

Department of Urology, Western General Hospital, Edinburgh
Bladder cancer operation notes / proforma Ver. 2

Name:
DOB:
CHI Number:
Hospital Number:

Date:

Consultant:

Operation:

Anaesthesia:

Surgeon:

Anaesthetist: Dr.

Indication: First cystoscopy / new tumour / recurrence / check

Findings (delete or circle accordingly):

Tumour number: 1 2 3 >3

Appearance: papillary / solid / mixed
Red patch

Size of largest tumour (mm):
<5 5-10 10-30 >30

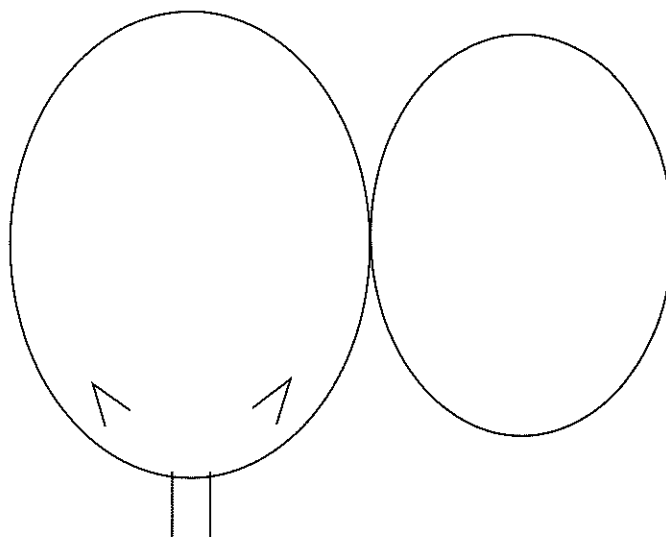
Site(s):

R UO L UO Trigone Bl. neck

posterior wall anterior wall

R lateral wall L lateral wall

Anterior wall Dome Diverticulum



Complete resection: yes / no / not sure / Biopsy and diathermy only

Extra-peritoneal perforation: yes / no / thin wall / Cystoscopy only

EUA: (1) cT1 cT2 cT3 cT4 (2) Bladder mobile: yes / no / not sure

- Postoperative Instructions:**
- (1) Irrigation: yes / no
 - (2) Intravesical 40mg Mitomycin C within 6 hours: yes / no
 - (3) TWOC after 24H: yes / no If **no** keep catheter for ____ days
 - (4) MDT discussion: yes / no If **yes** please complete yellow form
 - (5) Needs imaging: yes / no If **yes**, please specify:
 - (6) Other:

- Follow up (Please tick):**
- (1) GA cystoscopy urgent / in 6 weeks / in 3 months
 - (2) GA cystoscopy + Biopsy / diathermy (urgent)
 - (3) TURBIT (urgent)
 - (4) Flexible cystoscopy in 3 months
 - (5) Pending MDT histology and MDT decision

Signature + initials: