

I carried out the above procedures on Mr Kirk for his episodes of melaena and symptoms of change in bowel habit associated with abdominal discomfort on a background of previous colonic polyps. The gastroscopy showed severe grade 4 oesophagitis with associated ulceration above 5 cm hiatus hernia. This is certainly the cause of his episodes of melaena. I have started him on Lansoprazole 30 mg once a day and advised him to cut down on his alcohol intake. Mr Kirk will require a repeat upper GI endoscopy in 6-8 weeks to confirm healing of the severe oesophagitis and determine whether he has underlying Barrett's. If he has Barrett's oesophagus, he will require biopsies to ensure no presence of dysplasia.

His colonoscopy was extremely challenging as he has a long and tortuous colon. There were two small polyps, one in the ascending colon and one in the sigmoid colon which were removed otherwise, only haemorrhoids and a skin tag. I will review Mr Kirk with the results of the histology in three weeks time.

Presenting complaints:

1. Episodes of diarrhoea associated with abdominal pains
2. Episodes of melaena
3. Past history of colonic polyps
4. Mild anaemia on recent blood tests

Many thanks for asking me to see this colourful retired Vet with an extensive travel history in his vintage plane. He gives several month's history of episodes of severe diarrhoea with type seven stools on the Bristol Stool Scale, which would last up to six weeks, followed by episodes of normal stool. These episodes are often associated with severe abdominal pains, which wake him up at night. There is no associated nausea or vomiting and no weight loss. Over the last two years he has had two episodes of melaena, which were self-limiting. He has not been on any non-steroidal anti-inflammatories and has no dysphagia or dyspepsia.

He has a past medical history of haemorrhoids, anal fissure, appendicectomy and a hernia repair. He is currently not on any regular medication, but for prn codeine, and has no known drug allergies. He smokes cigars and drinks moderate amounts of alcohol. On examination today he looks generally well, has no clubbing, no jaundice, no lymphadenopathy.

Inspection of the abdomen reveals a number of surgical scars and palpation of his abdomen is generally unremarkable, but for mild generalised tenderness. I am arranging an upper and lower GI endoscopy, given his symptoms of melaena and change in bowel habit associated with abdominal pain, on a background of a low Hb. I will update you with the results of the procedures in due course.

GP referral extract..... (later)

South Wales Police refused repeated hospital appointments for their HMP Swansea MAPPA level 3 category 3 victim even when he was released on licence on 4th July 2013

Endoscopy photos attached

SWP MAPPA Conduct.....All HMP Cardiff, Park, Bristol and Swansea medical records release will require high court application out of Wales.