

Witness Name: Professor Martin Wiselka

Statement No.: WITN3294001

Exhibits: WITN3294002- WITN3294005

Dated: 6 June 2019

EXHIBIT WITN3294002

**Letter from Dr Claire Chapman dated 19 March 2015 and copied to Dr Martin
Wiselka**

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Dr Aram
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Hospital No: S2777509
NHS No: 438 057 5780

Date: 19/03/2015
Clinic Date: 17/03/2015 14:00
Specialty: Haematology
Consultant: Dr Claire Chapman
Direct Line: 0116 2586614

Dear Dr. Aram

Re: **Maria Fletcher, DOB: GRO-C 1969**
GRO-C

Diagnosis:

Beta thalassaemia major diagnosed aged 1, verbal consent to NHR March 2014.

Other Clinical Issue:

1. Intramuscular Desferrioxamine from the age of 5 years.
2. Splenectomy aged 8 years.
3. Subcutaneous Desferal from the age of 10 years.
4. Cardiac failure 1986.
5. Insulin dependent diabetes diagnosed age 21 (1990).
6. Hepatitis C, genotype 1 diagnosed age 21 years.
7. Recent triple therapy has not cleared the virus.
8. Intermittent atrial tachyarrhythmias persisting.
9. Previous atrial thrombus, currently not on Warfarin.
10. Osteoporosis treated with Pamidronate monthly since 2009.
11. Possible carpal tunnel syndrome reported to be mild no intervention planned.
12. Back pain.
13. Cirrhosis.

Medications:

1. Desferrioxamine 1.5 g seven days per week.
2. NovoRapid tds variable dose.
3. Lantus 18 units nocte.
4. Folic Acid 5 mg daily.
5. Ascorbic Acid 100 mg daily.
6. Sotalol 80 mg bd.
7. Penicillin 500 mg bd advised.
8. Co-codamol one to two tablets prn.
9. Aspirin 75 mg daily recommended.
10. Vitamin D 2000 units daily recommended.

11. Prempak C 0.62 mg daily.

Blood Counts:

Haemoglobin 121, white cell count 9.0, platelets 404, neutrophils 4.1, ALT 74, ferritin 1238.

Maria attended clinic today for her annual review. In general, she has been feeling well. She usually receives two units of blood every three weeks. Her baseline haemoglobin has varied between 107 and 125 and we would aim to keep the baseline to around 110 maximum if possible. She has stopped taking her Deferiprone on advice from the Fertility Clinic and her dose of Desferal has gradually increased, so that she is currently using 1.5 g daily seven days per week. Ferritin level had increased to 1238 but hopefully this will now start to fall. She is using Ascorbic Acid regularly. Her injection sites are satisfactory. She is known to have hepatitis C. I have arranged for PCR today to check the viral load. She would like to consider further treatment for her hepatitis C and I will ask Dr Wiselka if he would kindly review her in his clinic.

Her diabetes is generally quite well controlled. She was to be reviewed by Dr Gleeson who has now left hospital and she has an appointment to see Dr Ragini Bhake in June. Her fructosamine level had been a little high but has fallen a little to 295. Her vitamin D level is very satisfactory at 106 and she could now probably reduce her vitamin D supplement to 2000 units daily in winter and 1000 units daily in summer. She is advised to have a dental review before we re-institute Pamidronate treatment. Her thyroid function was normal at the beginning of the year. She has been reviewed by Dr Chin at Glenfield and Dr Walker in London and continues to take Sotalol 160 mg daily. On this treatment she has had no palpitations, although she still suffers occasionally from dizziness. In general, her blood pressure runs at around 100/60 mmHg. I will request audiometry and Ophthalmology reviews to exclude any toxicity related to her chelation treatment. I have also requested cardiac T2* and liver R2* MRI to assess for any iron overload. Her use of Co-codamol appears to have increased a little in recent months.

On examination, heart sounds were normal. She was in sinus rhythm, the injection sites were satisfactory and there was no hepatosplenomegaly on examination. We will continue to review her liver function tests and ferritin at six weekly intervals as well as an alpha fetoprotein level. She has an appointment back in clinic in three months' time.

Yours sincerely

Dictated and approved electronically to avoid delay

Dr Claire Chapman
Consultant Haematologist

CC
Mrs Maria Fletcher

GRO-C

✓ Dr Martin Wiselka
Consultant in Infectious Disease
Leicester Royal Infirmary

It is now our policy to copy all letters to patients for their information and to improve their care. The medical terminology can be confusing and we would urge patients to discuss any queries with their consultant or GP at their next appointment.