



Royal Liverpool University Hospital



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Your Ref:

Our Ref:

If telephoning please ask for:

CRMH/TAA

EXT 4322

26 October 1993

Professor R Shields
Consultant Surgeon
RLUH

Dear Professor Shields

RE: William Murphy - dob 7.11.34
94 Hilary Avenue, Liverpool L14 6US

Diagnosis - Severe Haemophilia
Cirrhosis of the Liver
Portal Hypertension
Oesophageal Varices
Recurrent Right Inguinal Hernia

You are seeing this gentleman already for intermittent sclerotherapy. His varices are under good control. You also operated on his right inguinal hernia some 18 months to 2 years ago. This has recurred and the patient is wearing a truss, which he says is uncomfortable and does not keep the thing under control, although he is not getting much pain from it.

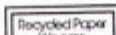
I would be grateful if you could review the hernia to see either whether further surgery would be of any benefit, or provide him with a more effective truss. Should he require surgery, he would need Factor VIII replacement twice a day for 7 days, and we would almost certainly have to give him cryoprecipitate as well to increase his fibrinogen level, and possibly platelets. I am sure that we would be in a position to correct his haemostatic defects, but it would clearly be more complex than in straightforward severe haemophilia.

The patient understands the pros and cons of further surgery, and appreciates that further surgery carries a greater risk of

Sent for

24.11.93.

ROYAL LIVERPOOL UNIVERSITY HOSPITAL N.H.S. TRUST
CHAIRMAN - MR J. B. FITZPATRICK C.B.E. · CHIEF EXECUTIVE - MR MALCOLM F. STAMP



patient
is coming
10.00
10.54
me
F

recurrence than was quoted to him for his original operation, and he is not in fact pushing for a further operation.

Yours sincerely



Charles Hay
CONSULTANT HAEMATOLOGIST
DIRECTOR OF MERSEY REGIONAL HAEMOPHILIA CENTRE

cc Dr M S Feld
Gresford
Pilch Lane
Liverpool
L14 0JE