

GRO-C

NHS Foundation Trust

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Date of Clinic: 29 April 2013

Date of Typing: 29 April 2013

Dr M Prince  
Consultant Hepatologist  
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Manchester  
M13 9WL

14/08/13

~~20/05/13~~

LWGF.

Dear Martin

- 9 MAY 2013

RE: Wayne Drinkwater DOB: GRO-C 1970

GRO-C

**Diagnoses:**

1. Hepatitis C Genotype 1b with cirrhosis
2. Haemophilia B Leiden
3. Recent decompensation with ascites, jaundice and loss of muscle mass
4. Awaiting OGD locally
5. Previous psoriasis
6. Two previous attempts at therapy with first failing due to suicidal ideation and second with null response at 3 months

**Medications:**

1. Omeprazole 20 mg a day
2. Spironolactone 100 mg a day
3. Furosemide 20 mg a day

Thank you very much indeed for referring this gentleman to Birmingham for consideration of liver transplantation. As mentioned in your very comprehensive letter this gentleman has Genotype 1b Hepatitis C with cirrhosis. About 12 months ago he started to decompensate with development of ascites, jaundice and peripheral oedema. He has lost muscle mass. In addition he is increasingly tired and going through the history he may have a degree of minimal hepatic encephalopathy with reversal of sleep pattern and memory loss. He also finds that he drops off to sleep during the day.

There is no history of spontaneous bacterial peritonitis or of a significant variceal bleed although he did have an episode of what sounds like possible melaena. I note that you are due to scope him on the 23<sup>rd</sup> May. His past medical history is detailed above. Socially he is married with one child. He works as an assistant Bank Manager and since seeing you has stopped drinking totally. The alcohol history is not significant. He smokes one cigarette a day.

On examination he had evidence of palmar erythema and spider naevi with some muscle mass loss. However his grip strength subjectively appeared reasonable. He has no ascites but he does have mild to moderate peripheral oedema up to mid calves.

Certainly on the basis of your blood tests showing an albumin of 27, a bilirubin of 59 and a PT of nearly 17 seconds, this gentleman does warrant assessment for liver transplantation.



**GRO-C**

It may be that he is a little bit early but I think depending on his blood group he may wait a while for his transplantation and it is very reasonable to put him through the assessment process at this present moment in time. I have explained all this to him. In addition I have given him an information leaflet about transplant assessment here in Birmingham and signed him up to our patient information portal MyHealth@QEHB. I have checked his blood group and will append his blood results at the end of this letter. I would be grateful if you could let us know the result of his OGD once he has had it done. I have given him a routine appointment for 3 month's time by which time I would hope he would have finished his assessment process.

If you have queries about any of this, please feel free to contact me on the usual email address.

Many thanks and kind regards.

Yours sincerely

AUTHORISED  
BUT NOT  
SIGNED

**Dr Ahmed Elsharkawy**  
**Consultant Hepatologist**

P.S His UKELD is 53 although his albumin is reasonable at 34. He is a blood group A and this is to his advantage when it comes to putting him on the list. It may be that we deem him a bit early for transplantation.

Copy to:

Dr **GRO-D**

**GRO-D**

Mr W Drinkwater

**GRO-C**



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