



Aberdeen Royal Hospitals

Royal Aberdeen Children's Hospital

Cornhill Road

Aberdeen AB25 2ZG



Department of Surgical Paediatrics

Tel: 01224 681818 Ext. 52942 Fax: 01224 840642

GGY/MKG/0968366

Dr A Fraser
Denburn Health Centre
Rosemount Viaduct
Aberdeen
AB25 1QB

29 October 1997

Dear Dr Fraser

LEE REID DOB 10.05.92 14 Lintmill Terrace Aberdeen

Thank you for referring Lee back to us. The situation has returned to the starting point with faecal retention on a voluntary basis and subsequent soiling. On examination he has overflow. We have in the past done a rectal biopsy which has excluded Hirschsprung's and I see no signs of organic disease in this boy. Indeed when he comes in for bowel training within the one week period we have him continent and opening his bowel regularly.

The recurrent nature of this problem would suggest that there is an underlying behavioural issue that requires evaluation and assessment and I have taken the liberty, therefore, of asking an opinion from our Child Psychiatrists and would certainly wish this done before taking any further strict toilet training undertakings in him.

11 NOV 1997

Yours sincerely

GEORGE G YOUNGSON PhD FRCS
Consultant in Surgery

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Practice Manager to see			
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Make Appointment			
Collect Prescription			
To Phone Doctor			

R.A.C.H.

SURGICAL

REID

968366

LEE

10 05 2 2 0 5 5

14 LINTMILL TERRACE

ABERDEEN

Dear Doctor,

Thank you for your last letter of 15/01/97 regarding Lee Reid at which time he was discharged from follow-up. Since then he has continued on regular laxative (senna liquid up to 20 mls daily) but his problems of constipation and soiling have steadily recurred. He is now deliberately with-holding and can go for well over a week without emptying the bowel. His mother says that although she offers him regular meals, diet is very poor with complete refusal of breakfast being the norm.

In view of the steady recurrence of problems since discharge I would be very grateful if you could see him again to advise if the Department could be of any further help.

Yours sincerely

DR ALAN K FRASER

7/8/97



Aberdeen Royal Hospitals



Royal Aberdeen Children's Hospital
Cornhill Road
ABERDEEN
AB9 2ZG
Tel: (01224) 681818
Ext: 52942
Fax: 840642

DMB/MJM/968366

Dictated 15 January 1997
Typed 22 January 1997

Dr A Fraser
Denburn Health Centre
Rosemount Viaduct
ABERDEEN
AB1 1QB

Dear Dr Fraser

LEE REID 10.5.92 49 FOWLER AVENUE ABERDEEN

I am happy to say that Lee has had absolutely no more soiling since discharge from bowel training. However, he has remained quite constipated and has had some anal discomfort and small amounts of fresh blood which sounds like anal tears, in particular since mum has stopped his laxative recently. You have obviously been most encouraging regarding his avoidance of further soiling but have suggested to his mum that he certainly should be returned to regular laxatives to prevent further rectal loading and symptoms of soiling.

We have therefore advised him to go back on to the Senokot, 10 mls. daily but we have also told her to, at her discretion, give more to Lee until he opens his bowels at least daily. We have discharged him from further review at present but we will obviously gladly see him if we can be of any further help.

Yours sincerely

DUFF M BRUCE
SURGICAL REGISTRAR

24 JAN 1997

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Make Appointment			
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To Phone Doctor			

ROYAL ABERDEEN CHILDRENS HOSPITAL

Cornhill Road
Aberdeen AB9 2ZG
Telephone: (0224) 681818

Our Reference: BW/MKG/0968366

Dr A FRASER
DENBURN HEALTH CENTRE
ROSEMOUNT VIADUCT
ABERDEEN
AB1 10B

Dictated: 28/12/95 Typed: 09/01/96

Dear Dr FRASER

LEE IAN REID (10/05/92) 49 FOWLER AVENUE ABERDEEN

Your patient was admitted as a day case on 21 December 1995 under Mr Youngson's care.

Complaint: Constipation

Diagnosis: Constipation - ? cause J520.

Operation: Exam rectum under anaesthetic 77282 21/12/95
Peranal biopsy lesion rectum 77265 21/12/95

Outcome: discharged

Complications: None

Discharged on: 21 December 1995 to home

Follow-up: 3 months outpatient clinic

Changes to medication

SENOKOT SYRUP 10-15 mls. oral B.D. Longterm

This boy has been troubled with chronic constipation and was admitted for examination under anaesthesia. His rectal ampulla was impacted with faecal masses and had to be evacuated manually. The anal canal was normal and there was no evidence of any fissure. Three random rectal biopsies were taken and histology demonstrated no evidence of Hirschsprung's disease. In conclusion, this boy has functional constipation and we would recommend longterm treatment with Senokot. We have started him on 10-15 mls. twice daily but I have encouraged his Mum to adjust the dose according to his response. We will review him once in the clinic.

Yours sincerely

B Wolf
Registrar

Copy to:Community Child Health, School Medical Service

EMAS (Expandable Medical Audit System) summary

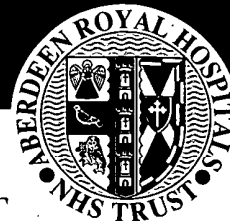
Ward 3

marked in the way of

**DR. T. J. CROSS
PARK STREET SURGERY
33 PARK STREET
LEAMINGTON SPA
TEL: 01926 424338**

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11 JAN 1996



ABERDEEN ROYAL HOSPITALS NHS TRUST

Royal Aberdeen Children's Hospital
Cornhill Road
Aberdeen AB9 2ZG
Tel: (01224) 681818
Ext: 52942
Fax: 840642

VB/MJM/0968366

16 September 1996

Dr Alan K Fraser
Spa-Well Medical Practice
South Wing
Denburn Health Centre
Rosemount Viaduct
ABERDEEN
AB1 1QB

02 OCT 1996

Dear Dr Fraser

LEE REID 10.5.92 49 FOWLER AVENUE ABERDEEN

We saw this four year old young man with a long history of constipation on whom we have already done a rectal biopsy and excluded Hirschsprung's disease. His recent history is that he has not passed stool for two weeks and when he passes stool he screams with pain and the stool when passed is hard with fresh blood on it and mucus.

At present he is soiling and so still wears a nappy. This has been going on since birth and on examination today his abdomen was distended and there were hard scybalae felt in the abdomen. On pr his stool was hard in the rectum and he has watery stool along with the hard stool which is most likely overflow.

We have decided to increase his Senokot to 20 mls. daily and we have booked him into the ward in the near future for bowel training programme. At present his mother seems to be following the right protocol in giving him the right foods to eat. He is drinking plenty of fluids and getting exercise.

Yours sincerely

Breckon
Vivienne Breckon
Surgical Registrar
to Mr G G Youngson

CM

Seen		✓
Records Filled		✓
File		
Phone Home		
Phone Dr		
Notes		
Notes Added		
Called Patient		
To Phone Dr		
		Tell Patient



Raising the Standard

AKF/KW/0968366

5 September 1996

Mr Youngson
Consultant Paediatrician
Aberdeen Royal Children's Hospital
Cornhill Road
ABERDEEN

Dear Mr Youngson

Lee Reid (10/05/92) 49 Fowler Avenue, Aberdeen

Thank you for your last letter of 4/10/96 regarding this child at which time he was discharged from follow-up.

Unfortunately his chronic constipation with soiling has persisted since discharge, despite regular use of Senna 5 mls at night. The bowel only opens once or twice a week with active with-holding by the child.

As the child's mother is having great difficulty managing the problem I wondered if admission to achieve bowel clearance and toilet training would be indicated and I would be grateful if you could send a new appointment.

The other main health problem is asthma for which he is prescribed Ventolin and Pulmicort nebules.

Yours sincerely

Alan K Fraser

AKF/KW

25 April 1996

Miss Reid
49 Fowler Avenue
ABERDEEN

Dear Miss Reid

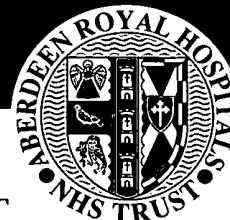
Further to your recent Hospital visit with Lee, Mr Young, the surgeon wishes Lee to go back onto the Senna Liquid. I know that you said that you were not very keen on the Senna when you last discussed the matter in January, but Mr young is very anxious that we try this again.

Please find a prescription enclosed. Once you are running out of the prescription, perhaps you could make an appointment so that we could see how he is doing.

Yours sincerely

Alan K Fraser

Enc



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Dr A Fraser
Denburn Health Centre
Rosemount Viaduct
ABERDEEN
AB1 1QB

10 April 1996

Dear Dr Fraser

LEE REID DOB 10.05.92 49 Fowler Avenue Aberdeen

This boy was seen for review today. His mother has discontinued all laxative administration. As a consequence, he is now back to chronic constipation with faecal soiling. The Senokot gave him diarrhoea and therefore it was stopped. It was apparently substituted with Lactulose which in my experience is entirely ineffective in helping the functional constipation of childhood, particularly in cases like this where there may be an added neuronal abnormality which should improve with time. I think it is important that Lee has a regular administration of laxative and I think Senokot is the drug of choice. The correct dosage, however, can only be given in response to the clinical effect of the medication, and I have tried to clarify that with Mrs Reid today. I think there should be improvement with time in his constipation and I have no specific suggestions other than the above, and have therefore left him under your continued care.

Yours sincerely

GEORGE G YOUNGSON PhD FRCS
Consultant in Surgery

24 APR 1996

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Practice Manager to see			
Normal			
Make Appointment			
Collect Prescription			
To Phone Doctor			
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Raising the Standard