

HGV Driver

On the road with R3

- 58 Year old male
- Diagnosed with type 2 diabetes diagnosed 2000
- He is a HGV driver who does long distance driving to neighbouring European countries. He is always in a rush to leave on a trip to Germany.

- **Medication:**

Gliclazide 40mg, Pioglitazone 15mg, Alfacalcidol 2mg once a day, Atorvastatin 10mg, Aspirin 75mg, Septrin 480mg, Mycophenolate and Tacrolimus 1.5mg

- **Investigation:**

- HbA1c 9.4% (79.2mmol)
- **Observation: 131.9kg, BP 149/89**

The patient:

- Screened by ODESP in November 2011 and referred to OEH

NOVEMBER 2011 RE: R2 M0 P0 VA 6/12 with pinhole.
LE: R2 M1 P0 VA 6/6 with pinhole.









OEH TREATMENT:

NOVEMBER 2011 : NSC DR Grade RE: R2 M0 P0 LE: R2 M1 P0
MONITOR CLOSELY FU 3/12 MTHS due to multiple IRMAS and deep blot
haemorrhage's.

FEBRUARY 2012 : NSC DR Grade RE: R3 M1 P0 LE: R2 M0 P1
MANAGEMENT PLAN: Previous PDR laser preformed in the RE today.
He was informed to inform the DVLA with the recent treatment as he is a
HGV driver. Review 2/52

MARCH 2012: RE Mild Proliferative Diabetic Retinopathy 6wk review

JULY 2012: NSC DR GRADE RE: R3 M0 P1 LE: R3 M0 P1
NO further laser treatment is indicated at present 3/12

OEH TREATMENT:

OCTOBER 2013 : NSC DR Grade RE: R3 M0 P1 LE: R3 M0 P1
MONITOR CLOSELY FU 3/12 MTHS

DECEMBER 2013 : NSC DR Grade RE: R3 M0 P1 LE: R3 M0 P1
21/10/13 RE/LE Pan retinal photocoagulation
RE: VA 6.7.5 LE: 6/7.5

OEH Appointments were sent to the patient over a number of months, these were either changed by the hospital or DNA by the patient.
The patient was then lost to follow up.

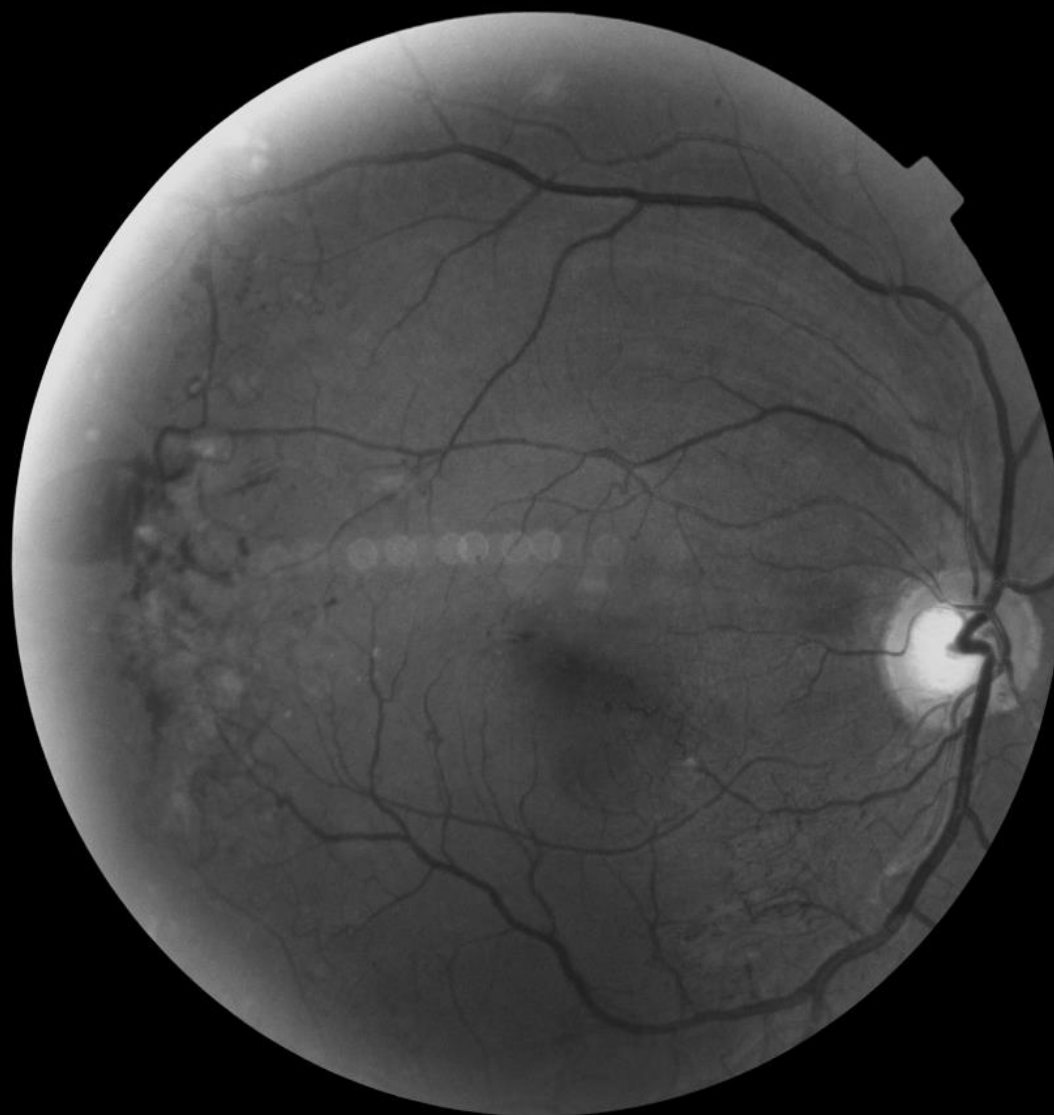
ODESP:
I contacted him at the
beginning of May 2015
He was put into our
Digital Surveillance clinic
by our failsafe officer

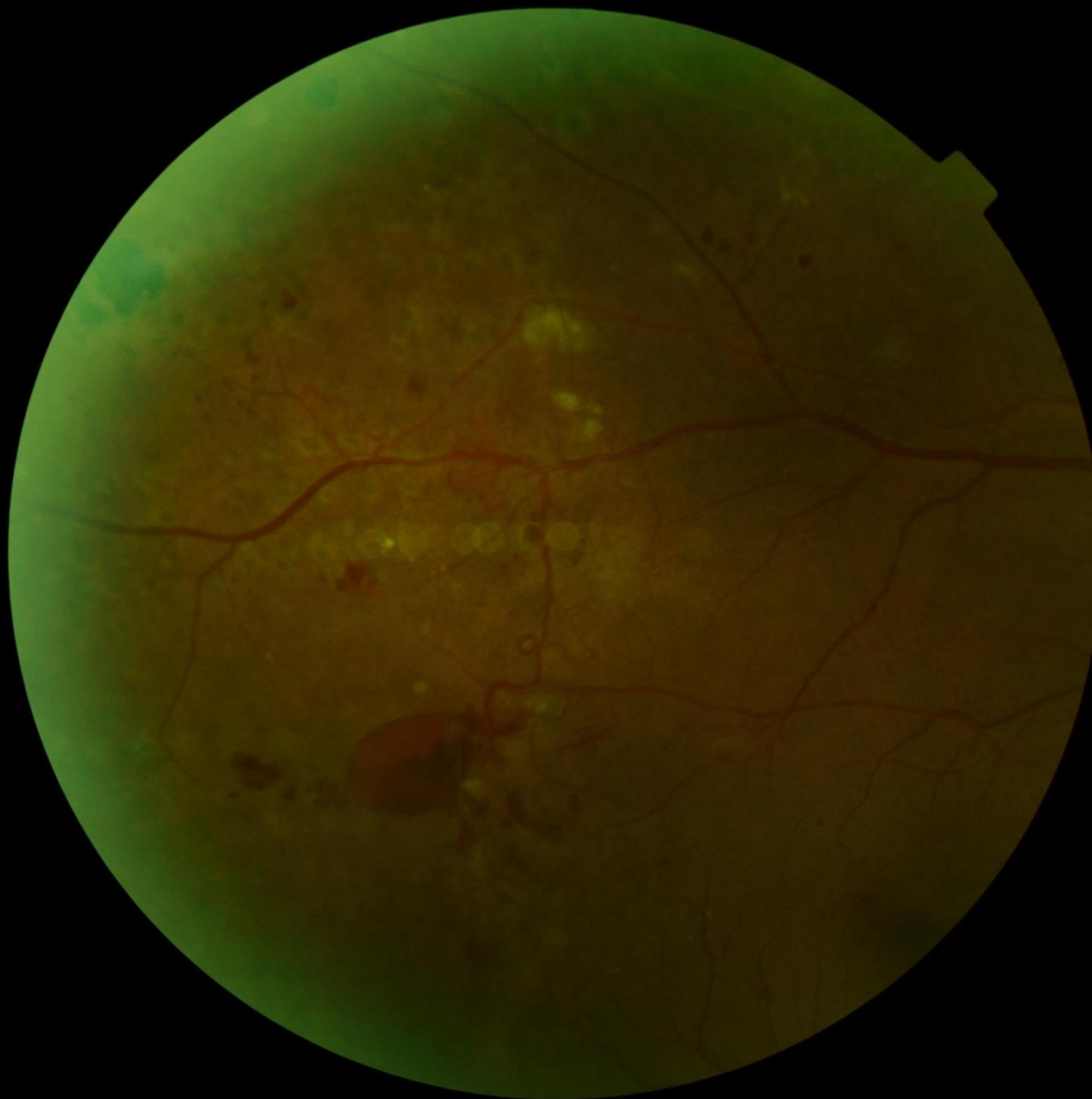
COMMUNICATION !

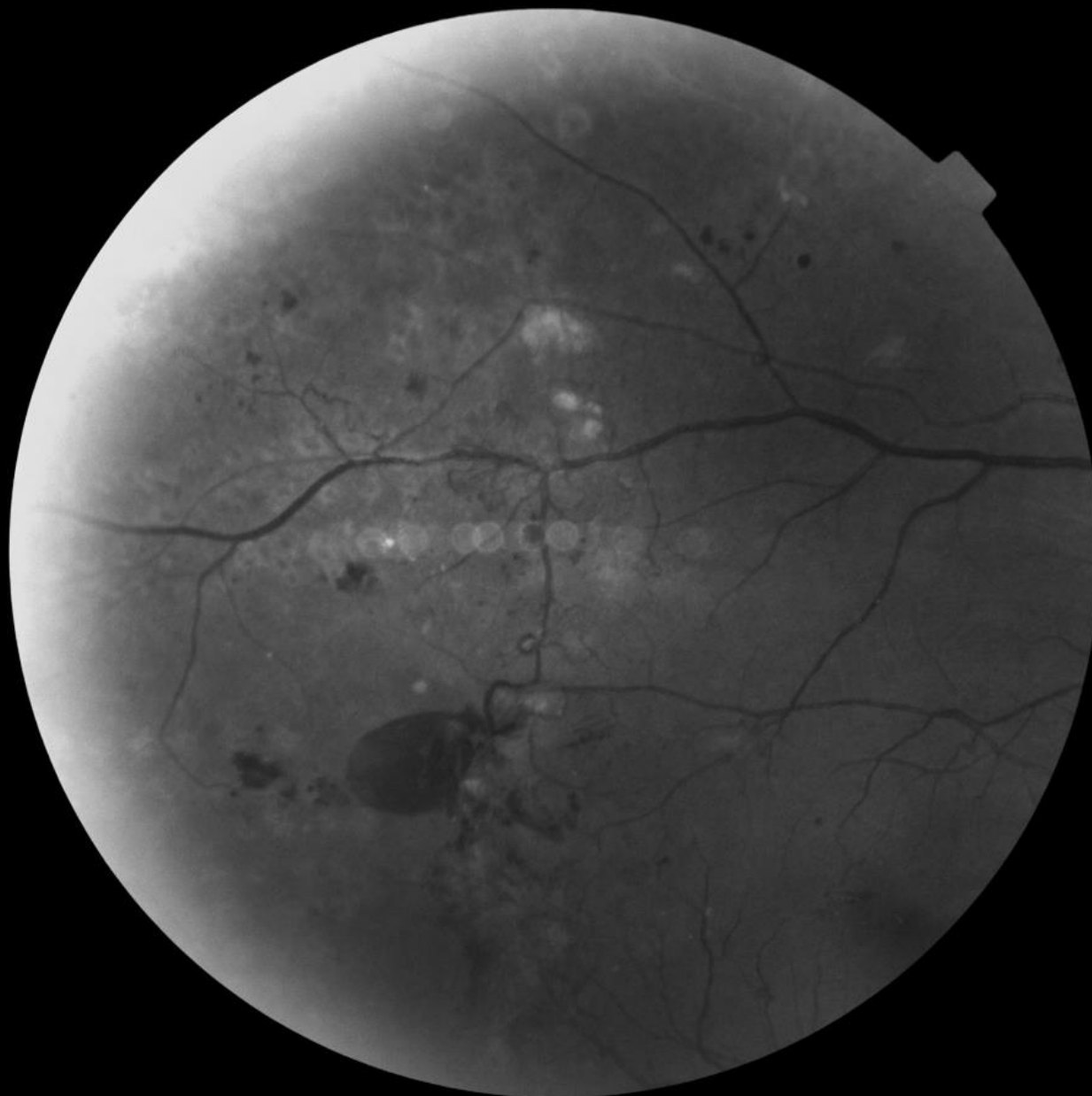
When he attended
the appointment I
explained he would
have be seen within
2wks

I explained the
importance of him
attending his
appointment and that
I would see him
personally at a time
convenient for him

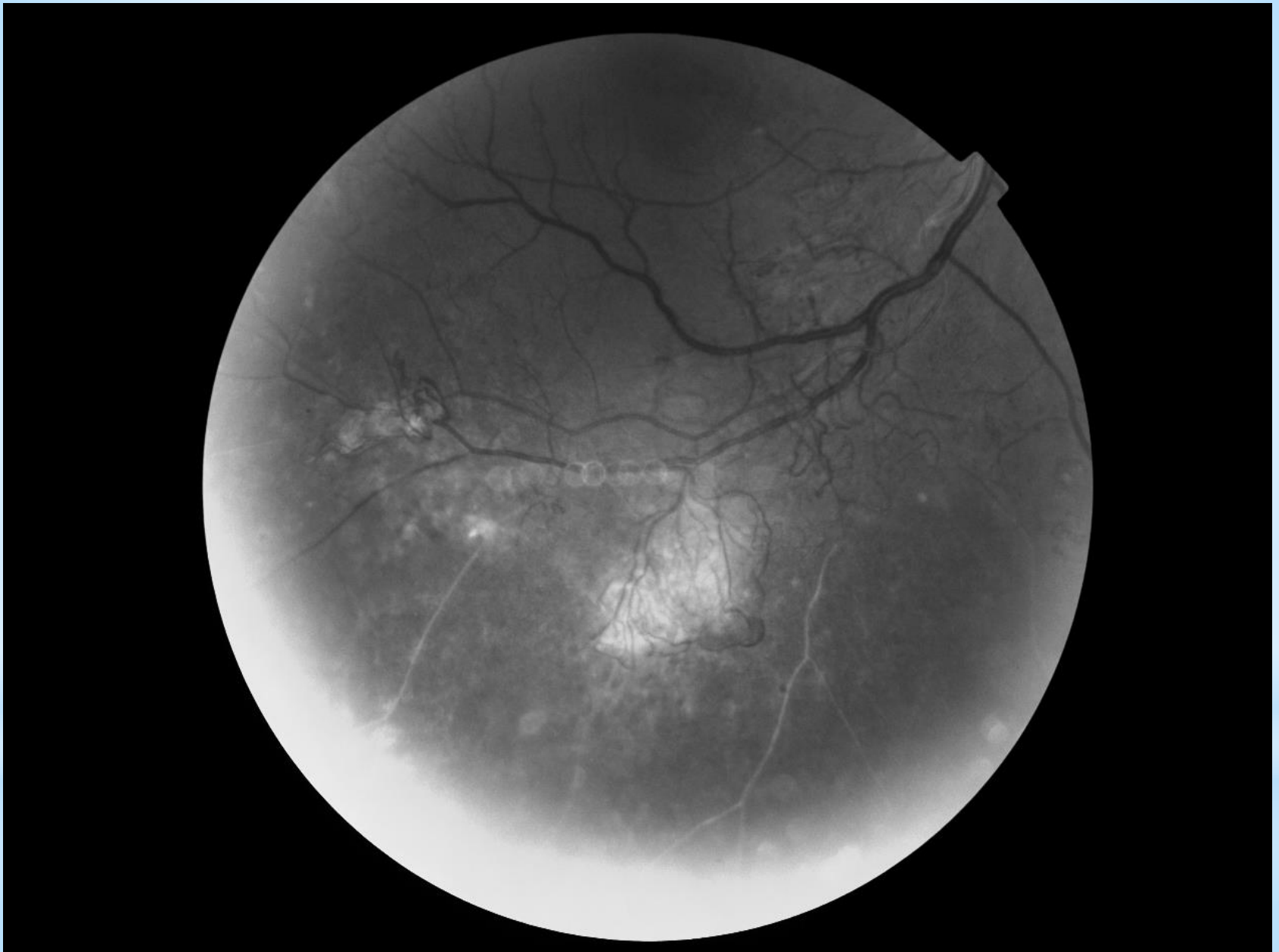






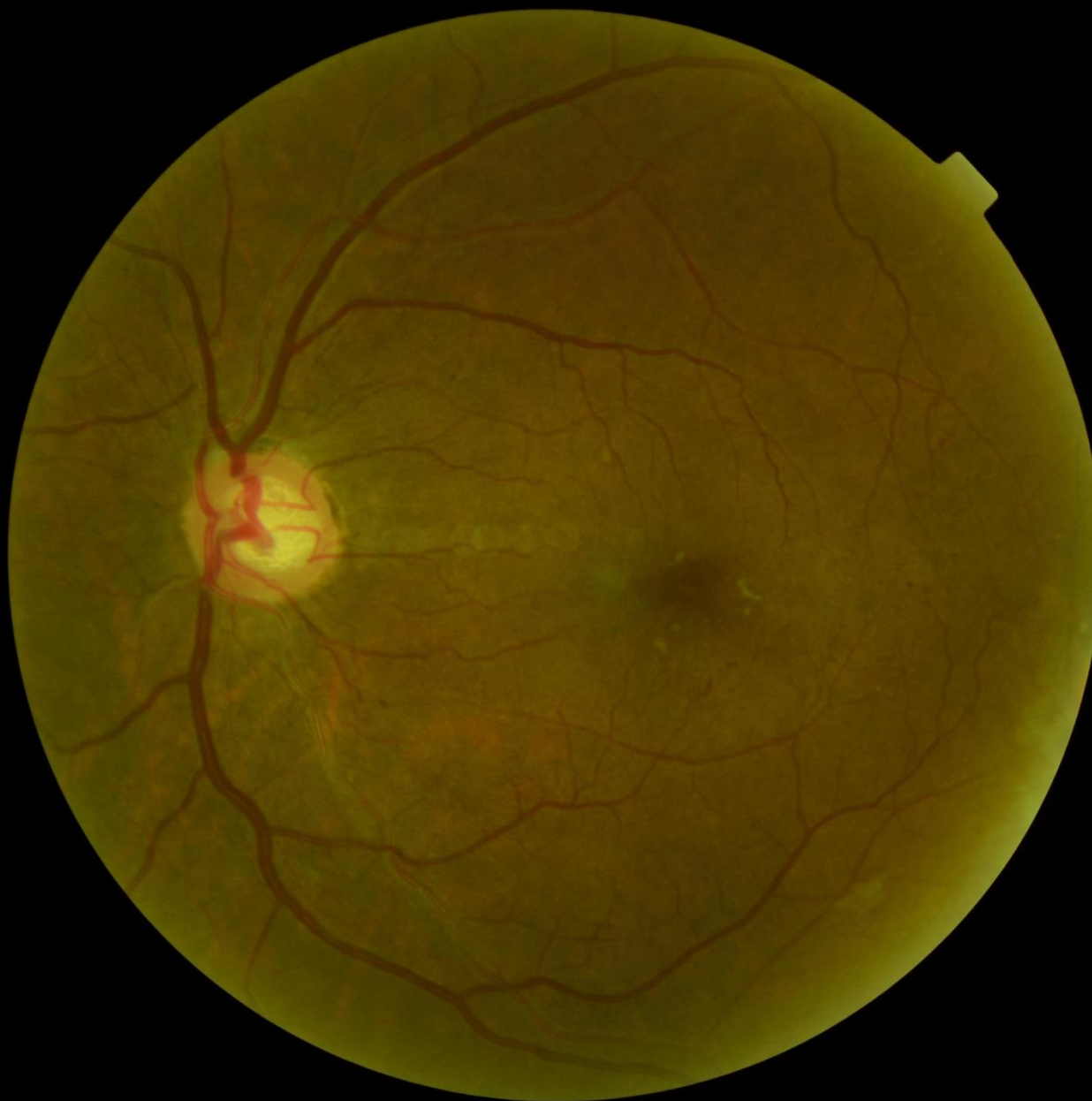










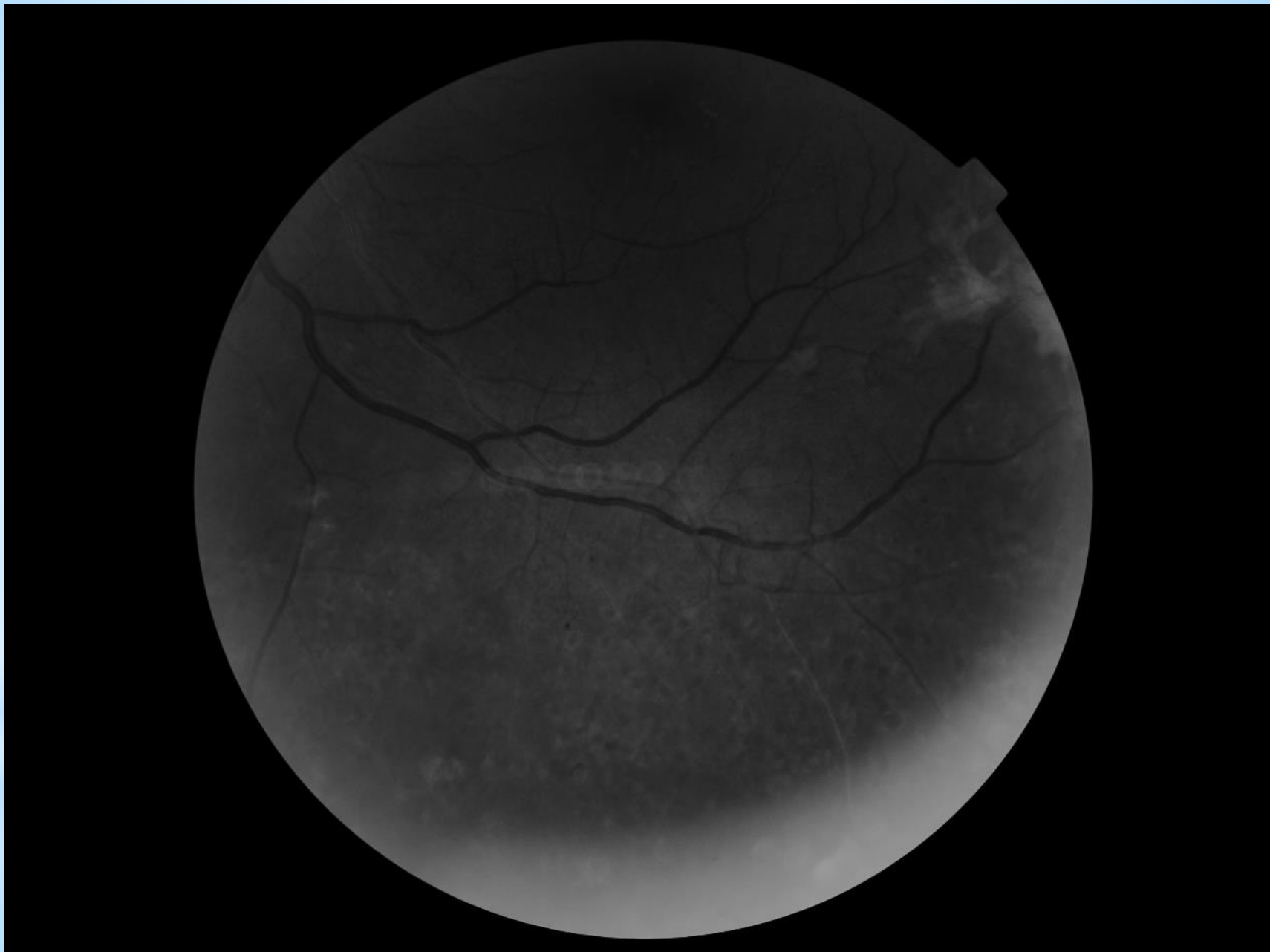












OEH TREATMENT:

JUNE 2015: NSC DR Grade

VA RE: 6/24 best corrected (6/12 pinhole) LE: 6/7.5 best corrected.

VA RE: R3A M0 P1 LE: R3A M0 P1

AUGUST 2015: NSC DR Grade RE: R3A M0 P1 LE: R3A M0 P1

VA RE: 6/18 pinhole LE: 6/9 unaided

FU: 9wks

NOVEMBER 2015: NSC DR Grade RE: R3A M0 P1 LE: R3A M0 P1

VA RE: 6/pinhole) LE: 6/7.5 unaided

FEBRUARY 2016: NSC DR Grade RE: R3A M0 P1 LE: R3A M0 P1

FU: 3/12

JUNE 2016: NSC DR Grade RE: R3A M0 P1 LE: R3A M0 P1

VA RE: 6/36 best corrected (6/12 pinhole) LE: 6/7.5 best corrected

- He underwent a Roux-en-Y gastric by pass procedure in May 2016. he recovered well following the surgery
- **June 2016:**
- Type 2 diabetes diagnosed 2000
- HGV driver, reluctant to go on insulin
- Renal transplant 2012 with prior hospital haemodialysis 2008-2012
- Hypertension
- Obesity
- Diabetic Retinopathy with laser therapy
- Bariatric surgery May 2016
- Weight 114kg (previously 121.2kg), BP 121/80
- All medication reviewed.

Thank You