A/Prof. Daniel (Avi) Lemberg

B.Sc. (Med) M.B., B.S. Dip. Paed. F.R.A.C.P.
PAEDIATRIC GASTROENTEROLOGIST

CHILDREN'S SPECIALIST CENTRE
SUITE 2, LEVEL 2
66 HIGH ST
RANDWICK N.S.W. 2031
ACN: 601840386

TEL: (02) 8188 2069
FAX: (02) 8076 1510
EMAIL: me@drlemberg.com
WEB: http://www.cscentre.co/
PROVIDER No: 214924AL

05 August, 2016

Dr Jon Levenston
15 South Steyne
MANLY NSW 2095 Fax: 99777546

Dear Dr Levenston

Re: Mast Emory HANKINSON
DOB: 22/11/2007
ADDRESS: 5 Birkley Road MANLY 2095
PRESENTATION:

1) **Abdominal pains**
2) **Constipation / Faecal soiling**

TREATMENT PLAN:

1) **Picosalax clearout followed by Osmolax**
2) **Increased water and fibre in the diet**

Thank you for referring Emory, a 8 year old boy with concerns regarding the above documented issues. I reviewed him today in the rooms in the company of his mother. I have suggested today changes as outlined in the above treatment plan.

Background:

To review the history, Emory was born to a normal vaginal delivery following a normal pregnancy. He was well after birth. We think it likely he passed meconium on the first day of life. There was no significant jaundice in the perinatal period. He was breast fed until 14 months. There was no gastro-oesophageal reflux disease in the first year of life. There was no constipation in the first year of life.

Medications/Immunisations/Allergies:
He is not currently on any medications, has no known allergies and is immunised up-to-date.

Past History:
Nil

Family History:

There is no family history of the Coeliac triad (Hashimoto's thyroiditis, Type I Diabetes and Coeliac disease) nor of the inflammatory bowel diseases or other autoimmune diseases. There is no family history of IBS like symptoms.

History:

Emory has had troubles with abdominal pains for the last 2 years. He is having 1-2 episodes per month. Abdominal pains are periumbilical in origin. They are colicky in character. They are precipitated by needing to pass a stool and are relieved by defaecation. The pains last for minutes at a time. The pains don't wake him from sleep at night. He has been bloated often. He passes stools on a 1-2X weekly basis often stools are small volume but he does do the occasional large volume stool. Stools are hard-to-sloppy. There is pain and strain with stooling. He is not passing mucus with stools but there has been blood on the stools on one occasion. He is eating well and putting on weight. He is having an otherwise normal diet. He does drink good amounts of water. He has had no fevers, sore joints, skin rashes or mouth ulcers. Good growth of skin, teeth, [illegible] hair.

A/Prof. Daniel (Avi) Lemberg

B.Sc. (Med) M.B., B.S. Dip. Paed. F.R.A.C.P.
PAEDIATRIC GASTROENTEROLOGIST

CHILDREN'S SPECIALIST CENTRE
SUITE 2, LEVEL 2
66 HIGH ST
RANDWICK N.S.W. 2031
ACN: 601840386

TEL: (02) 8188 2069
FAX: (02) 8076 1510
EMAIL: me@drlemberg.com
WEB: http://www.cscentre.co/
PROVIDER No: 214924AL

Examination:

On examination today weight was 32.3kg and height was 140.5cm. Muscle bulk and fat stores were adequate. There was no pallor of conjunctiva and palmar creases suggestive of anaemia. There was no angular cheilitis or glossitis. Her abdomen was soft and non-tender with normal bowel sounds. There were no stool masses palpable today in the left iliac fossa and suprapubic areas. Cardiovascular and respiratory examinations were entirely unremarkable. Perianal examination was unable to be visualised secondary to stool. Sacrum and anus were in good position. He had 2+reflexes at knees and ankles with down-going toes.

Investigations: Nil currently
Summary: EDS!

In summary, Emory does have the following issues stooling difficulties which are suggestive of some lower gut dysmotility. He is passing stools with strain and perianal pain and there are some hard stools and he is soiling. He has a stool mass palpable in the lower abdomen. I have suggested Osmolax 1 scoop on a twice daily basis for this issue in order that he might pass a soft motion on a daily basis without pain or strain. He will need to sit regularly on the toilet at least three times a day with his feet on a stool. I have suggested blood drawn to check on Coeliac serology and thyroid function.

Thank you again for having me participate in Emory's care.

With warmest regards

A/PROF DANIEL (AVI) LEMBERG.

A/Prof. Daniel (Avi) Lemberg

B.Sc. (Med) M.B., B.S. Dip. Paed. F.R.A.C.P.
PAEDIATRIC GASTROENTEROLOGIST

CHILDREN'S SPECIALIST CENTRE
SUITE 2, LEVEL 2
66 HIGH ST
RANDWICK N.S.W. 2031
ACN: 601840386

TEL: (02) 8188 2069
FAX: (02) 8076 1510
EMAIL: me@drlemberg.com
WEB: http://www.cscentre.co/
PROVIDER No. 214924AL

11 October, 2016

Dr Jon Levenston
15 South Steyne
MANLY NSW 2095 Fax: 99777546

Dear Dr Levenston

Re: Mast Emory HANKINSON
DOB: 22/11/2007
ADDRESS: 5 Birkley Road MANLY 2095
PRESENTATION: Constipation / Soiling
TREATMENT: Osmolax 1 scoop twice daily

I reviewed Emory today in the rooms in the company of his mother. He has been well since last review. There have been abdominal pains but these are improved in that they are fewer in frequency and lesser in severity. He is passing stools on a daily basis but now they are being passed without pain but there is intermittent strain. There has been no blood or mucus with stooling. Stools are of lesser volume over the last few weeks since stopping the Osmolax. Stools are formed and firm in consistency. There has been soiling which was markedly reduced when he was on the Osmolax. He has had no vomiting and no acid reflux; there has been no regurgitation or reswallowing. He is eating well. There have been no issues with energy. He is currently taking no Osmolax having ceased this 3 ½ weeks ago.

On examination today, weight was 32.5kg and weight gain is steady. Height today was 142.1cm. The abdomen was soft and non-tender with normal bowel sounds; there were hard, craggy stool masses palpable today.

In summary, Emory is doing well. There is a hard craggy stool mass palpable. I have suggested that the current dose of Osmolax at 1 scoop daily be maintained. I have reiterated the importance of consistency of therapy in order to have the colon reach optimal function. He will need to drink good amounts of water and have good amounts of fibre in the diet. I have arranged to check on progress again in 6 months' time. I have suggested referral Dr Erin Cowley paediatric psychologist if behaviours become difficult to control and I hope that this will act as a direct referral to her.

With warmest regards

A/PROF DANIEL (AVI) LEMBERG

A/Prof. Daniel (Avi) Lemberg

B.Sc. (Med) M.B., B.S. Dip. Paed. F.R.A.C.P.
PAEDIATRIC GASTROENTEROLOGIST

CHILDREN'S SPECIALIST CENTRE
SUITE 2, LEVEL 2
66 HIGH ST
RANDWICK N.S.W. 2031
ACN: 601840386

TEL: (02) 8188 2069
FAX: (02) 8076 1516
EMAIL: me@drlemberg.com
WEB: http://www.cscentre.co/
PROVIDER No: 214924AL

01 December, 2017

Dr Jon Levenston
15 South Steyne
MANLY NSW 2095 Fax: 99777546

Dear Dr Levenston

Re: Mast Emory HANKINSON
DOB: 22/11/2007
ADDRESS: 5 Birkley Road MANLY 2095
PRESENTATION: Constipation / Soiling
TREATMENT: Osmolax 1 scoop twice daily

I reviewed Emory today in the rooms in the company of his mother. I have not seen him for more than a year. He has been having intermittent abdominal pains for the last 12 months which are occurring 2-3 X per week. Abdominal pains more recently have been upper in origin and colicky in character. Pains last for minutes at a time and are relieved by time or sometimes defaecation. He is passing stools on a daily basis with no pain and there is intermittent strain. There has been no blood or mucus with stooling. Stools are of variable soft in consistency. Stools of late are of small volume. There has been soiling which was markedly reduced when he was on the Osmolax but has continued to be a problem over this last year. He is eating well. There have been no issues with energy. He is currently not taking Osmolax.

On examination today, weight was 36.8kg and weight gain is steady. Height today was 148cm. The abdomen was soft and non-tender with normal bowel sounds; there were hard, craggy stool masses palpable today again over the suprapubic area.

In summary, Emory is not doing well. There are again hard craggy stool mass palpable. I have suggested today that he have a clearout using Picosalax on two separate occasions followed by regular Osmolax at 1 scoop twice daily and that this be maintained. I have reiterated the importance of consistency of therapy in order to have the colon reach optimal function. He will need to drink good amounts of water and have good amounts of fibre in the diet. I have arranged to check on progress again when he is taking his Osmolax regularly. He will need regular sits on the toilet in order to full evacuate his colon.

With warmest regards

A/PROF DANIEL (AVI) LEMBERG

Sports and Exercise Physician
Musculoskeletal, Military and Wilderness Medicine
Narrabeen Sports Medicine Centre
Sydney Academy of Sport
ABN 17 003 104 096

Wakehurst Parkway
(PO Box 571)
Narrabeen NSW 2101

admin@narrabeensportsmedicine.com.au

Telephone: (02) 9971 1188
Facsimile: (02) 9972 2552

23 March 2018

Dr Jon Levenston
Manly Medical Centre
15 South Steyne
Manly NSW 2095

Dear Jon

Emory

Thank you for referring Master Emory Hankinson
11 Palm Avenue
North Manly NSW 2100
DOB 22-11-07
Date of Consultation: 23-03-18

History:
Approx 2 years R > L lateral ankle pain. No major injury . very sore descending stairs in mornings , warms up
Allerg 0 meds 0 PI 0 PO 0
Execise Soccer x 1 Mid / striker Surf x1 Scootering 5x Skateboarding x7 /. w
Examination:
Hypermobile
Leg length R = L
Bilateral R >> anterolateral ankle soft tissue impingement
NOAD
PXR 22/02/2018 RIGHT ANKLE X-RAY FINDINGS.
The ankle is anatomically aligned. Joint spaces and growth plates appear normal for the patient's age. The malleoli and the talar dome are intact. The anterior calcaneal process is intact. CONCLUSION: No bony abnormality is currently visible.
Dr Andrew Solomons
Diagnosis:
Bilateral R >> anterolateral ankle soft tissue impingement

Plan:
I fitted and adjusted custom XS DD orthotics , 3 deg full length varus Trial walk / run No pain
I anticipate an excellent outcome and am happy to review as needed. .

Kind regards

Dr Tony Delaney

cc: Master Emory Hankinson, 11 Palm Avenue, North Manly NSW 2100