

Submitted by:
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To Whom It May Concern;

re: Crystell Regan

I am a medical doctor, having graduated from the University of Toronto Medical School in 1970. I have been licensed to practice Medicine and Surgery in British Columbia since 1971. I have been engaged in Family Medicine since 1972. I was certified in Family Medicine from the College of Family Physicians of Canada (CFPC) in 1977. I received my Fellowship in Family Medicine at the University of British Columbia, and have taught Family Medicine for the past twenty years. I was an examiner in proficiency for the College of Family Physicians of Canada. I was a member of the executive committee and Board of Directors of the BC Chapter of the CFPC from 1988-1993. I was the editor of the The Newsletter for the CFPC from 1990-1993. I am currently the editor of Family Matters, the newsletter for BC Women's Hospital, and co-editor of Patient Care, the practical journal for Canadian Primary Care Physicians. I am an active staff at Vancouver Hospital and BC Women's Hospital, as well as a member of the executive committee of BCWH department of Family Medicine. I also hold a certificate in Clinical Hypnosis from the American Society of Clinical Hypnosis.

The patient was admitted to Vancouver General Hospital to undergo bilateral knee replacement surgery for severe osteoarthritis to both knees. This surgery was carried out on January 25, 2007. Previous medical history included BMI of 37.4. She had breast cancer in 2003 which was treated surgically and was in full remission at the time of this surgery. She also suffered from high blood pressure as well as abnormal cholesterol blood levels. She also had chronic pain for which she took Tylenol #3. The first day post-op the patient seemed to be recovering quite well, using appropriate narcotic analgesics for her pain. However, on January 27, 2007 the patient suffered a cardiac arrest while on the ward. As a result of this she was intubated and removed to the Intensive Care Unit at Vancouver General Hospital. Investigations over the next number of days revealed that she was now in severe acute liver failure. Her liver enzymes were dramatically elevated. There was no evidence that she'd had a pulmonary embolism. She remained in a coma. While in the coma, Crystell was on a respirator to control her breathing. She was on continuous insulin infusion because her blood sugars were out of control. She was on intravenous feeding. She was having continuous kidney dialysis to remove her metabolites because her kidneys were not functioning.

On January 28, 2007 her condition worsened and she was seen by the transplant team with the thought that she might need an acute liver transplant because of her liver failure. The most likely diagnosis was liver failure secondary to ischemic hepatitis that resulted from the cardiac arrest. However, because of the patient's obesity, the possibility of acute ischemic pancreatitis, and the uncertain cause of her cardio pulmonary arrest, it was deemed that she was not a good candidate at this time for liver transplant. She was therefore not put on the transplant surgical list.

She was followed for the next number of days while she continued in coma. She was totally unresponsive to her environment. There seemed to be no change in her clinical course. It was in doubt whether she would survive this episode. However, just as suddenly as she suffered cardiac arrest, she awoke from her coma. For the next few days her liver enzymes returned to complete normalcy. In fact, all of her perimeters returned to normal. She ultimately left hospital with normal liver tests obtained.

It is my feeling that this turn of events from total coma and near death experience to leaving hospital with normal studies was a miracle of faith. Her continued improvement and return to normalcy have truly been welcomed and thought to a miracle by the medical staff.

Yours Truly,

Elliot Mintz, MD