

Witness Name: Dr William Cash

Statement No.: WITN3178002

Exhibits: WITN3178003-12

Dated: 6th November 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3178007

WESTERN HEALTH AND SOCIAL CARE TRUST
Altnagelvin Area Hospital

Discharge Date: 11/07/2009	Discharged to: Home	Hospital No. / HCN: AH 000651 / 008 013 0801
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GP: Dr Stone Cityview Medical 127-147 Spencer Road Waterside BT47 6AQ	Patient Details: Edward Francis Conway GRO-C GRO-C Tel no. GRO-C DOB: GRO-C 1958
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Dear Dr Stone
The above-mentioned patient was admitted to Altnagelvin Hospital on the 02 September 2009, Acute Medical Unit under the care of Dr Black.

Primary Diagnoses:

Korsakoff's syndrome

Secondary Diagnoses:

1. Pontine ischaemic stroke	2. Current smoker
3. Spontaneous right knee haemarthrosis	4. Haemophilia A (severe)
5. Chronic alcohol abuse	

Primary Procedures (Incl. dates):

Secondary Procedures:

Relevant Investigations:

PLT 255, PT 12.3, APTT 146.2. CT brain NAD. MRI Brain: pontine ischaemic areas, no haemorrhages, Echocardiogram (bubble contrast) NAD, MR Angiogram: no evidence of carotid dissection.

Outstanding Investigations:

None

Information (Incl. diagnosis) given to:

Patient, daughter (NoK), Aunt

Doctor's Comments:

Acute confusion over few weeks. Disorientated, vertical nystagmus. Treated as Wernicke syndrome. Given high dose parenteral B vitamins (Pabrinex) with a little improvement. Developed knee swelling during admission and discussed with Dr G Benson, Consultant Haematologist. Factor VIII replacement increased to twice daily temporarily then back to baseline.
MRI however suspected pontine ischaemia. Discussed with Dr McCarron and advised regarding stroke protection. Dr Benson advises that antiplatelet agents are absolutely contraindicated in this case. Commenced on statin, low dose ramipril and has stopped smoking. Assessed by Dr Hussein, Consultant Psychiatrist, clinical picture in keeping with Korsakoff syndrome as alcohol excess chronic with clear antegrade and retrograde short term memory deficit and confabulation. Concerns remained about his capacity and ability to live alone due to his memory problem and he may not improve further. Family concerned about risks of living alone, so residential accommodation with 24h warden sought. Family came to agreement to provide the 24h supervision that he required and took him home to their care. Community social work review of social situation is arranged.
Copies to: Dr Gary Benson, Consultant Haematologist and Director NI Haemophilia Centre
Dr Mark McCarron, Consultant Neurologist, Altnagelvin Hospital

Hospital follow-up required: Yes (if yes, please provide details)

Clinic:	Dr Gary Benson	Weeks:	As previously arranged
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Doctor's Signature:

Date: 11/09/2009

FINAL VERSION produced by Consultant Further letter to follow: Y ☐ N ☒

Ward: ACUTE MEDICAL UNIT Discharge Date: 11/09/2009

Patient: Edward Francis Conway, GRO-C

Hospital No. AH 000651 HCN: 606 013 0801

Allergy/Drug Sensitivity		
THIS SECTION MUST BE COMPLETED		
Date	Medicine/Allergen	Type of Reaction
11/09/2009	None known	

Medication on Discharge	Dose & Frequency	Route	Comments (Inc. Stop Date)	Qty Supplied
Simvastatin	40mg once daily	Oral	New	
Factor VIII	3,000 units (varied dose as required)	IV	Once daily, on alternate days	
Thiamine	100mg three times daily	Oral	New	
Ramipril	5mg once daily	Oral	New	

Medication stopped in hospital	Reason (if known)

Prescriber's Designation:	Consultant	Clinical Check/Date:	
Prescriber's Name:	Neil Black	Labelled by:	
Prescriber's Signature:		Dispensed by/Date:	
Date:	11/09/2009	Final Check:	

Prescription completed by Pharmacist: No

Completed and Verified by: Dr Neil Black, Consultant Physician Acute Medicine, Endocrinology & Diabetes

GRO-C

Consultant's Signature:

NAME IN BLOCK CAPITALS: Dr Neil Black MD MRCP
Consultant Physician,
Acute Medicine / Endocrinology & Diabetes

Edward Francis Conway AH 000651 HCN: 606 013 0801 DOB:- GRO-C 1958

Altnagelvin Area Hospital, Glenshane Road, Londonderry, BT47 6SB, Telephone 028 71 345171