

|                      |             |       |           |          |       |
|----------------------|-------------|-------|-----------|----------|-------|
| Hospital<br>Use Only | Clinic..... | Day   | Time..... | Hospital | GP112 |
|                      | .....       | ..... | .....     | No.....  |       |
|                      | .....       | Date  | .....     | .....    |       |

**SPRINGBURN HEALTH CENTRE**  
 200 Springburn Way, Glasgow G21 1TR.  
 Tel. No. 0141 531 6700

Name Address & Tel.No. of GP  
 (Please use rubber stamp)

*24/3/03  
 For PPS  
 Dr Helen McKim  
 Surg on call  
 201 3051*

|                 |                       |                     |                     |
|-----------------|-----------------------|---------------------|---------------------|
| DATE            | 24.3.03               | GP                  | DR MILBURN          |
| SURNAME         | O'HARA                | PRACTICE NO         | 43504               |
| FIRST NAME      | EILEEN                |                     |                     |
| DATE OF BIRTH   | 9.10.30 (6184)        | HOSPITAL            | STOBHILL            |
| ADDRESS         | 56 MENZIES RD GLASGOW | CLINIC DR./MR.      | SURGICAL MR J SMITH |
| POST CODE       | G21 3LY               |                     |                     |
| PHONE NUMBER    | 558 0603              | URGENT/SOON ROUTINE | <u>URGENT</u>       |
| HOSPITAL NUMBER | 093961                |                     |                     |

Dear John

I would be grateful if you might consider giving an opinion with regard to further management of Mrs O'Hara. She is well known to the hospital.

She has a history of:

- Chronic hepatitis C infection
- Liver cirrhosis
- Portal hypertension
- Splenomegaly and hypersplenism
- Atrial fibrillation
- Mitral valve replacement x 2
- Oesophageal varices
- Type II diabetes (on insulin)
- Congestive cardiac failure
- Multi-nodular goitre

She recently presented with right hypochondrial pain.

Her amylase was found to be 722, but her pain settled to the extent with Dihydrocodeine, to the point where she was back to eating a light diet, managing to drink and not feeling nauseated.

I have urgently repeated her U's & E's, amylase and serum calcium level, but suspect that she will remain settled.

Her liver function tests were normal for her, with gamma GT 96, bilirubin 21, AST 56 and ALT 44, random glucose was 15.9. U's & E's were normal.

Cont'd

Cont'd

Eileen O'Hara DOB: 9.10.30 Unit No: 093961

I wonder if urgent abdominal ultrasound should be considered and would value your advice with regards further management.

I would appreciate an urgent appointment.

Current medications include:

- Diltiazem MR 60 mg tds
- Ferrous Sulphate one tablet daily
- Ibugel
- Humulin M3 insulin, as directed
- Spironolactone 25 mg one tablet daily
- Frusemide 40 mg 6 tablets daily
- Sando K 2 tablets as directed
- Digoxin 250 mcg daily
- Warfarin as directed

Many thanks for your assessment.

I forgot to add that she has a history of longterm thrombocytopenia, associated with hypersplenism and it is not unusual for her platelets to run in the 40's - 5-'s.

Many thanks for seeing her.

Yours sincerely

DR R A MILBURN

26/3/3 NB on 24/3/3 amylase settled to <100.  
 Recurrence of pain with vomiting/distress  
 ?? pancreatitis  
 PAs DR Helen McKay .