

CRR/MB

27th October, 1981

Mr. David Tibbs,  
23, Banbury Road,  
Oxford.

Dear Mr. Tibbs,

re: Malcolm SLATER, d.o.b. GRO-47

GRO-C

Following our telephone conversation I have checked my correspondence and discovered that although I wrote you a letter about Mr. Slater on 2nd September, 1981 outlining a possible course of action I have, in fact, not written to you since I saw him on 12.10.81. I apologise for this.

Mr. Slater was diagnosed as a haemophilic in early childhood because of excessive bruising and bleeding into his knee joints. Throughout his early days he bled into knees, ankles, elbows and hips and following dental extraction he has bled for as long as 6 weeks. He has had several episodes of haematuria, the last one being about 2 years ago. He has also bled from the gastrointestinal tract on at least one occasion. Apart from his haemophilia his past health has been good and he has had no factor VIII replacement therapy since 1974. There is a strong history of haemophilia in the family.

The results of our coagulation studies were as follows:-

Keolin cephalin clotting time	74 secs. (normal 44)
1-stage prothrombin time	17.2 secs. (normal 18.1)
Factor VIII:C	3 i.u.%
Factor VIII:R:Ag	109%
W.B.C.	$5.2 \times 10^9/l$
Platelets	$264 \times 10^9/l$
Hb.	14.2 g/dl

Mr. Slater is a moderately severely affected haemophilic with a factor VIII Level of 3 i.u.%. With this level of factor VIII he will require fairly close watching and frequent monitoring of the factor VIII in his blood post-operatively. Our usual routine in such cases is as follows: immediately before operation we give a dose of factor VIII sufficient to raise the blood level of factor VIII to 80-100% of normal. Four to six hours

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we take a sample of blood to check the level of factor VIII and give further doses that day depending on the results of our assays. Thereafter we shall probably give him twice daily doses of factor VIII aiming to maintain his factor VIII level above 50% of normal for the next 7-10 days. I see no problem in doing all of this at the Acland.

If you have any questions or comments about what I have suggested, please let me know.

Kind regards,

Yours sincerely,

C.R. Rizza  
Consultant Physician