

Pre-operative Care 2 – Notes for Candidate

Role: Foundation Year 1 doctor in a Pre-operative Clinic

This is Kenny Lee, a 72-year-old male who has been diagnosed with BPH which is refractory to medical management. He has presented to the pre-operative clinic prior to his Transurethral resection of prostate.

He has a history of coronary artery disease and COPD. They are currently taking Atorvastatin, ramipril, warfarin, Fostair and Salbutamol.

You will need to discuss the Indication for the operation and explain the risks as well as benefits.

Take a pre-operative history and discuss any pre-operative investigations that may be required, explaining why.

Explain how their medication will be altered prior to their operation.

The station will last 10 minutes but you will be notified by an invigilator at 8 minutes.

Pre-operative Care 2 – Notes for Actor

Patient Script:

You are Kenny Lee, a 72-year-old male who has been diagnosed with BPH and medical management is not working. You have come to the pre-operative assessment clinic to discuss the TURP you will be having. You would like to know what the procedure involves and the aftereffects.

Your signs and symptoms: hesitancy, weak stream, dribbling, increased frequency

Medication: Atorvastatin, Ramipril, Warfarin, Fostair, Salbutamol

PMHx: Coronary heart disease, COPD

PSHx: Had a CABG 10 years ago, went under general anaesthetic – was difficult to intubate according to the anaesthetists.

SHx: Lives alone, wife died 1 year ago, no children, has neighbours and friends who is close with

Ex – smoker 30 pack years

Pre-Operative Care 2 – Examiner marksheet

MARKING RUBRIC	✓
<p>Opening:</p> <ul style="list-style-type: none"> • Introduces themselves. • Confirms Patient demographics. • Explains and gains consent from patient about consultation. 	
<p>Main Consultation:</p> <ul style="list-style-type: none"> • Good professionalism throughout • Explains the reason for attending the pre-operative clinic, with good knowledge of the surgery. • Understands what investigations are needed prior to the surgery and explains to the patient why. • Explains what changes of medications are needed prior to the surgery. Explains what will happen on the day and recovery. • Open and non-judgemental communication, natural flow to the conversation • Shows empathy at appropriate times, doesn't come across as forced or unnatural. • Explores the patient's understanding of the operation and their Idea's and Concerns <p>TURP Specifics:</p> <ul style="list-style-type: none"> • General anaesthetic or can be spinal, NBM 6 hours prior (solids), 2 hours (water) • Hospital stays 1-3 nights, sometimes can be done as day case. • Complications of TURP include TUR syndrome, haemorrhage, sexual dysfunction, retrograde ejaculation, and urethral stricture. • Ramipril – stop 24 hrs. • Warfarin – 5 days – bridge with LMWH (24 hours) • Investigations: FBC, U&E, G&S, potentially chest x-ray, ECG, may require ECHO and further anaesthetic review before procedure 	
<p>Ending consultation:</p> <ul style="list-style-type: none"> • Summaries and clarifies any points. • Thanks Patient 	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: