

The Lothian University
Hospitals NHS Trust



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

AB/KAB1
04/08/2003

Dear Dr Jamieson

MR VICTOR TAMBURRINI DoB 27/04/1957 Unit No. 620109706M CHI
284E LONDON ROAD GLASGOW G40 1PT
Attended: 24/07/2003 Consultant: Andrew Bathgate TRANSPLANT SURGERY

DIAGNOSIS:

1. Liver transplant for hepatitis C and alcohol related liver disease - 26/1/02
2. Bile leak and anastomotic biliary stricture with biliary stent in situ
3. Hypertension
4. Hepatic artery stenosis

I reviewed this gentleman with his wife this morning. He, himself, is now feeling much better and able to carry out everything he wishes. The only slight problem is loose stool which happens two or three times daily, although there is no urgency or pain associated with it.

His blood pressure is controlled with Amlodopine and Atenolol and the level today was 139/84. Azathioprine dose of 75 mg and he has a white count of 2.9 with this. He has a satisfactory neutrophil count. His bilirubin is 71 which is down from 90. ALT 93, gamma GT 374, alk phos 151 and albumin 35. He has had no symptoms of cholangitis. His biliary stent has now been in since March and I think the best way forward would be to take this out in September some time and see how he is. He is planning to go away with his wife in October and we will bring him in for his annual biopsy following that. This would give an idea I think if there was any evidence of biliary obstruction as well as some information about his

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hepatitis C. The Tacrolimus level today was at 11 and he will continue with 1 mg
in the morning and 0.5 mg at night.

Yours sincerely

Andrew Bathgate
Consultant Physician

Copy to: Dr A Stanley
Consultant Physician
Royal Infirmary
GLASGOW.