JJB

Patient & GP Information

UHPI Number	600065926A
CHI Number	0307651525
Episode Number	I0000100789
Surname/Forename	Berry, Deborah
Date of Birth	7/3/65
Sex	Female
Patient Address.	33 MACGINLAY TERRACE Edinburgh EH12 0BG
Registered GP	DW Binnie
GP Address.	Barclay Medical Practice East Craig,10 Bughtlin Market,East Craigs,Edinburgh EH12 8XP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0000100789

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000100789 Dr TW Mackay 11/17/99	DIAGNOSIS: OVERDOSE ,,This patient was admitted following an overdose .,,Specific treatment was given :,, N Acetylcysteine,,Patient was detained under the Mental Health Act. NO,,PSYCHIATRIC DIAGNOSIS: SITUATIONAL CRISIS,,Deborah was admitted to Ward 1A, RIE, on the evening of the 17th November, 1999 having taken an overdose of unknown amounts of Cocodamol and Codydramol. This overdose was taken whilst at home alone and Deborah left a note for her husband absolving him of responsibility for her actions. There was clear suicidal intent at the time of taking the overdose but there was no parasuicidal ideation and this appears to have been an impulsive act. Deborah telephoned her [redacted] 20 minutes after taking the overdose telling him that she wouldn't be there tomorrow. Her [redacted] alerted the next door neighbour who broke into the house and placed a 999 call. Deborah now regrets her actions, is glad she survived and denies any ongoing suicidal ideation. ,,The major precipitant for this episode was a violent argument between Deborah and [redacted] which took place on the evening of the 13.11.99 during which she was physically violent towards both Deborah and [redacted] Consequent to this Deborah's [redacted] was arrested and charged with assault and interdict was served against him preventing him from coming near the family home for the next 3 weeks. There is no history of domestic violence and this appears to have been an isolated incident. Deborah has recently contacted the court social worker and asked for the interdict to be refuted. During the telephone conversation on the night prior to the overdose Deborah's [redacted] told her that he had been angry about debts that she had recently accrued, totalling approximately £3000. It appears that feelings of guilt relating to these debts were a major contributory factor in this episode. ,,Deborah reports that her mood had been good prior to the argument with her [redacted] There is no history of sleep disturbance, loss of appetite, weightloss, anhedonia or anergia. ,,There is no family history of depressive illness or any other psychiatric illness. Deborah has a good relationship with her [redacted] nd [redacted] who separated 30 years ago. She has [redacted] with whom she has occasionally contact.,,Deborah was brought up by her [redacted] following he [redacted] separation and describes a happy childhood in Edinburgh. She has been married for 3 years but has been with her present partner for 9 years. Their relationship has previously been good and there is no history of previous domestic violence. They have two [redacted] Their [redacted] has behavioural problems which Deborah tells me are secondary to a frontal lobe disorder. He is currently under the care of Dr Forbes, Consultant Child Psychiatrist and is prescibred Ritalin. Deborah acknowledges that his uncontrollable behaviour puts a strain on the family. In recent weeks he has been arrested for robbery and assault. He is currently seeing a support worker via his old school and Deborah feels that this level of support is sufficient. ,,Alcohol intake is minimal. There is no other recreational drug use.,,There is no past psychiatric history. ,,There is no significant past medical history. ,,MENTAL STATE EXAMINATION:,At interview Deborah was alert and orientated, engaging well in interview and maintaining appropriate eye contact. Her speech is of normal speed and low volume with moderate reduction in tonal range. Spontaneity is well preserved. Mood is subjectively described as fine. Objectively she appears euthymic, smiling intermittently throughout the interview. There is no abnormality of thought content or perception. ,,In summary this appears to have been an impulsive overdose in the context of situational crisis. There was no ongoing suicidal ideation. Deborah is confident that both her present financial problems and the rift with [redacted] re soluble and she feels hopeful for the future. In the absence on ongoing suicidal ideation or any evidence of depressive or other psychiatric illness Deborah was discharged from Ward 1A on the afternoon of the 19th November, 1999. Prior to discharge she was advised of the services provided by the psychiatric emergency team at the REH. If you require any further information please contact Ward 1, RIE.,,,,Dr David Simpson,JHO in Liaison Psychiatry,,,

Patient & GP Information

UHPI Number	600065926A
CHI Number	0307651525
Episode Number	I0000100790
Surname/Forename	Berry, Deborah
Date of Birth	7/3/65
Sex	Female
Patient Address.	33 MACGINLAY TERRACE Edinburgh EH12 0BG
Registered GP	DW Binnie
GP Address.	Barclay Medical Practice East Craig,10 Bughtlin Market,East Craigs,Edinburgh EH12 8XP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

UHPI Number	600065926A
CHI Number	0307651525
Episode Number	I0002096689
Surname/Forename	Berry, Deborah
Date of Birth	7/3/65
Sex	Female
Patient Address.	33 MACGINLAY TERRACE Edinburgh EH12 0BG
Registered GP	DW Binnie
GP Address.	Barclay Medical Practice East Craig,10 Bughtlin Market,East Craigs,Edinburgh EH12 8XP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0002096689

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002096689 Dr B Cook 5/27/08 Julie Fenton	Diagnosis:,,1. Mixed overdose of amitriptyline, propanolol, diazepam and fluoxetine,,Management in ICU:,,1. Ventilation,,This lady presented to the Royal Infirmary of Edinburgh as an emergency on the 25th May 2008 following the above drug overdose. She was intubated for airway protection and admitted to the Intensive Care Unit. The following day she had regained consciousness and was well enough to be transferred to the Toxicology Unit from where further information will follow.,,Yours sincerely,,,,,,,DR B COOK,Consultant in Anaesthesia and Intensive Care,,,,c.c. Dr R Thanacoody, Consultant Physician, RIE, File,

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0002096689

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002096689 Dr RHK Thanacoody 5/30/08 Andrena Burns	DIAGNOSIS: MIXED OVERDOSE.,,PSYCHIATRIC ASSESSMENT: ,Mrs Sneddon was admitted to CAA 6 following an overdose of Amitriptyline, Diazepam, Propanolol and Fluoxetine. The extent of the overdose was such that she required a brief stay in ICU.,,When I reviewed Deborah late in the evening of the 27th of June 08 she was still somewhat intoxicated with the effects of the overdose. She was however able to respond to my questions. She told me that she suffers from ME and this makes her tired to the point where she is unable to leave her bed for days at a time. She told me that at the time of the overdose she felt that she just could not go on anymore. She complained of a low mood, worsening over the past few months. Her affect was reactive and we were able to establish a reasonable rapport. She complained of feeling anxious much of the time. Her sleep pattern was marked by long period of initial insomnia. Her appetite has markedly decreased over the last 3 4 weeks. Her ability to concentrate remains largely intact. She explained to me that she put on a smiling face for those around her but she sees little hope for the future. ,,Deborah has a number of ongoing stressful situations in her life at the moment. Apart from feeling chronically tired she appears to have a difficult relationship with her son with whom she has frequent arguments. Her [redacted] decided in November last year to move in with her [redacted]. Since that time she has had very little contact with her despite attempts to text and email her. Deborah believes that her [redacted] is behind her [redacted] behaviour. Deborah also reported difficulties in her relationship with her own [redacted] whom she believes is unsympathetic toward her. ,,She has a small group of friends of whom she says seem to require emotional support from her rather than the other way around. ,,She informed me that she felt no benefit from a recent prescription of Fluoxetine. This is despite the increase in the dose 4 weeks ago. Unfortunately due to her sensitivity to medications there are limited options for other pharmaceuticals solutions. ,,MENTAL STATE EXAMINATION:,She was unable to cite a specific immediate precipitant for taking the overdose. It is clear that there are a number of stressful factors that have worn her down. She presents as a mixed picture of anxiety and depressive symptoms. I did not find her sense of hopelessness about the future as being pervasive. She was worried that a referral to the Mental Health team at Craig Royston Health Clinic could take months or even over a year. This seemed to add to the feeling of desperation.,,I have been in touch with the CPN team at Craig Royston Health Clinic to discuss her referral. She had already been allocated that morning and is due to see CPN Julie Donagan. Julie informs me that she would be able to offer Deborah an appointment within the next 3 weeks. Deborah was more hopeful when I informed her of this news.,,PLAN:,I gave Deborah contact information for PET and ME Association should she feel herself in crisis. She already has contact details on Breathing Space.,,Deborah was discharged on the 28/05/08.,,,,Yours sincerely,,,,,,,Les Davies,Mental Health Nurse,,,,Cc Julie Donagan, CPN Craig Royston Health Clinic, 16 Pennywell Road, EDINBURGH EH4 4PH,

Patient & GP Information

UHPI Number	600065926A
CHI Number	0307651525
Episode Number	I0002151846
Surname/Forename	Berry, Deborah
Date of Birth	7/3/65
Sex	Female
Patient Address.	33 MACGINLAY TERRACE Edinburgh EH12 0BG
Registered GP	DW Binnie
GP Address.	Barclay Medical Practice East Craig,10 Bughtlin Market,East Craigs,Edinburgh EH12 8XP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0002151846

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002151846 Mr AS Jawad 10/22/08 Karen Douglas	Diagnosis:,BCC left medial canthus,,Operation:,24/09/08 Excision BCC left inner canthus and local flap reconstruction,,Under local anaesthetic BCC excised with a 5mm margin and sent for histology. Defect reconstructed with local transposition flap. Haemostasis and wound closed.,,The patient was discharged without complications for follow up in the outpatient clinic.,,Pathology report confirmed the diagnosis of nodular BCC which was completely excised.,,Yours sincerely,,,,,Mr A Jawad,Consultant Plastic & Reconstructive Surgeon,

Patient & GP Information

UHPI Number	600065926A
CHI Number	0307651525
Episode Number	I0002228019
Surname/Forename	Berry, Deborah
Date of Birth	7/3/65
Sex	Female
Patient Address.	33 MACGINLAY TERRACE Edinburgh EH12 0BG
Registered GP	DW Binnie
GP Address.	Barclay Medical Practice East Craig,10 Bughtlin Market,East Craigs,Edinburgh EH12 8XP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0002228019

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002228019 Dr RHK Thanacoody 1/20/09 10:28	This 43 year old woman was brought in by ambulance last night after taking approximately 10 Tramadole tablets and 48 Fluoxetine tablets impulsively without any prior planning. She stated the reason for doing this was that she feels frustrated and angry at not getting the help for her ME, saying "I just want help with my ME". During the day yesterday, apparently she tried to decorate her bathroom, and due to the increasing pain that she experienced early in the evening, she stated that she felt "what is the point, I am not getting the help I need" and she states that she decided to take the tablets. Immediately after taking the tablets, she text her [redacted] to say that she could no longer keep her promise to her friend, i.e., that was not to harm herself. He informed emergency services.,,PREVIOUS PSYCHIATRIC HISTORY:,Previous history of overdoses, most recently in May 2008, when she was admitted to Combined Assessment Bay 6, after an Amitriptyline, Diazepam, Propranolol and Fluoxetine overdose. At that time, she was seen by my colleague Les Davies and referred on to the CPN Team at Craigroyston Health Clinic, where she was reviewed by Julie Donnegan, CPN. I discussed this with Julie today, and she stated that she felt that Deborah had not really been using the service as planned and continued to miss appointments and come along with friends etc. Julie felt that she was exhibiting a largely chaotic pattern of behaviour with chronic low mood and personality issues which were never really addressed by her. Julie stated that she feels that Deborah is "high risk, but low treatability, due to lack of engagement with services". ,,There is no previous admission to psychiatric hospital and there is no previous follow up with psychiatric services.,,PAST MEDICAL HISTORY:,ME diagnosed 3 years ago, diagnosed 3 years at WGH.,Deborah stated that she has recently suffered from a viral sinus infection last October, which she feels has recently worsened her ME symptoms. ,,MEDICATION:,Citalopram 20 mgs od. She has been on this, she stated for four months, and prior to this had been prescribed Fluoxetine. In the past, she has also been prescribed Amitriptyline and "a few other anti-depressants". She stated that she was previously in follow up for her ME by Dr. Jones at WGH and states that she had been unable to attend one of her appointments, and a further follow up appointment was made, but she never received the letter she said. ,,PERSONAL AND SOCIAL HISTORY:,Deborah was born in Singapore from British [redacted] was in the army, but they moved back to the UK and from the age of 4, she was put into care with her [redacted] as apparently, [redacted] had mental health problems, and she stated she was unable to cope. She then proceeded to grown up within the care system, leaving at the age of 16. She has had no further contact with her [redacted] although apparently her [redacted] had taken her repeatedly out of the care system and physically abused her. She said this had worsened her constant feelings of rejection. She herself had her [redacted] when she was 18 and the [redacted] had moved away to Germany, leaving her to bring up her [redacted] on her own. She says that she subsequently married after this, but he was physically violent to her, although they had [redacted] together. She then married again, and she stated that her more recent [redacted] also had no respect for her, but had problems himself with alcohol. She stated that they have a [redacted] Deborah had raised [redacted] but decided last year to go and live in Crete and so her [redacted] moved in to stay with her father. After 6 or 7 weeks when the situation in Crete did not work out, she returned to the UK, but apparently on return, her [redacted] stated that she wished to stay in the future with [redacted] Deborah currently lives alone and is unemployed and has been so for the past 5 years. She stated that at the moment, she has a [redacted], who is supportive of her and they have been going out since last September. ,,ALCOHOL HISTORY:,She states that she only drinks a few units per week, socially. She denied any illicit substance misuse. Smoker of 20 cigarettes per day.,,MENTAL STATE EXAMINATION:,Deborah was appropriate in presentation and had good levels of self-care with good eye contact. Rapport was initially difficult to establish due to her irritability and anger, but easily maintained afterwards. There is no evidence of any psychomotor abnormality and there are no abnormalities in her speech. Regarding her mood, she stated that she felt subjectively low, and also at times felt, anxious. Objectively, she was mildly irritable although fully reactive in affect. She stated that she had suffered from insomnia for some time and there was no difficulty however with her appetite and no significant problems with concentration. Her energy levels were chronically low, due to her ME and there was no evidence of anhedonia and she still enjoys watching TV and apparently speaking to [redacted] in particular [redacted] pstairs. ,,There are constant feelings of rejection from [redacted] which she feels have contributed to her low self esteem, especially at times of crisis, when other aspects of her life are not going well. She denied any thoughts of perceptual abnormality and cognitively, she was intact. She stated that she believes that her mood is lowered due to difficulties living with ME and was not entirely hopeless about her future situation, stating that she just wanted to get on and have a normal life, which was her plan. She stated that she saw ME as a hurdle, which she felt was difficult to live with, although difficult when she felt unsupported. Regarding risk to herself, Deborah acknowledged that this had been an impulsive overdose with no prior planning and she had informed [redacted] by text immediately after taking the tablets. She stated "I just want to get help with my ME", and she denied any other recent precipitants, although it is clear that she has not been having as much contact as she would like recently, with her [redacted] There was no ongoing thoughts or plans of harming herself at this time.,,Following discussion of my proposed treatment plan, she appeared far more up beat and positive about her situation. ,,IMPRESSION:,43 year old woman

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0002228019

Note Details	Clinical Notes
	presenting with impulsive mixed overdose in the context of anger and frustration surrounding a diagnosis of ME. She has a history of having been depressed and this is currently being treated by her GP with anti-depressants. At the moment however, I do not feel that she is significantly depressed, and feel that this overdose has been precipitated largely by her anger and frustration, regarding many issues from her past and also emerging issues and frustration about her ME, feeling isolated and unsupported at home.,,PLAN:,1. Following discussion with Julie Donnegan, CPN at Craigroyston, I have once again reiterated to Deborah the potential benefits that may be had from self-referral to a Lifestyle Management Programme at the Thistle Foundation. I have also supplied Deborah with contact information for the ME association, who can provide extra support to her.,2. I believe that there is a chronic ongoing risk for further episodes of self-harm for Deborah in times of stress. Many of the factors that have led, in the past, to her feelings of self-worthlessness, have been her abandonment as a child and rejection by her parents. ,3. I feel that in the longer-run, she wound benefit most from psychodynamic psychotherapy and we have discussed this at length today. She states that she is very keen to pursue this now and would like to be referred for this. In this regard, I have spoken with Dr. McEvoy today to request review of Deborah again, in the next week or so, to see if she remains interested so that a referral to Dr. Chris Reeman at the Cullen Centre can be made. ,,In the meantime, I have given Deborah literature on psychodynamic psychotherapy for her to take away and read. I have also supplied her with contact numbers for Breathing Space the Samaritans and also for the out of hours services, such as MHAS at the REH.,,,,,Yours sincerely,,,,Dr. Mandy Johnstone,ST3 Liaison Psychiatry,

Patient & GP Information

UHPI Number	600065926A
CHI Number	0307651525
Episode Number	I0002620650
Surname/Forename	Berry, Deborah
Date of Birth	7/3/65
Sex	Female
Patient Address.	33 MACGINLAY TERRACE Edinburgh EH12 0BG
Registered GP	DW Binnie
GP Address.	Barclay Medical Practice East Craig,10 Bughtlin Market,East Craigs,Edinburgh EH12 8XP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0002620650

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002620650 Dr Y Nirmala Mary 11/11/10 07:13 Sharon Hendry	Diagnosis: PMB,Procedure: Hysteroscopy & D&C,,Ms Sneddon was admitted to the Day Surgery Unit where she had a hysteroscopy and D&C. She had an uncomplicated procedure and I anticipate that she be discharged home later today. I will write to yourself and Ms Sneddon once I have the pathology results.,,,With kind regards,,Yours sincerely,,,Dr N Mary,,Consultant Gynaecologist,,,YNM/sh,

Patient & GP Information

UHPI Number	600065926A
CHI Number	0307651525
Episode Number	I0006023238
Surname/Forename	Berry, Deborah
Date of Birth	7/3/65
Sex	Female
Patient Address.	33 MACGINLAY TERRACE Edinburgh EH12 0BG
Registered GP	DW Binnie
GP Address.	Barclay Medical Practice East Craig,10 Bughtlin Market,East Craigs,Edinburgh EH12 8XP

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0006023238

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006023238 Mr Artur Zanellato 10/2/24 16:31 Annie Antony	

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0006023238

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006023238 Nurse 10/3/24 15:17 Sophie Daly	Deborah has been discharged home this afternoon. Copy of IDL and medications given. PVC removed and relative present, bringing Deborah home.

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0006023238

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006023238 Mr Artur Zanellato 11/5/24 05:36 Joyce Brunton	Mrs Berry is a fifty nine year old lady who was admitted under my care with abdominal pain and some nausea after a gastric bypass undertaken in Turkey. All the investigations are unremarkable and she was reassured and discharged with symptomatic treatment. I have not organised follow up. Yours sincerely Mr Artur Zanellato Consultant General Surgeon AZ/JJB

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0006023238

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006023238 Mr Artur Zanellato 10/3/24 00:23 Dr Fraser Thom	Med Rec duloxetine perindopril atorvastatin mirtasapine bisoprolol omeprazole amlodipine note ecs says fentanyl, morphine and codeine allergy however pt states dihydrocodeine gives her no problems

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0006023238

Note Details	Clinical Notes
Ward Round Episode/Ref: I0006023238 Mr Artur Zanellato 10/3/24 09:33 Dr Shona Garland	WR JCB ST4 ET1 Today NEWS 0 Hx recapped with the patient Patient reports she is still feeling unwell and abdo pain is still present Explained the patient findings from CTAP and reassured patient that her bloods are normal Explained symptoms control Currently on proteins shakes O/E - sitting up in bed appears comfortable at rest - Abdomen soft to palpate but tender post operatively Plan 1. Discharge today - home with analgesia and worsening advice S Garland FY2

Surname/Forename	Berry, Deborah
UHPI Number	600065926A

Episode Number	I0006023238

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0006023238 Mr Artur Zanellato 10/3/24 12:01 Dr Shona Garland	OPERATION/PROCEDURE(S): Nil UNDERLYING DIAGNOSIS: Post-operative pain following gastric bypass surgery TYPE OF ADMISSION: Emergency CHANGES TO MEDICATIONS SINCE ADMISSION (relative to ECS): Started: - Dihydrocodeine 30mg PRN for 7/7 Stopped: Nil Changed: Nil Withheld: Nil ALLERGIES / ADVERSE DRUG REACTIONS: Fentanyl morphine Discharge prescription checked against ECS med rec: Yes FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL: Nil ACTION REQUIRED FROM GP: Nil --- Dear Doctor, COURSE OF ADMISSION: Dear Doctor, Ms Berry was admitted under the care of General Surgery at RIE on the 2/10/24 after presenting with abdominal pain following gastric bypass surgery in turkey. The patient was found to have unremarable bloods. She was investigated for this with a CT abdomen/pelvis which did not demonstrate any complications following the surgery. The patient was reassured of this and was deemed fit for discharge on the 3/10/24. SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS/DNACPR STATUS/ANTCIPATORY CARE PLANNING: Nil Should you need further information please contact: Mr Zanellato ET1 Thank you for your ongoing care of this patient. Yours sincerely, S Garland FY2 Name/Designation Department of General Surgery, Royal Infirmary of Edinburgh This is an immediate discharge letter and a further letter may follow.