Alder Hey Children

NHS Foundation Trust Alder Hev **Eaton Road**

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Dr O Moss Blundellsands Surgery Blundellsands

Our Ref: ST/hw/AH1565586

Date of Clinic: 16/03/2020

Date Dictd: 16/03/2020

Date Typed: 18/03/2020

Department of Gastroenterology PCO - Janet McComb 0151 252 5449 Dr S. Tamhne Consultant Gastroenterologist

Dear Dr Moss

Liverpool

L23 6TZ

Gwendolyn Vials MOORE 2 Coronation Drive Crosby, Liverpool L23 3BN D.O.B. 22/08/2014 Hospital No. AH1565586 701 057 1422 NHS No.

Diagnosis

- 1. Follow up for significant gastroesophageal reflux
- 2. Trisomy 21
- 3. Obstructive sleep apnoea
- 4. Recurrent lower respiratory tract infections
- 5. Previous suspicion for possibility of Hirschsprung's disorder but investigations have ruled it.out
- 6. Known for cardiac arrhythmias but possibly neurogenic in origin, no structural cardiovascular defect
- 7. Agreed for having endoscopic assessment for long standing gastro-oesophageal reflux in view of chronicity of symptoms.
- 8. Upper GI endoscopy and biopsies completed in January 2019 with completely normal results.

Current medications

Omeprazole 5mg twice a day Gaviscon 5ml with meals Movicol one sachet daily DaliVit multivitamin possibly 0.6ml daily

Management plan

- 1. I have advised Gwendolyn's dad to continue on the same medications as before without making any specific changes to the doses.
- 2. I would be keen to perform a pH and impedance study to assess Gwendolyn's reflux but more objectively to guide for the future and parents will receive an outpatient letter through my GI physiologist.

3. As today's review was just a face to face conversation in the outpatient corridor, as Gwendolyn was just discharged from inpatient ward, I will be re-arranging her today's outpatient appointment in six to eight weeks' time so as to review her medication doses and hopefully the PHN impedance study will have been completed by then.

Follow up

In six to eight weeks' time in my routine clinic.

History/current symptoms

It was a pleasure to meet Gwendolyn and her dad as a chance meeting in the corridor of the outpatient unit when Gwendolyn was supposed to come for a follow up appointment. I had appraised myself of the latest events and did understand that Gwendolyn was just discharged from the inpatient ward after recovering from her recent osteotomy under orthopaedic team at Alder Hey. Dad confirmed that they were planning to go to Clare House following the discharge from the ward, but he did travel down to the outpatient department to inform us so that we did not take absence as a DNA. I appreciate this.

In my discussion with Gwendolyn's dad we discussed that Gwendolyn is still dependent upon her anti-reflux medications and both for Omeprazole and Gaviscon. With a full stomach and from a gravity perspective, and on medications the reflux tends to be under reasonable control, but if Gwendolyn misses her medications then she starts to become sick very easily. Otherwise Gwendolyn is maintaining good nutritional intake and is showing excellent growth progression.

Gwendolyn appeared quite cheerful and happy in her posture. I specifically did not subject her to an in-detail examination as it was not appropriate in the open corridor. I was keen for letting Gwendolyn and family go home following the discharge to have some adequate rest and have confirmed to maintain the same medication and I will rearrange her follow up on an as soon as basis.

Yours sincerely

Electronically checked and authorised by Dr Sarang Tamhne

Dr Sarang Tamhne

Consultant in Paediatric Gastroenterology

P.S. Due to the current COVID 19 problem all future routine procedures and OP appointments are cancelled and will be reviewed based on urgency or emergency situations.

Copy to:

The Parent/Guardian of Miss Gwendolyn Vials Moore 2 Coronation Drive Crosby Liverpool Merseyside L23 3BN