

OPERATION NOTES

Affix label or enter

Adam Strain 364377 Musg. Wd.

Operation performed Insertion Central Line, Cystoscopy & Retrograde Pyelogram. Date 29/5/92

Surgeon Mr W A McCallion / Mr R J Stewart / Mr S Brown Anaesthetist Dr McCarthy / Crean

Assistant Sister Malcolmson

Incision

Indication: Pre base bilateral ureteric reimplant. Left ureter sloughed?

Findings requiring left to right TUO now presents with recurring UTI's

query due to obstructive uropathy. Requires long term antibiotics.

1) Insertion Broviac Line into left common facial vein. Transverse cervical incision. Left common facial vein identified, entering left internal

jugular. Left common facial vein closed with 5 X 0 PDS. Broviac line

inserted into anterior chest wall. Broviac line inserted into

vein and then internal jugular. Check X-ray confirmed Broviac line

in proximal SBC. Neck wound closed in layers of 5 X 0 PDs and wound anterior

chest wall closed 5 X 0 PDS.

2) Cystoscopy using 30° telescope and 11 storz sheath. The right ureteric orifice was identified in the mid line approx at the level of inter ureteric bar. No lesion was found within the bladder. The UO was easily catheterised with a size 3 ureteric catheter. The cystoscope was withdrawn and the baby returned to X-ray for retrograde pyelogram.

W A McCallion

CMcI

Blood

Closure

Drains

val Belfast Hospital for Sick Children

Belfast, BT12 6BE

053-015-052-

AS - ROYAL

CH 364377 Vol 5 Page: 8

Hospital	Surname and Christian Names	Hospital No.	
Ward	Physician or Surgeon	Sex	Age

To the Northern Ireland Hospitals Authority and to the Medical Staff and Management Committee for 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.

Dated this day of 19.....

(Signed)