

Witness Name: Dr Neil McDougall

Statement No.: WITN3322002

Exhibits: WITN3322004

Dated: 18 December 2019

**INFECTED BLOOD INQUIRY**

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**EXHIBIT WITN3322004**

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## Belfast Health and Social Care Trust

caring supporting improving together

*The Liver Unit  
Royal Victoria Hospital  
1<sup>st</sup> Floor  
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### Consultants

Dr Neil McDougall, Consultant Gastroenterologist/Hepatologist  
Dr Ian Cadden, Consultant Hepatologist  
Dr Jonathan Cash, Consultant Hepatologist  
Dr Roger McCorry, Consultant Hepatologist  
Dr Conor Braniff, Consultant Hepatologist

Tel:

GRO-C

Dr McDougall's Secretary  
Dr Cadden's Secretary  
Dr Cash's Secretary  
Dr McCorry's Secretary  
Dr C Braniff's Secretary

Miss Mary Bright  
Mrs Teresa Gault  
Mrs Siobhan Miskelly  
Mrs Emma Chapman  
Ms Grainne McCarthy

Hospital No: RV 84/004361  
H&C No.: 606 013 0801

Date Typed: 29/11/2018  
Date Dictated: 28/11/2018

DR C FERGUSON  
CONSULTANT GASTROENTEROLOGIST  
ALNAGELVIN AREA HOSPITAL  
GLENSHANE ROAD  
CO DERRY  
BT47 6SB

Dear DR. FERGUSON

RE: **MR EDWARD FRANCIS CONWAY, D.O.B. [GRO-C] 1958**  
[GRO-C]

**Diagnosis:**

1. Haemophilia
2. Chronic hepatitis B genotype 10 (presumably acquired through blood products)
3. Previous failed hepatitis C treatment with Interferon and Ribavirin
4. Fibroscan 28 November 2018 consistent with cirrhosis (liver stiffness 15.0 kPa)

I would be very grateful if you could consider facilitating HCC screening for this gentleman with ultrasound and alpha fetoprotein every 6 months in Alnagelvin.

Over the past years we have offered a number of appointments to Mr Conway to attend our Service for consideration of hepatitis C treatment but he was never able to keep the appointments. Earlier this year Mr Conway's brother died from a hepatocellular carcinoma and understandably this caused significant anxiety in the family and led to him seeking an appointment. My colleague Dr Cash arranged for him to be seen at our clinic today (28 November 2018) and in order to speed the process forward he also arranged for him to undergo an ultrasound and Fibroscan along with assessment with our Nurse Specialists regarding treatment.

The Fibroscan proved difficult and therefore I was asked to assist. Using an XL probe I was able to get fairly consistent readings with a median liver stiffness of 15.0 kPa (IQR 3.6). This reading is consistent with established cirrhosis.

I explained to Mr Conway and his sister that the Fibroscan is consistent with a diagnosis of cirrhosis due to his chronic hepatitis C. In light of the confirmation of evidence of cirrhosis I have made two recommendations:

1. He should proceed with treatment for his chronic hepatitis C. I would recommend commencing Epclusa once daily for 12 weeks and I told Mr Conway that this should have a success rate in the region of 97 - 98%. Our Nurse Specialists will see him today regarding the details of pre-treatment assessment and will make arrangements to get him started on treatment within the next 2 to 3 weeks. He will require a follow-up hepatitis C PCR test 12 weeks after completion of treatment to help confirm whether or not the virus has been completely eradicated.
2. With respect to his new diagnosis of cirrhosis, I have recommended that he should be enrolled in a Hepatoma Screening Programme. Not surprisingly he has agreed to this. This means he needs ultrasound and alpha fetoprotein every 6 months and he should also be seen at a GI clinic every 6 months to monitor for features of decompensation.

Contd . . .

**RE: MR EDWARD FRANCIS CONWAY**  
**UN: RV 84/004361**

Mr Conway would find it much more convenient if he could have his 6 monthly ultrasound and clinic review in Altrigolvin and I would be very grateful if you could facilitate this. He had an ultrasound carried out today which showed no focal lesion within the liver. Therefore his next ultrasound would not be due until the last week of May 2019.

Thank you in advance for facilitating Mr Conway's follow up for cirrhosis. Needless to say, if you detect any abnormality whatsoever on the ultrasound, I would be only too happy to facilitate further assessment through the HEP MDM in the Royal.

Kind regards

Yours sincerely

Dr Neil McDougall MD FRCP (Ed)  
Consultant Gastroenterologist/Hepatologist

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BT9 7AB

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/MGB