## Dr Jason Jenkins MBBS, FRACS (Vasc)

VASCULAR SURGEON Director of Vascular Surgery

JJ:ha

2 November 2004 (Dictated 01.11.2004)

Dr Peter Miach Renal Unit Bundaberg Base Hospital PO Box 34 BUNDABERG QLD 4670

Dear Peter

RE: P52

Thanks very much for referring this lady to me. P52 is a pleasant 43 year old lady who has severe diabetes which is manifest by her renal failure and lower extremity amputation. She is a tricky patient and one which will no doubt have significant problems on dialysis in the future. My concerns are her severe arterial disease with high calcification of her right radial artery and absent left radial pulse. She is unsuitable for radiocephalic fistula's and I think that she is a high risk if we do a brachiocephalic fistula, of developing a steel syndrome and digital ischaemia. I have discussed this with P521. I have organized for her to have duplex scan of her right arm to assess her radial and ulna arteries prior to fistula formation. She has got a good cephalic vein in her right upper arm and hopefully we can maintain this for her dialysis in the future.

I was astounded when I discussed with P52 about when did she have her left below knee amputation and I understand she was quite unwell at the time and this was a life saving procedure but this was performed on 20.09.2004, it is now 01.11.2004 and she still has sutures in her amputation stump some six weeks following the procedure. These sutures were heavily buried within the tissue and very difficult and painful to remove. I find it mind beggling that someone could leave surures in for this long. It either shows a complete lack of understanding of diabetic disease and how to perform an amputation. I also find it strange that a surgeon that does the surgery has not seen the patient since the operation and to monitor the fact that the patient has an area of necrosis in the amputation stump which will require further debridement. Continued saline dressings are not going to heal this lady's amputation stump.

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I have suggested to her that when she comes to Brisbane that she will require a debridement of this stump and if it fails to heal then she may require an above knee amputation. I think if procedures can't be performed appropriate with the Bundaberg Hospital then they should not be performed at all or if they are performed then they should be followed up appropriate.

I have explained the situation to PS2 and the fact that ongoing care of her lower extremity peripheral vascular disease should be performed in Brisbane as she is not only has severe disease but also her problems will be difficult in the future. I will organise for P52 to be admitted to the Royal Brisbane and Women's Hospital in the next 30 days for her procedure. If you have any questions or queries please do not hesitate to contact me.

Yours sincerely

## Jason Jenkins

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TOTAL P. 82