

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN18890001

Exhibits: WITN1889002 – WITN1889014

Dated: 29.11.2018

EXHIBIT WITN1889008

INFECTED BLOOD INQUIRY

Mr M J McNicholas
Consultant Orthopaedic Surgeon
Honorary Professor, Directorate of Sport – Salford University
Department of Trauma & Orthopaedics

Warrington Hospital
Lovely Lane
Warrington
Cheshire
WA5 1QG
Hospital Switchboard (01925) 635911

Mr McNicholas's Secretary: **GRO-C** (Direct Dial)

Fax No: 01925 662211

E-Mail: lesley.griffiths@nhs.uk **GRO-C**

GRO-B

New NHS No.

GRO-B

Mr M J McNicholas: 21 January 2008

22 January 2008

GRO-B

Dear Dr **GRO-B**

GRO-B

Diagnosis: *Bilateral varus OA*

Plan: *Conservative treatment, weight reduction, analgesia, visco-elastic heel wedges, bilateral sticks. Contact Dr Ramakrishnan to obtain his blessing that this patient with his history, apparently, of cirrhosis, would be a suitable candidate for Glucosamine sulphate treatment. Next review 3 months to assess the outcome of this. In the meantime, patient to read up on www.mcnicolaskneeclinic.co.uk regarding knee replacement, to reinforce the discussion we had today about the risks of such an intervention.*

Unfortunately, **GRO-B** has sleep disturbance each night of the week and a walking distance limited to a couple of hundred yards on a good day. His symptoms are worse at present in his right knee, however, the left knee is not far behind. He has put weight on and was under the care of Dr Linaker in the past for cirrhosis, he tells me today. Unfortunately, despite the fact that this patient has been under my care for several years, they are only two pages of text to go on and I have no indication of the previous status of his liver or any of the correspondence from Dr Linaker. The patient informs me that he had a bleeding problem after the surgery and I am afraid I cannot recall what this problem was.

With a history of liver dysfunction, it may be that he had some bleeding diathesis, so I have rechecked his FBC, CRP, ESR, plasma viscosity, LFT, renal profile and a full clotting screen. When the results of these are available, I will contact Dr Ramakrishnan for his blessing with a conservative treatment plan.

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GRO-B

The patient tells me he has had problems in the past with Paracetamol, Aspirin and a number of other medications. Again, I have no records to go on with this and will have to take the patient at his word. He is taking Tramadol maximal dose and frequent Brufen.

Given the level of symptoms he has, if there is no significant improvement with the above conservative regime, then I would be comfortable offering him joint replacements, but again without any real idea of the complexity of his medical history because of lack of notes, I could not comment further.

When I see him next, it is imperative that his full set of notes are available to me, so that I can fully outline the risks he may face from joint replacement.

Yours sincerely

Mr M J Mc Nicholas
Consultant Orthopaedic Surgeon

Cc Dr Ramakrishnan, Consultant Physician, Warrington Hospital

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North Cheshire Hospitals 
NHS Trust

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Dr Ramakrishnan
Consultant Physician
Warrington Hospital

Dear Dr Ramakrishnan

GRO-B

Unfortunately, this patient has been seen in clinic now for the second time without his notes. He has had a liver problem, which he informed me was cirrhosis. He has certainly had a liver biopsy, by his description and was apparently discharged by Dr Linaker, however, he had some bleeding problems after an ACL reconstruction and may require knee replacements bilaterally.

In a final effort to avoid such surgery, Glucosamine sulphate may be an option, but I would be grateful for your blessing that this is an appropriate treatment. I have carried out a liver function test, full clotting screen and FBC, U & E's today, the results of which are attached and I would be grateful for your written advice regarding the use of Glucosamine sulphate in this patient. He was told that his liver will never be normal again.

I hope that his notes will have been found, by the time I have results available to send to you with this and many thanks for your assistance.

Yours sincerely

Mr M J Mc Nicholas
Consultant Orthopaedic Surgeon

ANONYMOUS

12/5/08
North Cheshire Hospitals NHS Trust

Mr M J McNicholas
Consultant Orthopaedic Surgeon
Honorary Professor, Directorate of Sport – Salford University
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14 March 2008

Dr S Ramakrishnan
Consultant Physician and Gastroenterologist
Warrington Hospital

Dear Dr Ramakrishnan

GRO-B

I reviewed this patient in clinic on 21 January 2008 with regard to his bilateral knee osteoarthritis and suggested a conservative treatment plan which included Glucosamine sulphate on a long term basis. The patient has seen Dr Linaker in the past due to his previous history of cirrhosis. As there was insufficient information in the notes regarding his previous medical history to be able to proceed with Glucosamine treatment, we arranged for him to have some up to date blood investigations, with a view to seeing him again in clinic in 3 months.

We have now received the results of the investigations and I attach a copy of these for your information. I would be grateful if you could advise me if you are happy for the patient to take Glucosamine sulphate on a long term basis because of his previous medical history.

The patient is due to return to clinic on 21 April 2008, so I would be grateful if you could inform me of your decision before that date.

Kind regards.

Yours sincerely

Mr M J Mc Nicholas
Consultant Orthopaedic Surgeon

Future Appointments

21.04.2008 10:40 McNicholas M

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