



**BAUS - SECTION OF ENDOUROLOGY  
PCNL AUDIT (2007 Cases)**

<p><b>Q1 Consultant Number &amp;/or Centre Number</b></p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>Consultant Number                      Centre Number</p>										<p><b>Q2 Patient Hospital Number</b></p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<p><b>Q3 Patient NHS Number</b></p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p><b>Q4 Date of Birth</b></p> <p align="center">D D    M M    Y Y Y Y</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									
<p><b>Q5 Sex</b></p> <p>Male <input type="checkbox"/>                      Female <input type="checkbox"/></p>	<p><b>Q6 Date put on Waiting List</b></p> <p align="center">D D    M M    Y Y Y Y</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									
<p><b>Q7 Pre-op Radiology</b></p> <p>KUB <input type="checkbox"/>                      USS <input type="checkbox"/>                      IVU <input type="checkbox"/>                      CT <input type="checkbox"/></p> <p>Renogram (DMSA): Yes <input type="checkbox"/> No <input type="checkbox"/>      Relative Renal Function : Right <input type="text"/> %      Left <input type="text"/> %</p>										
<p><b>Q8 Side</b></p> <p>Left <input type="checkbox"/>      Right <input type="checkbox"/></p>	<p><b>Q9 Stone Dimensions</b></p> <p>1 – 2 cm <input type="checkbox"/>      &gt; 2 cm <input type="checkbox"/></p>	<p><b>Q10 Number of Stones</b></p> <p>Single <input type="checkbox"/>                      Multiple <input type="checkbox"/></p>								
<p><b>Q11 Stone Location</b></p> <p>Calyceal:    U <input type="checkbox"/>    M <input type="checkbox"/>    L <input type="checkbox"/>    Pelvic <input type="checkbox"/>    Upper Ureteric <input type="checkbox"/>    Calyceal Diverticular <input type="checkbox"/></p> <p>Staghorn:    Partial <input type="checkbox"/>                      Complete <input type="checkbox"/></p>										
<p><b>Q12 Kidney Anatomy</b></p> <p><b>Normal:</b>            Yes <input type="checkbox"/> No <input type="checkbox"/>                      <b>Solitary:</b>            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Abnormal:</b>        Pelvic <input type="checkbox"/>                      Horseshoe <input type="checkbox"/>                      Cystic <input type="checkbox"/></p>										
<p><b>Q13 Pre-op MSSU</b></p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>	<p><b>Q14 Pre-op PCN in situ:</b></p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>									
<p><b>Q15 Prophylactic Antibiotics on induction:</b></p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>	<p><b>Q16 Date of Operation</b></p> <p align="center">D D    M M    Y Y Y Y</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									

**P.T.O.**

**Q17 Procedural Details:**

Puncture/Tract: Urologist  Radiologist  No. of tracts: 1:  2:  3:  >3:

Placement of tract: Subcostal  OR Supracostal  Interventional Radiology backup for selective renal artery embolisation: Yes  No

Accessory procedures: Flexi. Renoscopy  Flexi Ureteroscopy  Antegrade stent insertion

Stone Extraction / fragmentation: Lift out  Laser  Lithoclast  USL

**Q18 Procedure Outcome:**

Complete clearance  Incomplete clearance

If Abandoned Why? : Failed access  Intraoperative Bleeding  Inaccessible stones  Other

Complications: Visceral Injury: Yes  No  If Yes give details:

Any unusual complications: Yes  No  If Yes give details:

**Q19 Postoperative drainage:**

Nephrostomy drain in situ: Yes  No  Antegrade Ureteric stent insertion: Yes  No

Secondary (Re-look) Nephroscopy: Yes  No  Ureteric catheter: Yes  No

**Q20 Post operative length of Stay (days):**

**Q21 Postoperative details:**

Drop in Hb on day 1:

Drop in Hct on day 1:

Blood Transfusion: Yes  No  If Yes number of Units:

Post-op Infection:

Fever Yes  No

SIRS - Sepsis Yes  No

HDU/ITU admission Yes  No

Postop. Nephrostogram: Yes  No  If Yes: Residual stones: Yes  No

Ureteric Obstruction: Yes  No

Day 1 Post-op: Total stone clearance Yes  No  If No, further treatment planned?: Yes  No

**Q22 Adjuvant Treatment :**

ESWL  Re-look PCNL  URS

**Q23. Postoperative Death @ 30 days:**

Yes  No  If Yes, Cause:

**Q24 Date Of Outpatients F/U**

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Stone free @ F/U: Yes  No