Witness Name: Royal Free Hospital (Jennifer Moira Cross) Statement No. WITN3095001

Date: 23 May 2019

|                         | nancentranon en |
|-------------------------|---|
| EXHIBIT "WITN3095001/23 | 3"  |
|                         |   |

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

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

24/11/2008

**HD Clinic** 

I would be most grateful if you would see this gentleman urgently. He has a complex medical history and he dialyses in the Barnet Satelite Unit at the Royal Free on Tuesdays, Thursdays and Saturdays. He has a profound peripheral neuropathy that is multifactorial, has unresponsive Hepatitis C with mesangiocapillary GN, and myelodysplasia on bone marrow. He has developed a plantar neuropathic ulcer on the right that looks very deep and smells infected. He is not experiencing any pain with this and is on oral antibiotics from his GP which I believe to be Flucloxacillin and Pennicillin V. I had a word with the GP today to say that I thought this looked rather nasty and I was worried that there was a deep seated osteomyelitis. I have organised a plain film of his foot this week and I will append the results to the letter when I have it.

Although he is not diabetic, I think he would certainly benefit from multidisciplinary neuropathic foot ulcer/podiatry service which I know that your hospital run. He is very keen to have this performed locally as coming to the Royal Free and to Barnet is very troublesome for him. In terms of his management, I am anticipating starting him on Cyclosporin an immunosuppressant because the haematologist believe that his bone marrow dysplasia may in part be autoimmune. Clearly this is not practical when he has ongoing ulcer and infection in his foot.

I would be most grateful for your urgent attention.

# PROBLEM LIST:

AML (Numerous blood tranfusions) 1980s Hepatitis C genotype I Iron overload cirrhosis Oesophageal Varices IFN and Ribavarin 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 Chondrocalicnosis Positive rheumatoid factor Splenomegaly Arterial calcification Raised AFP 2008 Hepatic encephalopathy 2008 November neuropathic foot ulcer right

#### **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

## TO:

Dr Peter Winacour Consultant Diabetologist with an interest in Neuropathic Feet Ulcers Queen Elizabeth Hospital Howlands, Hertfordshire, AL7 4HQ

Enclosed: Foot X RAY Report Barnet General Hospital cc: WILLIAM SPELLMAN

#### GRO-C

Dr Mark Harber
Consultant Nephrologist
Royal Free Hospital
Dr K A Hillman
Consultant Nephrologist
Royal Free Hospital
Dr RJ MOBLEY
WALLACE HOUSE
9-11 ST.ANDREW STREET
HERTFORD
SG14 1HZ
DR JAMES O-BIERNE
Consultant Hepatologist
Royal Free Hospital

## FROM:

Dr Jenny Cross FRCP