

**North  
Shore LIJ** *Huntington Hospital*  
**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 S. Meyer, RN @ 547-6390 or pager 340-0604.**

**Thank you.**