

**From:** Chin Lye Ch'ng (ABM ULHB - Gastroenterology & Hepatology)

**Sent:** 28 March 2011 12:44

**To:** Saad Al-Ismael (ABM ULHB - Haematology) <Saad.Al-Ismael@[GRO-C]>; Rhodri Evans (ABM ULHB - Radiology) <Rhodri.Evans@[GRO-C]>

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**Subject:** RE: Re : Access to Fibroscan

Dear Saad,

We are hoping to have one soon. This is the money from the BBV action plan implementation. I have copied in the managers helping me with the implementation and the acquisition of the scan.

I understand Gwent has received theirs; Cardiff is waiting and so is North Wales. ABMU is a bit slow on this and Cwm Taff is also looking for one.

The Fibroscan will be used in the out-patient to assess the Hepatitis C patients. I hope this will avoid the need/reduce the increased need for liver biopsies as we are asked to see and treat more patients with BBV. Currently we treat about 50 patients per year and we need to treat over 150 per year to catch up though the plan is to double the number treated once the additional nurses are in post this year.

The scan is not quite validated in patients with Hepatitis B but useful in patients with fatty liver (NAFLD or NASH) as I am hoping not to follow-up those with normal scan.

It is important that we reduce/limit the liver biopsies as we are seeing more patients with cirrhosis (over 200 patients on my database) that require 6-monthly sonographic surveillance for HCC. I hope by having the Fibroscan we will not overload our ultra-sound department with requests for liver biopsy and also reduce the length of referral to treatment time while expectedly the number of patients for surveillance will increase.

As you can see from the graph below the number of patients referred with BBV has increased since my arrival. More recently CDAT (Public Health) has started the screening of prisoners and current IVDUs. I expect more to be referred.

I will keep you posted of the progress.

Regards,

chinlye

## Referrals over time (Swansea clinic)

