VPB VICTIMS' PAYMENTS BOARD
Troubles Permanent Disablement Scheme

PO Box 2305
Belfast
BT1 9AX

T: 0300 200 7808

E : vpb@justice-ni.gov.uk

Dr J M Dorian
General Practitioner
Northside Surgery
14 Goban Street
Portadown
BT63 5AG

22th April 2022

Troubles Permanent Disablement Payment Scheme

Medical Factual Report

To whom it may concern,

Case Ref: VPBStand006

Your patient has applied to the Troubles Permanent Disablement Payment Scheme (TPDPS or "the Scheme").

Clinically, the Scheme aims to assess the level of permanent disablement attributable to a Troubles-related incident (TRI). The expression of disablement is made on a percentage scale; the assessment of which is completed by a third-party assessment provider.

An essential component of this process is the provision and analysis of medical evidence. Under Regulation 29 of the Victims' Payments Regulations 2020[1], the Victims' Payments Board may request any additional information to assist them in the assessment of an application to the Scheme. This Regulation also obliges you (the recipient of such a request) to provide the requested information that is in your control; and in terms of compliance with data protection law you can be assured that Article 6(1)(c) of the UK GDPR[2] provides you with the lawful basis to disclose this information to the Board.

The attached Medical Factual Report (MFR) is regarded as a notice issued under Regulation 29 for these purposes. Completion of this MFR will facilitate the assessment provider to process your patient's application in a manner which is as efficient and accurate as possible. Please only provide factual information available within the medical record held by your organisation, or directly observed or objectively tested by you clinically.

[1] https://www.legislation.gov.uk/uksi/2020/103/made
[2] https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

The form prompts the provision of additional medical reports where relevant, that may be within the records held by your organisation. The following list is not exhaustive, however gives examples of documents that may be useful to the assessment provider. Please note – this form is used to send to all primary and secondary care providers; it is acknowledged some of the below noted documents may not be held by your organisation.

Consultant Letters	Physiotherapy Reports
Hospital Discharge Letters	Occupational Therapy (OT) Reports
Psychiatric Reports (in-patient and out-patient)	Community Psychiatric Nurse (CPN)Reports
Surgical/Operation Notes	Social Services Records
Prescription Lists	Care Plans
Audiology Reports	Scan results (X-ray, Ultrasound, MRI)
Certificate of Visual Impairment (CVI)	Pain clinic reports/notes
Prosthetic clinic notes	

Please do not submit original documents as the assessment provider will not be able to return these.

Where the space available for comment is insufficient, please use the final page for additional information.

A GP Fee Form is also attached. You should complete this and return along with the completed MFR in order that the payment can be processed by the Victims' Payments Board.

Please return the completed form along with accompanying medical evidence in the envelope provided.

Thank you in advance for assisting with the provision of medical evidence on behalf of your patient.

Yours faithfully,

_____

The Victims' Payments Board

Troubles Permanent Disablement Payment Scheme

Medical Factual Report

Patient Name Dolores Harrison Date of Birth: 16/09/51

VPB Ref No VPBStand006 Priority Case ☐

As part of their application to TPDPS your patient has advised they are suffering from the following condition(s).

1. **Burns to face with subsequent scarring**
2. **Reduced vision in both eyes**
3. **Anxiety and depression**

If possible, could you please provide specific information relating to the impact on interpersonal relationships, function and day to day life as well as the treatment she underwent.

1. Can you confirm that your patient is suffering from the claimed conditions? (if possible – please confirm the date of diagnosis or date of working diagnosis)

1. **Burns to face with subsequent scarring - Yes**
2. **Reduced vision in right eye – Yes, she also has traumatic cataract and glaucoma in this eye.**
3. **Anxiety and depression - Yes**

If possible, please provide any supporting medical reports. Note – such records may support the formulation of a working and/or final diagnosis.

2. Please confirm who made this/these diagnosis/diagnoses and their profession. (where possible, please be specific with the level of seniority/grade of the diagnosing clinician)

Facial burns and scarring diagnosis made by A&E and plastic surgery

Reduced vision diagnosed by Ophthalmology,

Anxiety and Depression diagnosed by her previous GP who has since retired

If possible, please provide any supporting medical reports

3. If available, please provide evidence as to the aetiology of this/these diagnosis/diagnoses?

Petrol bomb attack on her home – partial thickness burns across face and eye

No other known aetiological factors for mental health conditions other than the troubles related incident.

If possible, please provide any supporting medical reports

4. Please list all other conditions which may affect your patient's functional ability in relation to activities of daily living, mobility, or social and occupational functioning. Please include the dates of diagnosis where possible.

Has hypertension and hypercholesterolaemia which are asymptomatic.

5. Please detail all current and previous treatment for the conditions stated at the top of this form.

Plastic Surgery – debridement, skin grafting, revision of grafts later in life due to contraction. Double base cream.

Ophthalmology – required several surgeries to the eye and eye lid, developed traumatic glaucoma reviewed every two years or earlier if needed. Acetazolamide and lacrilube

Mental health - attended surgery and given medications by my colleagues in the 1970s, mainly sedatives, prescribed anti-depressants and sleep aid from 1990s, was offered counselling in 90's, continues on anti-depressant and sleep aid.

Where possible, please provide treatment records, discharge summaries, care plans etc

6. Are there any planned changes to their current treatment? If so, please detail what is planned and for what reason?

No planned treatment for visual problems (continued on medication) or skin grafts as far as I am aware.

Her mental health treatment has not changed for many years, and she has highlighted that she doesn't intend to seek further specialist treatment for this on numerous occasions.

If relevant, please list when this treatment is likely to finish

7. Is / are the condition/s noted in section 1 chronic in nature? (If available, does evidence suggest the condition/s has / have reached a steady or stable state at maximum medical improvement?)

All conditions are over 50 years - chronic

Does the patient have a history of threatening or violent behaviour?

YES [ ] No [X] Don't Know [ ]

Are there any issues that would impeded your patient from travelling to an assessment centre by public transport or taxi?

YES [X] No [ ] Don't Know [ ]

Please provide detail if 'yes' answered to either of the above:

Would need accompanied

Additional Information:

Reduced vision right eye - reduced to 6/60 as per clinic letters, requires support in complex ADLs, will be accompanied when out of her home for feeling of security.

Scarring - Self-conscious given the significant area of her face that has been affected, R cheek and eye and forehead with extension into the hair line, skin grafts still quite visible compared to the rest of her facial skin.

Anxiety and depression - Mood can dip at times; sleep is poor and can appear anxious at times on arriving from the waiting room when the surgery is busy.

Also see attached

Signed: *Dr J Dorian*

Date: 30/04/22

MEDICAL FACTUAL REPORT : GP FEE FORM

VPB VICTIMS' PAYMENTS BOARD
Troubles Permanent Disablement Scheme

APPLICANT NAME :

DOB :

REF : **VPB**

This form should be filled in if you, your practice or company has completed and returned a Medical Factual Report (MFR) in support of an application to the Troubles Permanent Disablement Payment Scheme. You must complete Parts A, B and C below.

To ensure payment is made correctly the name and address of the person or organisaiton to whom the fee should be sent must be printed below. On receipt of this completed GP Fee Form the sum of £70 will be paid by **BACS PAYMENT METHOD ONLY**.

PART A : PLEASE COMPLETE IN BLOCK CAPITALS

Payee Name :

Full Address :

Contact No :

PART B : Payment will be made by BACS directly to a bank account – please complete the following details:

Bank / Building Society Name :

Account Name (eg John Smith):

Account Number (8 digits) :

Sort Code (6 digits):

Building Society Roll Number :

PART C : Signature : Date :

Completed form to be returned, along with accompanying medical evidence, to **PO Box 2305, Belfast, BT1 9AX**

PART D : To be completed by VPB:

I confirm receipt of completed MFR in respect of above GP Fee Form for above case.

Signature : Date :

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

20th September 1972

Dear Dr Kelso,

Discharge Summary:

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Admission date – 02/08/72 Discharge date – 20/09/72

Your patient was admitted via accident and emergency to the Ulster Hospital, she had suffered severe burns to her face and right eye. Due to the risk to airways, she was intubated and moved to the ICU. She was ventilated for 24 hours and when the risk to her airways appeared to have passed, she was extubated and moved to the high dependency unit. The Plastic surgery and ophthalmology teams reviewed her, dressings were applied for the first 48 hours and anti-biotic cover given. She was taken to theatre for debridement of necrotic tissue and further inspection of her right globe on day 3 of admission. A corneal perforation was identified and treated conservatively, and the burns were felt to be deep partial thickness burns. Further dressings were applied, and she was transferred to the plastic surgery ward. She remained on the ward undergoing regular debridement and dressing until a sufficient granulation bed had developed. The ophthalmic surgeons are happy with progress, she is to continue to wear her eye patch and use drops. She is being discharged today with follow up at outpatients this Friday, 25/09/72, by both plastics and ophthalmology.

Regards,

Dr J Flannagan

Dr J Flannagan

SHO to Mr Pollock

Consultant Plastic Surgeon

Plastic Surgery Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

25th September 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

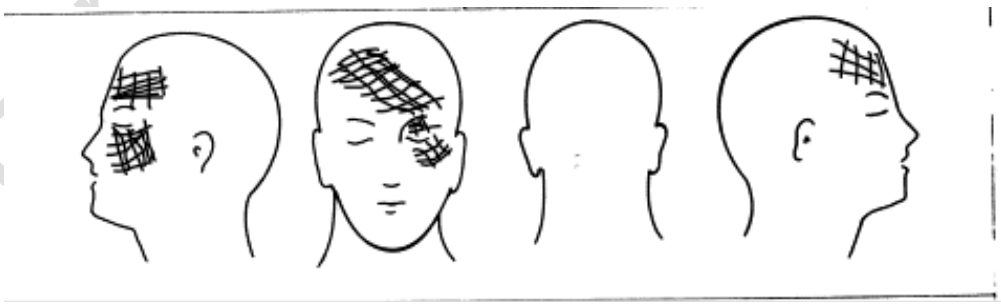
As you are aware your patient was admitted under our care last month. She sustained significant burns to her right cheek, right orbit, across the majority of her forehead and extending to her hair line and involving some of the scalp as highlighted below, she had no injuries to her face prior to this. She had repeated debridement and dressing, there were some minor infections treated with anti-microbials. When she was discharged from the ward dressing to the areas were ongoing but a granulation bed had started to form however today there appears to be more slough and break down. We shall have it redressed and will review her again at the ward treatment room on Monday 28th September, if there is further deterioration, we may have to consider grafting though given the sites of the burns I am wary.

Kind regards,

G Pollock

Mr G Pollock

Consultant Plastic Surgeon



Plastic Surgery Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

28th September 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison was reviewed at the treatment room at the Plastic Surgery department, her areas of burns continue to have slough and exudate at present. I have discussed her case with Mr Pollock who We have changed her dressing type and have requested community nursing to change these daily now rather than every other day. We will cover her with an oral anti-biotic as well and review her at the treatment room on 2nd October.

Regards,

E Sinclair

Mr E Sinclair

Registrar to Mr Pollock

Consultant Plastic Surgeon

Plastic Surgery Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

5th October 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison was reviewed at the treatment room, despite the change in dressing and anti-biotics there has been a deterioration in the burn sites, the worst being the forehead and scalp areas, though there has also been break down to her cheek area burns. Thankfully the burns to her eyelids appear to be healing better, possibly due to a good collateral blood supply. We admitted her to the ward and carried out a debridement and clean of the area along with topical treatment over the weekend and discharged today. There was no further deterioration, we will see her at the end of the week and make plans for moving forward.

Kind regards,

G Pollock

Mr G Pollock

Consultant Plastic Surgeon

Plastic Surgery Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

25th October 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

As you know Mrs Harrison has been under our care for nearly 3 months due to deep partial thickness burns to her face. She was being treated conservatively however the wounds around her cheek, forehead and scalp continued to breakdown. As you know I was redescent to intervene surgically due to the site however this deterioration forced our hands. She was admitted for split thickness skin grafting to these areas on the 8th of October, with donor graft sites from the lateral aspect of both thighs, one 5 cm wide by 16 cm for the forehead region and one 5cm wide by 6.5 cm long for the cheek region.

The grafts have been monitored, are vascularly intake and have taken well to the recipient sites, her pain has been managed and we have advised her to return to yourself if there are problems in this area. The signs of infection or rejection have been explained to her and she is to return to the Ulster if there are concerns in this area.

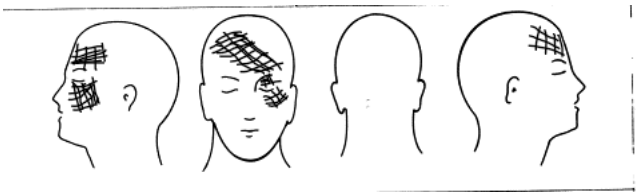
We will review her at the outpatients in a week.

Kind regards,

G Pollock

Mr G Pollock

Consultant Plastic Surgeon



Plastic Surgery Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

1st November 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison was reviewed at outpatients follow skin grafting to two sites to her face. She tells me today that there have been no issues with swelling, redness or discharge. Her dressings have been removed and the graft sites appear clean and healing well, there have been no issues with the donor sites which have heal well and hopefully will only have minimal residual scarring in these areas.

I did counsel her that even when fully healed the grafts will stand out compared to her natural facial skin and she is accepting of this.

We will review her in a month's time and if there are any concerns in the meantime to contact yourself or return to the Ulster.

Kind regards,

G Pollock

Mr G Pollock

Consultant Plastic Surgeon

Plastic Surgery Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

3rd December 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison was reviewed at outpatients today. It has been nearly 2 months since her skin grafts and the sites have healed well with no complications. Mr Pollock also had sight of grafts and is very pleased with the progress though there is still obvious disfigurement, but we have talk about this and she is happy that over time the grafts will become slightly less prominent. I have advised her to continue to moisturise these as there is risk of contracture. The burned areas around her eyelids have healed well and the redness of these areas appear to be reducing and I believe ophthalmology are monitoring these.

We will review her once more in 6 months at clinic.

Regards,

E Sinclair

Mr E Sinclair

Registrar to Mr Pollock

Consultant Plastic Surgeon

Plastic Surgery Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

14th October 1997

Dear Dr Cox,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

It has been over 2 decades since Mrs Harrison has been with our department. She has a history of severe facial burns with skin grafting to 2 large areas of her face, the right cheek to under the orbit and across the forehead extending into her hair line.

She presents today with increasing discomfort and tightness from her graft sites. On examination the grafts do appear to be quite tight specifically over the forehead. The graft sites are smooth, there is a some colour disparity with hyperpigmentation and some pulling at the edges where the tension is.

I have discussed the options that are open to us. Full re-grafting is an option though further down the line and she has ruled this out completely as an option. I have advised her we can consider a release of her grafts become too tight to ease the tension and she would be amenable to this. I have consented and listed her for release of skin grafts, and I will see her on the day of surgery.

She also raised the issue of the unsightliness of the graft and her hairline, the graft site extends a good 3-4 cm beyond the rest of her hairline. I explained that unfortunately the nature of the graft tissue that was used hair would not grow on it, we could try to graft hair growing skin from the back of her head to this small area. However, on consideration she does not feel it affects her enough to warrant graft reconstruction.

Kind regards,

Herbert Goodwin

Mr H Goodwin

Consultant Plastic Surgeon

Plastic Surgery Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

14th December 1997

Dear Dr Cox,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Your patient was admitted to the Plastic surgery department for release of skin graft contracture at her forehead and check graft sites. The procedure was completed without complication, and she was discharged today. She will be reviewed in 2 weeks time at the outpatient department.

Kind regards,

S Basale

Dr S Basale

SHO to Mr Goodwin Consultant Plastic Surgeon

Plastic Surgery Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

3rd January 1998

Dear Dr Cox,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison was reviewed at the outpatient clinic; she is nearly 3 weeks post release of contracture and is making a very good recovery. The release sites are well healed and tension in the grafts has been released and the pulling at the edges seen before surgery has been relieved.

She is happy with the outcome and I have discussed with her that this hopefully will not occur again though we can never be certain. She is happy to be discharged back to your care.

I will happily review her again in the future at your request.

Kind regards,

Herbert Goodwin

Mr H Goodwin

Consultant Plastic Surgeon

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

25th September 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

I reviewed your patient at the outpatient department today, she had previously spent over a month as an inpatient following significant burns to her face and right eye. At the time a corneal perforation was noted due to direct burning however this was treated conservatively given the extent of her other injuries. She had no history of previous eye disease. At review today the perforation has healed, there is still considerable inflammation and initial scarring of the cornea is noted. Her visual acuity is 6/60 in her right eye with best correction, thankfully the vision in her left eye is preserved at 6/6.

Her lids, both top and bottom, have been burned badly as well though are healing and did not require grafting like the other areas of her face. There is likely to be scarring and we will need to monitor this to ensure the healing cornea is given sufficient protection and a ptosis does not form.

I will review her again in a month's time, she is to continue with eye lubrication 1-2 hourly. She has been advised of the symptoms of an infection and if there is any doubt in relation to the healing of the cornea, she is to contact yourself to arrange an urgent review with us.

Kind regards,

Ms F Ovea

Ms Felicity Ovea

Consultant Ophthalmic Surgeon

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

23rd October 1972

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

It has been a month since last review, there have been no immediate concerns in the interim.

I have examined the right eye under the slit lamp and while there are significant defects noted on the cornea there is evidence of healing. On direct visualisation the posterior chamber is clear and retina healthy, there is some debris noted in the anterior chamber which is likely inflammatory and will hopefully settle with time. Her visual acuity has remained unchanged at 6/60. I have discussed with her that there is scope for improvement as the inflammation settles. I have some concerns regarding her lids as there is some tension in the skin but this will have to be watched. I have advised her to increase the frequency of her eye lubrication if she starts to experience dryness or increased irritation.

We will continue as before and I will review her in 3 months time, if review is required prior to this please contact my secretary and I will see her urgently.

Kind regards,

Ms F Ovea

Ms Felicity Ovea

Consultant Ophthalmic Surgeon

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

18th February 1973

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

I reviewed Mrs Harrison at Ms Ovea's outpatient clinic today. She reports that her vision has been fluctuating in the past few weeks, some days she feels it is clear and others it is similar to when she was discharged initially.

On examination, there a significant corneal defect when stain and slit lamp is used, covering the area equivalent to bottom half of the iris. The pupil is reactive though the anterior chamber continues to have some debris, the posterior chamber is normal and intra-ocular pressures are within limits. She tells me she has been vigilant with moisturising her lids as she can feel some tightness. They do close completely and there is no evidence of ptosis or contracture at present. Her visual acuity in her right eye is 6/48 today with best correction, which is encouraging.

We will review her in 6 months again to monitor the lids and her visual acuity.

Kind regards,

M Lagan

Mr M Lagan

Registrar to Ms Ovea

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

28th August 1973

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

It has been over a year since the initial injury, at clinic today Dolores tells me that her right sided vision has been stable, though still very blurry compared to her left eye.

On examination there is obvious scarring of the cornea which is unchanged and is unlikely to change at this point, it will not be aiding her vision, also the anterior chamber shows some distortion making it difficult visualise some of the peripheral areas of the retina. The lids are well healed and do close completely though the scar is still settling. Her right visual acuity is 6/24, left eye is 6/6 best corrected in both eyes.

We will review her in 6 months' time or at request if sooner is needed.

Kind regards,

Ms F Ovea

Ms Felicity Ovea

Consultant Ophthalmic Surgeon

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

8th November 1979

Dear Dr Kelso,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison had missed several reviews in the past few years due to family commitment, you referred her back to the clinic due to a perceived worsening of her vision. She tells me her right eye vision has gotten worse, she is knocking into things and knocking things over more often in the past 12 months or so, she has missed steps and kerbing a lot in recent times. As well, her eye has been drier and felt "gritty" a lot of the time requiring her to use her eye drops every 2 hours.

On examination the lids do not close oppose completely, there is a slight gap and the lower lid appears to be developing a ptosis. The is scarring on the cornea which has been previous noted but more concerningly the lens appears to be beginning to opacify, the anterior chamber is otherwise clear, the posterior chamber and retina appear healthy. Her best corrected visual acuity is 6/36 on the right and 6/6 on the left.

We will monitor this potential traumatic cataract due to her previous injuries and the ptosis as given the scarring lens removal be complicated and we will only have one chance at this.

I will see her again in 12 months or sooner if there is a significant deterioration of her vision.

Kind regards,

Ms F Ovea

Ms Felicity Ovea

Consultant Ophthalmic Surgeon

Moorefields Eye Hospital

162 City Road

London

EC1 2PD

12th June 1985

Dear Ms Ovea,

Re: Dolores Harrison, 16/09/51

Corneal Scarring, Traumatic Cataract and scar induced Ptosis

Thank you for referring your patient for a second opinion in relation this quite complex case and . I can see over the past few years there has been a deterioration of her vision, the lens has opacified significantly with the traumatic cataract formation and there has been contraction of the lower lid resulting in a very obvious ptosis.

I have examined her today, there is prominent corneal scarring, the anterior chamber is quite distorted due to scarring and contraction as a result of the facial injuries she experienced. The lens appears fixed to several structures. With regards to the lid there is now a 7 mm gap between the lids which cannot be opposed due to the tension from scarring.

I agree with your reticence to attempt lens removal, I believe this would worsen the situation overall and what limited vision she has now would deteriorate further. With regards to the ptosis, if I had been going to operate on the lens, I would have carried out a blepharoplasty at the same time however I will leave this in your very capable hands. I have explained this all to her and she is happy to return to your care.

Yours sincerely

U Millen

Prof Ursula Millen

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

24th February 2002

Dear Dr Cox,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison presented to A&E with increasing right ocular pain over the course of the past 2 months which increased dramatically over the weekend, and she was referred to ourselves at clinic. She has a history of significant ocular traumatic from past burns, traumatic cataract and ptosis repair. She reports no trauma or infections to her eye before the pain started to develop, she has been very careful looking after her right since it was injured.

On examination there is some erythema noted, the cornea has an area of scarring noted under staining and slit lamp, which is long standing, the lens is opaque due to the cataract, the anterior chamber is distorted somewhat due to internal . Her intra-ocular pressure was raised greatly at 33 mmHg. Her previous ptosis surgery appears to have been successful with opposition of the eye lids though scarring is noted on both upper and lower lids there does not appear to be increased tension. Her visual acuity was light perception in her right eye and 6/9 in her left eye best corrected.

I discussed the case with Ms Clera, this is a case of traumatic glaucoma, given the high intra-ocular pressure she has been listed for the laser clinic tomorrow morning. We have also commenced acetazolamide, 250 mg BD and a short course of maxidex (1%) drops one drop hour hourly.

Kind regards,

O McNally

Mr O McNally

Registrar to Ms Clera, Consultant Ophthalmic Surgeon

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

6th May 2002

Dear Dr Cox,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Dolores was reviewed at the glaucoma clinic today. She has been faring well since the laser iridotomy, she finished her course of steroid and her intra-ocular pressure has reduced and today it is sitting at 19 mm Hg, which is still a bit higher than we would prefer but within limits. Her visual acuity has improved somewhat to what appears to be her baseline, right eye 6/60 which has improved with reduction in pressure and her left eye is 6/9 best corrected for both.

She asked what caused this and I explained to her that given the history of injuries to her eye the scarring and distortion of the internal architecture caused the drainage channels to slowly close over leading to this build-up of pressure.

We will continue on current treatment for the next 2 months and review again.

Kind regards,

Ms Clera

Ms S Clera

Consultant Ophthalmic Surgeon

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

18th July 2004

Dear Dr Cox,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

I reviewed your patient at the glaucoma clinic today. She tells me she has been managing quite well, her vision has been unchanged, she does report some slight pains at times in her right eye but nothing compared to the pain at presentation.

On examination, there is no evidence of acute inflammation, her intra-ocular pressure has crept up slightly, sitting at 23 mmHg. Her corrected visual acuity is unchanged at 6/60 in the right and 6/9 in the left.

We will increase her dose of acetazolamide 500 mg twice daily and will review her in a months' time. She has been instructed to return to A&E is there any changes or increased in pain.

Kind regards,

J Cilla

Mr J Cilla

Registrar to Ms Clera Consultant Ophthalmic Surgeon

Sensory Disability Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

9th July 2018

Dear Dr Dorian,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

We attended Dolores home today, as you know she has been living with visual impairment for several decades. The referral to us came after a discussion with the ophthalmology SHO that there may be adaptations that could be offered for her.

In her daily life she is independent in self-care, she is wary while in the shower in case she stands on anything that is not in her visual field and slips but is able to perform the tasks without issue. I have advised her to discuss with you in relation to occupational therapy for a hand rail if it was felt to be warranted. She can take her medications without issue; she is just careful to check that she is taking the correct ones at the right dosages. Moving around her home she takes her time, makes sure that the stairs are clear of any clutter as she has had slips in the past due to things left on them and not seeing them and has a second banister on the stairs as support. There are no concerns relating to safety around the home, she is able to hear her fire and carbon monoxide alarms. She has to be careful when cooking but makes most of the meals in the home for herself, her husband and her grandchildren who she watchs 4 days a week. Her husband is normally home as well as he is retired for complex tasks. She does find reaching for things difficult with her depth perception has broken things in the past, so she uses plastic glasses or durable cups to avoid breakages.

When she is outside of the home, she likes to have somebody with her for security, she is very wary of crossing roads even with traffic lights as she has had some slips and trips while crossing the road and doesn't want anything coming out of her blind spot. She never learned to drive prior to her visual impairment and did not feel comfortable trying afterwards.

Overall, she is managing well, there are no specific adaptations we could offer at this time. I have given her some techniques for when she is walking to increase her confidence and practical tips for setting thing up around her home to minimise any risks of falls.

If there any future concerns, please do not hesitate to refer her to our service again.

Regards,

Tom Emetrist

T Emetrist

Sensory Disability Service Nurse

Ophthalmology Outpatient Department

Ulster Hospital

Upper Newtownards Road

Dundonald

BT16 1RH

12th October 2020

Dear Dr Dorian,

Your Patient – Mrs Dolores Harrison – Date of Birth – 16/09/51

Mrs Harrison attended for her annual review at the glaucoma clinic. Thankfully there have been changes for her since last attendance, she continues to have no symptoms and her vision has remained stable. She has adjusted very well over the years and attended the sensory disability team just in case there was anything that could be offered to make things easier for her.

On examination intra-ocular pressure in 16 mm Hg, she continues to have corneal scarring under staining but there are no other elements of inflammation, the right lens remains unchanged and opaque. The lids oppose well, though she does still have some dryness and uses her lacrilube as she has done since the burns occurred. There is no undue tension in the scarring of her lids. Her visual acuity is 6/60 in the right and 6/9 in the left best corrected.

She will continue on her medications and will be reviewed in 2 years time unless, if there are any issues in between please contact us for a review sooner.

Kind regards,

Ms Clera

Ms S Clera

Consultant Ophthalmic Surgeon

Version History
Title: Mrs Harrison GP MFR and Letters
Author: Clinical Governance Team

Version	Date	Sign off	Summary of changes
V1.0	04/05/22	David Barker	New document