

ROYAL INFIRMARY OF EDINBURGH LITTLE FRANCE OLD DALKEITH RD EDINBURGH EH16

SCOTTISH LIVER TRANSPLANT UNIT

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DR RR JAMIESON
BRIDGETON HEALTH CENTRE
201 ABERCROMBY STREET
GLASGOW
G40 2DA

*To have
mcc angi a merr*

PN/CJC
13/11/2003

Dear Dr Jamieson

MR VICTOR TAMBURRINI DoB 27/04/1957 Unit No. 620109706M CHI
284E LONDON ROAD GLASGOW G40 1PT

Attended: 06/11/2003 Consultant: Dr Alastair MacGilchrist TRANSPLANT SURGERY

DIAGNOSIS -

1. Liver transplant for hepatitis C and alcohol October 2002
2. Subsequent bile leak and anastomotic stricture of common bile duct
3. Hepatic artery stenosis
4. Hypertension

*US guided bxc
booked 25/11/03
Mgill*

MEDICATIONS -

Tacrolimus 0.5 mg bd, Atenolol 50 mg od, Azathioprine 25 mg nocte, Amlodipine 10 mg daily.

I saw this gentleman in the clinic today with his wife.

Unfortunately his symptoms of obstructive jaundice seem to have returned and he describes pale stools and dark urine and he is obviously icteric and fatigued. He has not however had any right upper quadrant pain or fevers.

On examination today his weight is 86.5 kg, with blood pressure 130/95. Heart sounds I + II with nil added. His chest was clear. Abdominal examination revealed only mild right upper quadrant tenderness and some mild ankle swelling. There was no convincing ascites.

Investigations revealed sodium 139, potassium 4.3, urea 4.8, creatinine 81, bilirubin 164, ALT 348, GGT 114, alk phos 189, albumin 26 and Tacrolimus level 12. His Hb is 11.8, wcc 3.3, platelets 110 and prothrombin time 14 seconds, control 9. His glucose is 6.2 and cholesterol is 3.3.

discussed his case with Dr MacGilchrist and Mr Madhavan. This gentleman has had longstanding problems with biliary strictures from about two months after his

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transplant. For this reason he will undergo MRC angiography and MRCP to elucidate the state of his hepatic artery and the location of biliary stricture with a view to possible intervention. He will have these tests done in the next week to ten days and should the lesion be amenable to operative reconstruction he will proceed to this in the next two to three weeks.

In other respects, his prothrombin time has increased and this may well reflect Vitamin K deficiency so I will be most grateful if you could prescribe an oral Vitamin K preparation (Menadiol Sodium Phosphate) at 10 mg per day.

Yours sincerely

Philip Newsome
Specialist Registrar to Dr Alastair MacGilchrist

Copy to: Dr A Stanley
Consultant Physician
Royal Infirmary
GLASGOW

Mr K K Madhavan
Consultant Surgeon
Transplant Unit
RIE

17/11/53

MRA planned on 20/11/53
@ 11 AM.

To attend for report blood
work PM.

1 copy to * 27/11/53

J. Bay