ANONYMOUS



W11N0640013

Gastroenterology Department Medicine Directorate Acute Services Division NHS Tayside Ninewells Hospital Dundee DD1 9SY

www.nhstayside.scot.nhs.uk

Dr	GRO-B	
	GRO-B	
. 7		

ate		:
ictated		(
ur Ref		•
nquiries to	1	1
xtension		ſ
irect Line		l
mail		l

26/03/2018 09/03/2018 JFD/MF/ <u>GRO-B</u> mary falconer GRO-C GRO-C

Dear D GR	0-В			4		
GRO-B: H	GRO-B	GRO-B	Angus	GRO-B	DOB:	GRO-B 1967
Diagnoses:	Hepatocellular carci Cirrhosis secondary Haemophilia A Psoriatic arthritis	noma outside to Hepatitis (e transplar C – cured	nt criteria with thera	іру	e
	Gilbert's syndrome					

Further to my review of this gentleman, we now have the decision from Edinburgh and unfortunately his tumour on imaging grounds is outside transplant criteria. Given the nature of it being in segment 5, we would not be able to resect him either. We have therefore made arrangements for him to have transarterial chemoembolisation of his tumour. He is a Child's A, has no ascites, no encephalopathy and his albumin and prothrombin time are normal. His bilirubin is elevated, but we know he has Gilbert's syndrome and previous measures suggest that most of the bilirubin is due to his Gilbert's rather than to synthetic liver impairment.

We are making arrangements for the TACE now and I have spoken to Mr GRO-B by `phone and he is aware of the diagnosis and also aware of our treatment plan.

We will make arrangements to see him again in clinic in 6 weeks' time, which will hopefully be after his TACE procedure.

Yours sincerely

Authorised on 27/03/2018 08:08:31 by Gastro John Dillon.

Professor J F Dillon Consultant Hepatologist and Gastroenterologist

(P) Dr R Kerr, Consultant Haematologist, Haematology Unit, Ward 34, Ninewells Hospital, Dundee, DD1 9SY

for mb