

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

---

**EXHIBIT "WITN3095001/16"**

---

This is the exhibit marked "WITN3095001/16" referred to in the first witness statement of Jennifer Moira Cross dated 23 May 2019

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

08/08/2008

# Barnet Dialysis Review

I reviewed this gentleman in the Haemodialysis clinic. He attended with his wife whom I met for the first time. She expressed her unhappiness about his slow progress and that she felt out of the loop in terms of his upto date investigation results and where we were in preparation for renal transplantation. I accepted this but pointed out that I was not made aware of her desire to be communicated with seperately until our conversation today. I gather the issue is that Bill is often exhausted and feels unable to reiterate to his family all that is going on once he has completed tests. They certainly, as a family, have had a very difficult time over the last ten years. His wife is very supportive of his medical condition and has a busy full time job of her own as a chief executive.. She is right that we have had to perform repeated endoscopy, we have had to repeat the bone marrow and trephine. His case is necessarily highly complex. In addition, there has been some variance of opinion regarding his suitability for transplantation As time goes on we turn up various new issues which make the decision more complex. All of this is highly frustrating for them both.

We had a long discussion about all of these issues today. We have come to an arrangement that I will be available to call her with an update on matters on Wednesdays if she leaves a message for me written in the Consultant diary on the dialysis unit in Barnet. She is happy with this.

Bill is in general fatigued though managing on dialysis and feels much the same before procedure as after. There are no drops in his blood pressure, we are reaching targets. 2 needle HD through a native right AVF. His interdialytic weight gains are modest between 1.75 and 2.5 kg. He is requiring a blood transfusion of 3U every three weeks on average. His wife notes a marked improvement after blood transfusion in his well being. Obviously this has a cost in terms of iron overload and immunology. The 3 phase CT of abdomen and liver looks clear with a cirrhotic liver 2 small kidneys, varices and a normal sized spleen. I append the full result for information below.

There is only one pending investigations beyond my last letter. which is the repeat bone marrow which was performed yesterday, I expect the results to be available in three weeks.

I have promised to keep a look out for this and contact them by phone with the result when I have it. Of course I would be delighted to see them in my clinic to discuss things at any time of their choosing.

GASTRIC EMPTYING (12 MBq of Tc-99m Human Serum Nanocolloid) at 09:39 on 15/07/2008

Indication: ? gastroparesis. Description: There was steady clearance of tracer from the stomach into the small bowel and beyond, with a relatively rapid clearance. The half time was estimated at only 12 minutes. Interpretation: relatively rapid clearance of tracer from the stomach with no evidence of gastroparesis.

CT Liver Triple Phase, CT Chest/Abdo/Pelvis Contrast INDICATION: HCV, ESRF on dialysis. Resistant anaemia, previous AML. ?portal hypertension ?for TIPSS. CT chest, abdomen and pelvis supplemented by triple phase imaging of the liver. FINDINGS: No

hepatic, biliary or pancreatic calcification. The liver outline is irregular in keeping with cirrhosis. No focal liver lesions are identified. Patent portal vein and hepatic veins. Gastro-oesophageal and lesser curvature varices are present. Spleen size is within normal limits and there is no ascites. Diffuse low density soft tissue is seen adjacent to the coeliac axis and SMA and also adjacent to the common hepatic artery and portal vein. A similar appearance is seen in a para-aortic distribution. This may represent previously treated AML. I note a report of a CT of 12/12/2000 commenting on para-aortic and paracaval soft tissue - I will request these films for comparison. Normal appearances of pancreas and adrenals. Both kidneys are small and have lobulated contours in keeping with chronic renal failure. Incidental note is made of a retro-aortic left renal vein. No enlarged axillary or mediastinal lymphadenopathy. Calcified 5mm granuloma left lower lobe (image 105). Lungs otherwise clear. IMPRESSION: Cirrhotic liver with portal hypertension, no focal liver lesion. Para-aortic and paracoeliac soft tissue - may be longstanding, note comments above. I will request old films. FOLLOW-UP Given the previous report I suspect the para-aortic soft tissue is longstanding, however a repeat study is recommended in 6 months. NW

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 Clopidrogel)  
Melon stomach  
June 2006 (Pegulated Interferon), poor response  
2000 Pseudogout  
2000 Polyarthropathy  
Chondrocalcinosis  
Positive rheumatoid factor  
Splenomegaly  
Arterial calcification  
Raised AFP

MEDICATIONS:

NeoRecormon 10,000iu three times a 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 8  
1-alfacalcidol 0.25micrograms x3/wk on HD  
calcium acetate one with each meal  
midodrine 5mg pre dialysis  
renage! one with each meal

TO:

Dr RJ MOBLEY  
WALLACE HOUSE  
9-11 ST.ANDREW STREET  
HERTFORD SG14 1HZ  
cc: WILLIAM SPELLMAN

**GRO-C**

DR D PATCH  
CONSULTANT PHYSICIAN AND HEPATOLOGIST  
LIVER TRANSPLANTATION & HEPATOBILIARY UNIT  
RFH  
DR P KOTTARIDIS  
CONSULTANT HAEMATOLOGIST  
RFH  
SISTER KATE SHAW  
BARNET DIALYSIS UNIT  
BARNET GENERAL HOSPITAL  
WELLHOUSE LANE  
BARNET  
HERTS  
EN5 3DJ  
SISTER JANICE WARD  
BARNET DIALYSIS UNIT  
BARNET GENERAL HOSPITAL  
WELLHOUSE LANE  
BARNET  
HERTS  
EN5 3DJ

FROM:  
Dr Jenny Cross FRCP