

Witness Name: Kathleen Stewart

Statement No.: WITN1002001

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Dated: 27 September 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN1002040

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
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Dr. M. A. Malik
Caversham Group Practice
4 Peckwater Street
London NW5 2UP

Clinic 31st October 2000

Dear Dr. Malik,

Re : Mr. Angus STEWART, dob GRO-C 38
GRO-C London GRO-C
Hospital No, GRO-C

I saw this 62 year-old man today for review who has type 2 von Willebrand's disease. As you know, he has a number of health problems :

1. He has an anaemia which is symptomatic. He has some breathlessness and tightness of his chest although no ankle swelling. He had a haemoglobin of 8.7 gm, on 11th October compared with 8.9 gm, on 1st April compared with 9.5 gm on 9th May. This is in spite of regular iron medication. I therefore think the time has come to give him a blood transfusion with diuretic cover and we shall arrange that in the near future.
2. He is most likely bleeding from his GI tract. He had polyps removed on 20th July although we are still awaiting the histology of those. Unfortunately he changed his outpatient appointment when he was due to see Dr. Hamilton on 2nd October to 30th October - the day of the big storm. I think therefore he was probably reviewed by a registrar. I shall make contact with Dr. Hamilton to find out about the histology of the polyps.
3. He was also seen at the beginning of this month on 11th October regarding his haemorrhoids. I think that was an appointment which you arranged. Unfortunately we do not have a letter from that clinic but Mr. Stewart was told that because he has a bleeding disorder he cannot have the haemorrhoids injected. I shall make further contact with Mr. Lewis' clinic because if he does have haemorrhoids and they are the source of his haemorrhage clearly it would help if they were injected under cover of clotting factor concentrate.
4. As I am sure you know, his cardiac problems have been completely reviewed and in particular there is no evidence that he has coronary heart disease and he is now on treatment with a diuretic indapamide.

5. His prostate symptoms have also been reviewed and he is now on treatment with alfuzosin SR. He tells me that he is still taking this in a four times daily dosage. I think you have a letter from Mr. Kalsary's clinic that this drug is now available in a slow release preparation of 10 mg, which only needs to be taken once a day.
6. He has an appointment with the Diabetic Clinic. He is under annual review here.
7. He has an appointment on 28th November with the Dermatologists regarding some polyp-like lesions in his groin.

We shall endeavour to give him a blood transfusion and to keep all these problems under review. I shall see him again in three months' time.

Yours sincerely,

Christine Lee
Professor of Haemophilia