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:

LU 084 (v2)