



THE ROYAL INFIRMARY OF EDINBURGH

NHS TRUST

SCOTTISH LIVER TRANSPLANT UNIT

Direct Line 0131-536 3776

Fax No. 0131-536 1520

THE
ROYAL
INFIRMARY
OF EDINBURGH

Lauriston Place

Edinburgh EH3 9YW

Telephone 0131 536 1000

Fax 0131 536 1001

RG/CJC/010537

26th September 1995

Dr Hill
Health Centre
South Vennel
LANARK

Dear Dr Hill

DAVID BLACK 1 St Teiling, Lanark

- DIAGNOSIS - 1. Chronic hepatitis C infection.
2. Haemophilia.

Reverend Black was reviewed at the Transplant Clinic on the 21st September 1995. He is a pleasant man but appeared somewhat anxious and was giving rather mixed messages. He reports that he feels well, his weight is stable and his fluid retention is controlled by diuretics. He admits that he does sometimes feel tired but continues to do extremely long hours and does not lose time off work. On pressing him specifically however he thinks that probably he is somewhat more tired than previously. The other major constraint of his illness is that he finds it difficult to get travel insurance but obviously this is a longstanding problem. He is still having intermittent problems with toothache and was not at all keen on the thought of extraction. There was nil to suggest any GI bleeding and he recently had an endoscopy in June 1995 which I understand was normal. His only medication is Amiloride and Vitamin B6. He has had no bleeding problems with relation to his haemophilia.

On examination he was well looking, BP 135/80, weight 95 kg. No evidence of ascites.

His U/Es remain normal, LFTs slightly worse with bilirubin 45, ALT 101, Gamma GT 107, alk phos 174, albumin 26. Hb 11.9, wcc 3.7, platelets 46, INR 1.3.

Reverend Black has obviously researched his condition extensively but is finding it difficult to obtain statistics regarding haemophiliacs that have been transplanted. He expressed a desire to be admitted for assessment. I think he believes however that although he feels reasonably well at present he is terrified that his condition is going to deteriorate suddenly to the extent that would preclude transplantation. I have tried to emphasise to him that this is not the natural course of events that we would expect and that we have been closely

CHIEF EXECUTIVE

John J Owens BSc, DMS, MBA

RIE 1

monitoring his liver function. I think it is reasonable however, in view of the complications of his case and his desire for further information that we admit him for formal assessment.

Yours sincerely



RUTH GILLESPIE
Registrar

c.c Dr J F MacKenzie, Consultant Physician, Royal Infirmary, Glasgow.
Professor G D O Lowe, Haemophilia Centre, Royal Infirmary, Glasgow.
Dr A K Brewer, Associate Specialist in Oral & Dental Surgery, Royal Infirmary,
Glasgow.