



**The Liver Unit
Royal Victoria Hospital
1st Floor
East Wing
Grosvenor Road
Belfast
BT12 6BA**

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: 02890 02890 02890 02890 02890
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 Ref.: RV 84/004361

H&C No.: **GRO-A**

Date Typed: 06/06/2019

Clinic Date: 31/05/2019, (Appt. Type: REV)

Date Dictated: 31/05/2019

DR C M COURTNEY
CITYVIEW MED
WATERSIDE HC
SPENCER ROAD
LONDONDERRY
BT47 6AH

Dear DR COURTNEY,

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

GRO-C

Diagnosis:

1. Chronic hepatitis C genotype 1b (treated with Eplclusa for 12 weeks finishing early March 2019)
2. Haemophilia A
3. Liver cirrhosis confirmed on Fibroscan 28 November 2018
4. Enrolled in Hepatoma (HCC) Screening Programme end of November 2018 (for ultrasound and AFP every 6 months)

Comments: I reviewed Mr Conway with his sister on 31 May 2019. As you know from my last letter dated 7 December 2018, there was confusion after Mr Conway's last consultation regarding the issue of screening for a hepatocellular carcinoma (HCC). I offered to copy this letter to Mr Conway so that he will be able to recall the details of today's consultation. In addition his sister said that she wanted to record the conversation on her phone.

We discussed the following issues:

1. Treatment for hepatitis C

Mr Conway completed his 12 week course of once daily Eplclusa to treat his hepatitis C on 7 March 2019. He noticed a few side-effects with the treatment but was able to complete the course. I explained that the blood tests we are sending today (hepatitis C PCR) would help me to clarify whether or not the hepatitis C infection has been successfully cleared from his body. If his hepatitis C PCR test is negative today then that would indicate there is no need for further hepatitis C treatment. If the test is positive then I will be able to offer him a further course of treatment. I agreed to write to Mr Conway in two weeks whenever I have the result of his PCR test to advise him of the result.

2. HCC screening

I explained to Mr Conway the result from his previous scan and the reason for starting HCC screening. His last ultrasound on 28 November 2018 did not show any focal lesion within the liver and his alpha fetoprotein blood test at that time was normal. Mr Conway's sister told me that she had been given a blood result that showed that his AFP had been elevated. I opened the ECR record and showed them the results of all of Mr Conway's previous alpha fetoprotein readings in the past two years, all of which have been well within the normal range. I do not have any record of a raised alpha fetoprotein level but said I would be very happy for Mr Conway's sister to forward this to us by email or post. He had a repeat alpha fetoprotein carried out earlier this month which was once again normal but I have repeated the blood test today.

Contd . . .

RE: **MR EDWARD FRANCIS CONWAY**
UN: **GRO-C**

3. Ultrasound result on 31 May 2019

We arranged for Mr Conway to have his ultrasound carried out immediately prior to clinic so that we would be able to discuss the result with him. The ultrasound showed a small hypoechoic area in the left lobe of liver which measured 1.1cms in size. This area was not seen on the previous ultrasound scan and further assessment with an MRI was advised. I explained to Mr Conway that we need to carry out an urgent MRI to characterise this small area in his liver. He said that he would much prefer to have the scan carried out in Altnagelvin because he finds the visits to Belfast very tiring. Therefore after the consultation was finished I contacted Dr Ferguson in Altnagelvin and asked him to arrange an urgent MRI scan of liver as soon as possible, hopefully within the next two weeks. I have advised Mr Conway that I will contact him as soon as I have the result of his MRI of liver and let him know if any further action is required.

4. Long-term follow-up

Mr Conway explained that he would find it much more convenient if his longer-term follow-up scans every six months were carried out in Altnagelvin Hospital. I explained that I would be very happy to request this from our GI colleagues in Altnagelvin as soon as we have cleared up the result of his MRI scan to be done in the next two weeks. I also explained that if there were any concerns about his future scans or alpha fetoprotein blood results then we would be very happy to offer advice regarding this to the team in Altnagelvin.

Review: Further review plans to be clarified as soon as the result of the MRI scan is available and I will write to Mr Conway to clarify the follow-up plans.

Yours sincerely

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

CC Dr C Ferguson Consultant Gastroenterologist Department of Gastroenterology Altnagelvin Area Hospital
Glenshane Road County Londonderry BT47 6SB

Mr Edward Conway **GRO-C**

/MGB