

Pancreatic Transplant Patient

Sandra Reveira Retinal Photographer Putting people first

Patient: L.A.

Gender: Female Age: 48 Ethnicity: British Caucasian

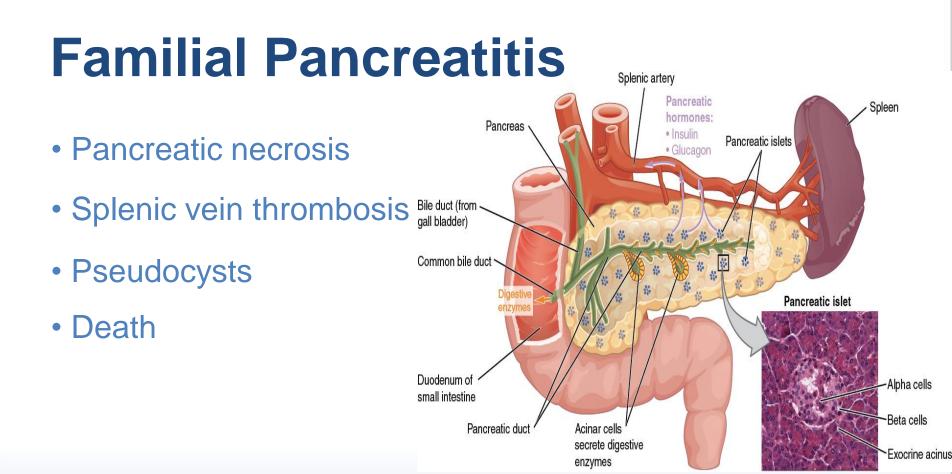
- First known to our screening programme in 2007
- DNA'd every appointment sent until 19 June 2009



Diagnosis

- Familial Pancreatitis 1990
- Type 1 Diabetes Mellitus 1990
- Diabetic Retinopathy 2004
- Diabetic from early 20's







Treatment

- Partial Pancreatectomy 1993
- Splenectomy 1995
- Further Pancreatectomy 2007
- 1st Transplant Nephrectomy 2007



Other Conditions

- MRSA 2006
- Generalised seizure 2007 (admitted to NMUH)
- MRSA infected right foot ulcer
- 1st kidney lost due to BK Nephropathy
- 2nd Transplant Nephrectomy 2009

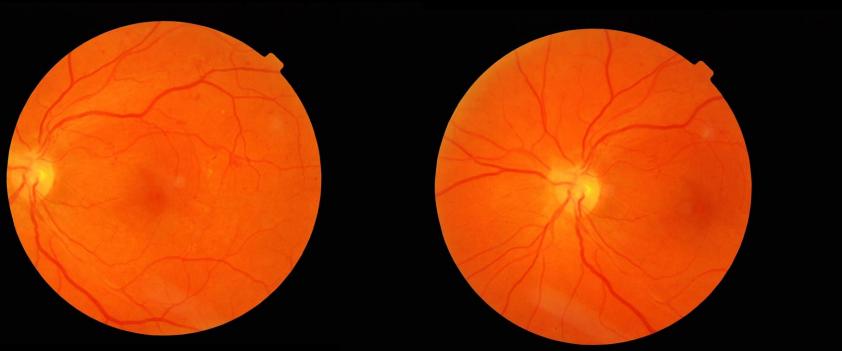


Eye Screening 2009

Right eye VA 6/9 R2 M0

Eye Screening 2009

Left eye VA 6/9 R3 M1



Ophthalmology May 2011

R/E R2 M1 P0 VA 6/15 Peripheral Ischamia. L/E R3 M1 P1 VA 6/12 Peripheral Ischamia with ghost vessels in the inferior and the superior retina. IOP's 19 mmHg bilaterally.

OCT no evidence of CSMO. Review in 4/12.

North Middlesex NHS University Hospital

DNA'd

- Lost to screening programme
- Lost to Ophthalmology
- Charcot's disease a degenerative muscle disease affecting her ankle
- Painful legs and generally unwell



September 2014

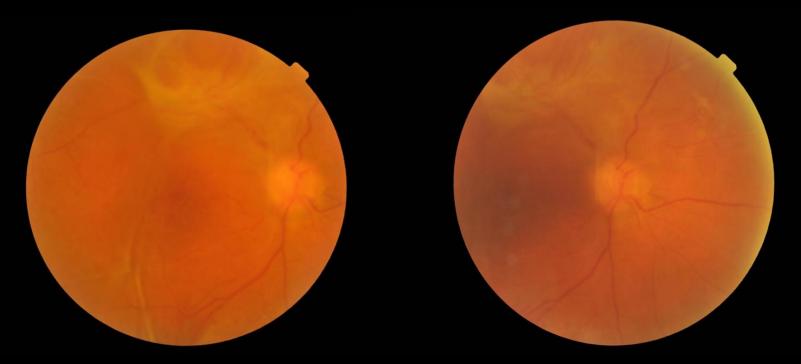
- Patient noticed a dark cloud in her R/E. She is not under any eye service. She has DNA'd many appointments.
- Patient had a pancreatic operation about 7 years ago, she says she is no longer diabetic.
- She says she has cataracts (not formally diagnosed).





September 2014

R/E R3A M1 (HM) **L/E** R3A M1 (CF)



November 2014

- Patient had Prophylactic PRP laser treatment
- Patient may need to have vitromacular traction surgery at MEH on the R/E and Intravitreal Lucentis treatment bilateral too, but this will depend on the outcome of the laser treatment.



Conclusion

This patient DNA'd appointments because she believed she no longer needed eye screening after her pancreatic operation. She clearly had a lack of understanding of her condition.

She is now virtually blind. This might have been averted had the importance of keeping her appointments been stressed.

North Middlesex NHS University Hospital

Recommendations

Maybe protocols could be put in place to:

- Ensure greater communication and sharing of data between nephrology and other departments.
- Ensure that patients are informed of consequences when disregarding follow up appointments.
- Ensure that complex cases are discussed by a multi-disciplinary team.

North Middlesex NHS University Hospital



Thank you

Putting people first