

ROYAL INFIRMARY OF EDINBURGH, LITTLE FRANCE CRESCENT, EDINBURGH, EH16 4SA

RENAL TRANSPLANT UNIT
Secretary: 0131 242 1715/1714
Fax: 0131 242 1709

DR A STANLEY
CONSULTANT PHYSICIAN
ROYAL INFIRMARY
GLASGOW

MA/MG
11/02/2004
Dictated Date 10/02/2004

Dear Doctor

MR VICTOR TAMBURRINI DoB 27/04/1957 Unit No. 620109706M CHI
284E LONDON ROAD GLASGOW G40 1PT
Consultant: Murat Akyol TRANSPLANT SURGERY

Victor Tamburrini had been assessed in the Liver Transplant Unit two weeks ago for suitability for retransplantation. The failure of his liver allograft within 18 months of transplantation for Hepatitis C cirrhosis is indeed worrying. If the graft failure is due to Hepatitis C recurrence, this is a poor prognostic factor for the outlook from further transplantation. However Victor also had an early biliary leak after his first transplant and was recently diagnosed as having developed portal vein thrombosis. These factors may have contributed to the graft failure. It was also felt that on this occasion we would give him post operative anti viral therapy which he hasn't had at the time of his first transplant. He was therefore considered suitable for further transplantation and was listed. Whilst he was still an inpatient within a few days of putting his name on the list a liver became available for transplantation.

On Wednesday 4th February he underwent retransplantation. His operation was difficult as expected but was entirely uncomplicated. His early post operative course was also entirely uncomplicated and he was able to return to the Ward from ITU and high dependence unit within a few days. At the time of writing a few days after the operation he remains well with satisfactory allograft function and no early post operative complications. I hope he continues to make satisfactory progress. We shall write to you again with a detailed discharge summary in due

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course.

Yours sincerely

Murat Akyol
Consultant Surgeon