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10 March 1997

Ms Erika Anderson  
Case Manager  
Accident Compensation Corporation  
Private Bag 3017  
HAMILTON

Dear Ms Anderson

Mr Tony DRACKETT-CASE

ACC NO : E1385685/011

Further to your recent telephone conversation with my wife this is to confirm that I am planning to operate on Mr Drackett-Case at Waikato Hospital, hopefully on or around Tuesday, 18 March 1997. I am certainly planning to perform right saphenofemoral ligation, thigh strip long saphenous vein and avulsions and if time allows I will also deal with his contralateral and currently asymptomatic left leg.

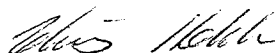
My comments regarding the pre-existing condition have not changed since the full report I issued to the A.C.C. on 13 January 1997. This is essentially that whilst there is no doubt that Mr Drackett-Case sustained an accident-related laceration to his right shin, the reason that this has continued to remain unhealed is almost certainly due to venous hypertension secondary to his saphenofemoral incompetence.

The Duplex venous scan he underwent on 8 February 1997, which was funded by the A.C.C., did not show saphenofemoral incompetence. However, I think this is the technical limitation of the scan in a particularly big and obese leg. Certainly clinically he has quite frank saphenofemoral incompetence. However, it did certainly confirm incompetent perforators particularly on the medial aspect of his right calf.

The operation I am planning to do on Mr Drackett-Case will deal with both of these clinical problems.

Thus, whilst the scan has not given me the absolute objective proof I would have liked prior to the operation it certainly has unmasked the clinically suspected but previously unrecognised perforator incompetence.

Yours sincerely



Christopher M. Holdaway