OPERATION NOTES

Adam Strain 364377 ICU

Operation performed | Date

Cystoscopy/Laparotomy & (L) Nephrostomy and insertion of Central Line

Surgeon | Anaesthetist

Mr Boston MD FRCS

Assistant | Sister

Incision

Previous re-implantation of both ureters. Subsequently

Findings

developed renal failure necessitating bilateral ureterostomies. The left kidney which appeared to be the best biochemically unfortunately displaced as demonstrated by tube nephrostogram. At no stage was there drainage into

Procedure

the bladder and it was presumed that there was an obstruction at the lower end of both ureters.

French guage 10 scope passed easily into the bladder the site of re-implantation on both sides was identified but

[redacted]

pfannenstiel incision and try and indentify the left ureter. The old wound was opened, the peritoneum above and to the left of the bladder was opened and the ureter identified having opened the retro peritoneal space. The ureter was about 10 mm in diameter. This coned down to a segment about 1 mm in diameter and it was clear that the ureter had necrosed about 2 cms above the bladder. The ureter was therefore mobilized for about 5 cms and taken through the previous tube nephrostomy

Blood

site in the left flank. The peritoneal defect was closed with

Closure

4

Drains

050-008-031

Cont

Packs

Signature of Surgeon .....

Form No. M111A

AS - ROYAL

4 X 0 PDS. A new cystostomy tube was inserted using a French guage 14 malecot and the wound closed in layers with 4 X 0 PDS The ureterostomy on the left flank was matured with interrupted 5 X 0 PDS. A French guage 10 catheter was left insitu and was draining freely at the end of the procedure.

Right cervical incision, the external jugular vein was identified. A double lumen Hickman line was railroaded from a stab incision on the left chest wall to the cervical incision inserted into the external jugular vein. A good flow of blood was obtained in both directions. The wounds were closed with 5 X 0 PDS.

Mr VE Boston
/MD

[redacted]

Ward : [redacted]

I, ... of.....

(being the.....of the above named patient) hereby consent to the performance of the operation of .....on me/the above named patient the nature and purpose of which have been explained to me by

Dr./Mr./Ms. .....

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of general, local or other anaesthetic for any of these purposes.

*No assurance has been given to me that the operation will be performed by any particular surgeon.

Date ..... (Signed) .....

(Patient)

I confirm that I have explained to the patient the nature and purpose of this operation.

Date ..... (Signed) .....

(Medical Practitioner)

* This sentence should be deleted in the case of the private patient

ANAESTHETIC AND OPERATION CONSENT FORM (GENERAL) AP811

AS - ROYAL 050-008-032

OPERATION NOTES

Affix label or enter

364377 Adam Strain MGW

Operation performed: Fundoplication

Date: 13.03.92

Surgeon: R Stewart

Anaesthetist:

Assistant:

Sister:

Incision: Upper transverse abdominal incision

Indication: Child who following ureteric re-implantation sloughed, lower end of ureters has since had a left to right TUU and now has significant gastro oesophageal reflux requiring full TPN.

Findings:

Procedure: The left kidney was easily palpable and there would appeared to be no evidence of hydronephrosis, the right kidney was difficult to palpate and as we didn't want to mobilize adherent overlying bowel I didn't explore. It was noteable however that the [illegible] and distended. [illegible] the oesophageal hiatus [illegible] just on the right and left. Unfortunately during this procedure I managed to create a superficial laceration in the spleen which oozed continuously throughout the procedure. The oesophageal hiatus was then closed with approximation sutures of 4 X 0 PDS X 2, through the crura incooporating the oesophagus being now some 3 cms of interabdominal oesophagus. A 270 degree valve procedure was then performed in two layers of interrupted stitches of 4 X 0 PDS. Surgicel was applied to spleen during this procedure and the ooze had stopped by the end of the operation.

Blood:

Closure: 1

Drains:

050-008-033

Form [illegible]
M[illegible]
AP[illegible]

AS - ROYAL

Signature of Surgeon .....

The wound was then closed in layers with 4 X 0 PDS and 4 X 0 PDS subcuticularly.

RJ Stewart

/MD

[redacted]

Sex

Age

No.

to the Northern Ireland Hospitals Authority and to the Medical Staff and Management Committee of the above-named Hospital.

I,..... of.....

being the of the above-named patient), hereby consent to the performance of the operation of on me/the above named patient and confirm that the effect and nature of this operation has been explained to me.

I also consent to the performance of such further or alternative operative measures as may, in the course of such operation, be found in the opinion of the operating surgeon, to be necessary.

I agree to the administration of a local or other anaesthetic or anaesthetics for the purpose of the above-mentioned operation or operations.

I understand that an assurance has not been given to me that the operation will be performed by a particular surgeon.

2

Dated this day of 19

(Signed) .....

NAESTHETIC AND OPERATION CONSENT FORM (GENERAL)

AP 811

050-008-034

AS - ROYAL [redacted]

OPERATION NOTES

Affix label or en

ADAM STRAIN 364377 Musgrave Wd

Operation performed Trans uretero-ureterostomy left to right Date Week ending 20.12.91

Surgeon Mr. Brown, FRCS Anaesthetist Dr. Taylor

Assistant Sister

Incision

Findings

Procedure Transverse supra umbilical incision. Right ureter initially dissected out. Some dilatation but not tense but obvious leakage of urine from the site of the original T tube drainage. A catheter was passed relatively easily down the right ureter into the bladder and [redacted] of urine could be established from right kidney [redacted] the full length of left ureter was passed retroperitoneally to the right side. A transureteroOureterostomy was carried out by an end to side anastamosis using interrupted catgut sutures. Both ureters splinted with scilastic tubes. The tubes were then brought out through the anterior bladder wall and the anterior abdominal wall onto the surface. The suprapubic Malecot was left in position and the wound was closed with catgut PDS and Dexon.

Blood

S BROWN FRCS

Closure

Drains 050-008-035

Packs

AS - ROYAL

Signature of Surgeon

...SPITAL
...2 6BA.

...rm No.
...111A
...11

[redacted]

Unit No.: .....

Ward : .....

I, ... of .....

(being the ..... of the above named patient) hereby consent to the performance of the operation of ..... on me/the above named patient the nature and purpose of which have been explained to me by

Dr./Mr./Ms. .....

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of general, local or other anaesthetic for any of these purposes.

*No assurance has been given to me that the operation will be performed by any particular surgeon.

Date ..... (Signed) .....

(Patient)

I confirm that I have explained to the patient the nature and purpose of this operation.

Date ..... (Signed) .....

(Medical Practitioner)

* This sentence should be deleted in the case of the private patient

ANAESTHETIC AND OPERATION CONSENT FORM (GENERAL) 050-008-036 AP811

AS - ROYAL