

**COLON SURGERY DATA SHEET**

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**DATE OF SURGERY:** \_\_\_\_\_ **SURGEON:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**PROCEDURE:**

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**PATIENT POSITION:**     \_\_\_ SUPINE     \_\_\_ LITHOTOMY

**RECTAL IRRIGATION:**   \_\_\_ YES    \_\_\_ NO

**RETRACTOR SYSTEM:**   \_\_\_ OMNI   \_\_\_ BOOKWALTER   \_\_\_ BALFOUR

**HARMONIC SCALPEL**    \_\_\_ YES    \_\_\_ NO

**URETERAL STENTS:**     \_\_\_ YES    DR: \_\_\_\_\_  
                              \_\_\_ NO

**EPIDURAL CATHETER (Pain Management):** \_\_\_ YES    \_\_\_ NO

**Please FAX this sheet with the Booking Form when scheduling a case to: 351-2696.**

**Any questions, please contact D. Holland, RN @ 351-7957  
Thank you.**