
From: David [REDACTED]
To: [REDACTED], Graham [DPYGB]
CC: [REDACTED], Pooler'
Sent: 5/15/2006 5:07:17 PM
Subject: RE:

Pooler again can you send Graham the x-rays please
Thanks
David

-----Original Message-----

From: [REDACTED], Graham [DPYGB] [mailto:[REDACTED]@dpygb.JNJ.com]
Sent: 15-May-2006 16:02
To: 'david.[REDACTED]@greenpark.n-i.nhs.uk'
Subject: RE:

David,

Can you send me the X-rays. It would be interesting to have a look

Regards

Graham

-----Original Message-----

From: David [REDACTED] [mailto:david.[REDACTED]@greenpark.n-i.nhs.uk]
Sent: 15 May 2006 13:37
To: [REDACTED], Graham [DPYGB] (E-mail)
Subject: FW:

Hi Graham this is another patient with similar problems!
David

-----Original Message-----

From: David [REDACTED] [mailto:david.[REDACTED]@greenpark.n-i.nhs.uk]
Sent: 15-May-2006 13:36
To: Bridget [REDACTED] (E-mail)
Subject:

Hi Bridget -

This is the second patient of mine with an ASR that is having problems.
I am just wondering if any of the other surgeons have had a similar
problems. Do you have any way of asking them?
I will send you the other story as well
David

Mary [REDACTED] McX
15748-97

PATIENT SEEN AS WARD ATTENDER BY POOLER ARCHBALD - FELLOW - May 10th 2006

I reviewed Ms McGimpsey today. She is now approaching a year and a half from
resurfacing of her left hip on 13 December 2004. She continues to complain
of moderate discomfort in her left groin and this discomfort has been
present really since the time of her operation. It is localised to her left
groin however occasionally radiates into her left
knee. She tells me that this discomfort is much less than the pain she had
in her left groin prior to her left hip resurfacing however it has increased

PROTECTED DOCUMENT. DOCUMENT SUBJECT TO PROTECTIVE ORDER.

DEPUY011479241

PLAINTIFFS EX # [REDACTED]

[REDACTED]

in intensity since Easter Monday of 2006. On Easter Monday while getting out of a car she felt a click in her groin and since this for the past 4 weeks she feels as if her hip resurfacing is moving inside her groin when she weight bears. This clicking sensation is causing her distress particularly on mobilizing and the discomfort in her groin is no longer being adequately controlled by regular analgesia.

She also complains of some lower back pain but tells me that she has had no neurological symptoms in her left limb. On examination her left hip wound is well healed. She is able to flex her left hip to 85 degrees approximately 15 degrees of abduction and adduction. Movement of her left hip reproduces her groin pain and she is unable to straight leg raise greater than 55 degrees. Her hernial orifices are grossly intact and her abdomen is soft and non tender. An AP pelvis and lateral X-ray taken today are satisfactory. There is no indication of any fracture of her femoral neck or movement of her components. I have reassured Ms McGimpsey that there is no clear cause for her increasing groin pain and clicking sensation and that her hip resurfacing of her left hip is in a satisfactory position. I am however unsure of a cause of her groin pain and will be discussing the case with Mr Beverland to seek his opinion.

UNDER REVIEW / JS