

Witness Name: Barry Fitzgerald

Statement No.: WITN2819001

Exhibits: WITN2819002 -

WITN2819015

Dated: 12 August 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN2819006



Our Ref: JN/TS/3889014

17 June 2009

Clinic Letter : 15 June 2009

Dr N Cowley

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- Dear Dr Cowley

MRS JANE YVONNE FITZGERALD, GRO-C
DOB: GRO-C/4961, **Hospital Number:** **3889014**, **NHS Number:**

I saw this lady with her husband in clinic today. As you know, she has chronic hepatitis C associated with a blood transfusion she received when she was a teenager. We think that she has therefore had hepatitis C for 31 years, although this was only diagnosed 5 years ago. She has no history of alcohol excess or drug use, and is otherwise well. Initially she sought care for this in Bournemouth, which is her local hospital, but unfortunately she has had problems with follow-ups, to the point where she had contacted her MP to ensure that she got the care that she felt she required. She is also, she tells me, part of a campaign group for people with transfusion-related infections. She subsequently took her care to Bristol, but has also been lost to follow-up there. She certainly is very knowledgeable.

Her hepatitis C has been documented in communications from Bournemouth as being genotype I. There has been a concern raised from indirect imaging of her liver, in the form of three fibroscans over the last five years and some fibrosis markers, that she has a degree of fibrosis, to the point that she says she has cirrhosis. A number of these have been done privately, but her last fibroscan done last week shows a reading of 32. I cannot see any evidence of an ultrasound previously.

We have had a long chat about the possible options for her. I have touched on treatments and introduced her to our specialist nurses today. She is not keen to jump into treatment, especially with such poor response rates, and I do think it would be worthwhile getting some basic up-to-date information first. I should highlight the fact that she will not entertain the thought of a liver biopsy without a general anaesthetic, but I do not think that this is actually currently required. I will, however, arrange for some up-to-date blood tests, including an alphafeto protein and PCR as well as an ultrasound scan of her liver and upper abdomen, as well as a gastroscopy for a variceal screen. We will arrange to see her again in six to eight weeks time with the results of these and will discuss treatments at that point. She does seem more positive with regards to her diagnosis, and I hope that we can now push on and continue to help with her ongoing management.