

Witness Name: Dr Gary Benson

Statement No.: WITN3082001

Exhibits: WITN3082002 - WITN3082014

Dated: 13 January 2020

**INFECTED BLOOD INQUIRY**

---

**EXHIBIT WITN3082004**

---



# Belfast Health and Social Care Trust

**The Liver Unit**  
 Royal Victoria Hospital  
 1<sup>st</sup> Floor  
 East Wing  
 Grosvenor Road  
 Belfast  
 BT3 2 6DA

**Consultants**

Dr Neil McDougall, Consultant Gastroenterologist/Hepatologist  
 Dr Ian Cashin, Consultant Hepatologist  
 Dr Jonathan Cash, Consultant Hepatologist  
 Dr Roger McCarry, Consultant Hepatologist

Tel:

**GRO-C**

Dr McDougall's Secretary  
 Dr Cashin's Secretary  
 Dr Cash's Secretary  
 Dr McCarry's Secretary

Miss Mary Wright  
 Mrs Patsy Reult  
 Mrs Stephen Miskelly  
 Mrs Emma Chapman

Fax: 02890 674672

Hospital Ref.: RV 14/000661  
 HSC No.: 666 722 1898

Date Typed: 17/10/2017  
 Clinic Date: 06/10/2017, (Appt. Type: REV)

DR C: BPHSON  
 HAE MOPHILIA CENTRE DIRECTOR  
 HAE MOPHILIA UNIT  
 BELFAST CITY HOSPITAL  
 LISBURN ROAD  
 BELFAST  
 BT9 7AB

Dear GARY

RE: MR SEAMUS CHARLES CONWAY, D.O.B.: **GRO-C 1973**

- Diagnosis:**
1. Severe haemophilia A
  2. Chronic hepatitis C genotype 3
  3. Previous monotherapy with interferon in 1990's by Haemophilia Unit
  4. Previous excess alcohol intake

**Comments:** Thank you for referring Mr Conway for assessment regarding chronic hepatitis C. He said he does not think he has ever attended the Liver Unit for assessment regarding hepatitis C, his recall being Interferon monotherapy (injections three times a week) in the 1990's and not surprisingly this treatment was unsuccessful. The treatment was delivered by the Haemophilia Unit. In more recent years his health has been troubled by a few traumatic injuries affecting his right femur and left knee. He takes maintenance treatment with Factor VIII on Monday, Wednesday and Friday but otherwise says he has no medical problems.

His alcohol intake is currently approximately six to eight units per week which he knows is heavier than would be recommended. He admits that his alcohol intake was heavier for three or four years whenever he had a few very significant social pressures.

**Investigations:** FBS, LFTs, U&E, hepatitis C PCR and confirmation of genotype, ultrasound of abdomen and Fibroscan study.

**Management:** I explained to Mr Conway that we now have some excellent tablet based therapies for hepatitis C with response rates in excess of 95%. In addition the side-effect profile of these new medications is minimal. He would be keen to pursue treatment and therefore I have added him to the waiting list for treatment today. The finer details of which treatment we offer him will depend on the blood results that come back and also the results of his ultrasound and Fibroscan study. If his ultrasound and Fibroscan study suggest evidence of significant liver damage or cirrhosis then this may modify the treatment choice and will also have an impact on his longer term follow-up.

**Review:** 12 months but I would expect him to get an appointment for his Fibroscan study in the next three or four months and hopefully he will come towards the top of the treatment waiting list in the next eight months or so.

Kind regards

Yours sincerely

Dr Neil McDougall MD FRCP (Fcd)  
 Consultant Gastroenterologist/Hepatologist

CC: Dr W P Leeson, Foyleside Family Practice, Bridge Street Medical Centre, Bridge Street, County Down, B148 6LD

/MGB