

Witness Name: Royal Free Hospital (Jennifer Moira Cross)
Statement No. WITN3095001
Date: 23 May 2019

EXHIBIT "WITN3095001/22"

This is the exhibit marked "WITN3095001/22" referred to in the first witness statement
of Jennifer Moira Cross dated 23 May 2019

William Spellman, 18/12/1943, NHS No.4227741688

23/10/2008

Barnet Dialysis Review

Mr Spellman is now dialysing on Tuesday / Thursdays / Saturdays. He has had 2 inpatient admissions with hepatic encephalopathy, presenting with confusion, twitching and asterixis. He had raised ammonia levels but good synthetic liver function. There was a possibility his condition was aggravated by gabapentin, but I suspect he is also very sensitive to the effects of occult bleeding from his portal hypertension / varices.

He has been much better on regular neomycin, intermittent lactulose, and we have converted him to haemodialysis which may help. I have also asked for the dietician to review his diet, in particular protein intake.

We are planning a joint discussion with the Hepatologists and Haematologists regarding future management, but feel that he is not a candidate for a single renal transplant.

PROBLEM LIST:

AML (Numerous blood transfusions)
1980s Hepatitis C genotype I
Iron overload cirrhosis
Oesophageal Varices
IFN and Ribavirin unresponsive
2000 Hep C related MCGN
Left AVF
GI bleed (Aspirin and Clopidogrel)
Melon stomach
June 2006 (Pegulated Interferon), poor response
2000 Pseudogout
2000 Polyarthropathy
Chondrocalcinosis
Positive rheumatoid factor
Splenomegaly
Arterial calcification
Raised AFP
2008 Hepatic encephalopathy

MEDICATIONS:

NeoRecormon 10,000iu 3x/ week sc cont
Ketovite T tab od po cont
Folic acid 5mg od po cont
Propranolol 40mg bd po
Lidocaine 2% gel prn to arthritic knuckles
Omeprazole 40mg bd increased 25.6.08
1-alfacalcidol 0.25micrograms x3/wk on HD

Calcium acetate 1g tds with each meal
Midodrine 5mg pre dialysis
Renagel 800 one tds with each meal
Lactulose 30mls QDS po
Neomycin 500 mg PO BD
Octreotide considered

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FROM:
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