

Witness Name: Dr Neil McDougall

Statement No.: WITN3322002

Exhibits: WITN3322006

Dated: 18 December 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3322006



Belfast Health and Social Care Trust

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The Liver Unit
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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 Rosemary Smyth

Hospital No: RV 84/004761
H&C No.: 606 013 0801

Date Typed: 17/01/2019
Date Dictated: 14/01/2019

DR LWJ MCNEILL
CITYVIEW MEDICAL
WATERSIDE HEALTH CENTRE
127 SPENCER ROAD
LONDONDERRY
BT47 6AH

Dear DR MCNEILL

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

Thank you for your letter dated 20 December 2018 and for your efforts to try and reassure this gentleman that he does not have evidence of liver cancer at present. I believe our Trust will be seeking to arrange a meeting with Mr Conway to try and clarify his long term follow-up arrangements and I have offered to take part in that meeting.

In answer to your specific questions:

1. I would have no objection to you starting him on a statin despite the diagnosis of probable liver cirrhosis. We often use statins in patients with liver cirrhosis. The only condition would be that it would be wise to monitor his liver tests every couple of weeks for the first six weeks or so to ensure that the statin does not cause any upset of transaminases.
2. With respect to follow-up imaging, the UK National Guidelines currently state that screening for hepatocellular cancer should be offered with ultrasound every 6 months and not anymore frequently than that (for patients with risk factors such as liver cirrhosis). Therefore he should have a repeat ultrasound roughly 6 months after his last imaging and not any sooner. I am afraid we cannot do more frequent scanning just because of a relative's request.
3. Regarding long term follow-up, I will be happy to facilitate this through the Liver Unit in the Royal if the patient and his family are willing to comply with appointments. I appreciate that this is slightly contradictory given that his sister stated that they do not have any faith or confidence in the tests that we arrange or the investigations that we carry out. Hopefully we will be able to resolve this matter by arranging a meeting with the family.

Mr Conway should currently be on medication to treat his chronic hepatitis C. I will liaise with our Nurse Specialists to clarify the date that he finishes his hepatitis C treatment. He will require a follow-up blood test 12 weeks after completion of treatment to help clarify whether or not the virus has been successfully cleared. I will arrange his next review at our clinic with the result of his follow-up blood test so we can discuss the result. His follow up ultrasound should be around the same time.

Kind regards

Yours sincerely

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

CC: Karen Patterson/ Orla McCormick Specialist Hepatology Nurses Ambulatory Care Centre RVH

/MGB

MR EDWARD FRANCIS CONWAY H&C: 606 013 0801

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