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April 13, 1998

Dr. Joelle Desparmet  
Hospital for Sick Children  
555 University Ave.  
Toronto, Ont. M5G 1X8

CC: Dr. Mercer Rang

Re: Lisa Shore

Dear Dr. Desparmet,

The purpose of this letter is to let you know what has been happening with my daughter Lisa. I apologize in advance for the length of this letter, but feel you are entitled to an explanation as to why we are reluctant to continue having Lisa treated at Sick Kids for anything but her broken tibia.

You last saw her at the Orthopedic clinic on Wednesday, April 8<sup>th</sup>. Although she seemed well at the time, my husband informed me that by the time she reached the car to go home, she was crying in pain. He did not choose to elaborate on her symptoms or medications to anyone at that time.

As you recall, we had decided to take her home from the hospital on Tuesday, March 25<sup>th</sup>. The next day, Dr. Rang told me by phone that we could bring Lisa back if we felt it necessary. As Lisa's pains were particularly acute over the next two days, we brought her back to the hospital on Friday, March 28<sup>th</sup>, to Emergency as directed by Orthopedics, which I had phoned earlier that day.

The Orthopedic Fellow on duty that evening, Dr. Gough, had previously told me that there was absolutely nothing physically wrong with my daughter, and that all her problems were in her head. We waited in Emergency from 10:00pm until 2:00am, during which time Lisa was awake and groaning in pain. Dr. Gough was quite aware of our presence, as Lisa was lying on a stretcher in the hallway, and the first time he walked past us - before midnight - I said hello to him. At 2:00am we were told by the on-duty Resident that Dr. Gough had told her "...she's not an Orthopedic problem, and he won't have her taking up a bed in the Orthopedic ward. No admit." The resident also clearly conveyed to us (obviously based on her conversation with Dr. Gough) that she was aware that Lisa was a psychiatric case.

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I have no choice but to assume that this doctor's opinion is the prevalent one, and that we are better off seeking medical care elsewhere. Lisa was fortunate enough to have been referred to Dr. Angela Mailis, the Director of the Comprehensive Pain Clinic at Toronto Western. Dr. Mailis has continued and slightly modified Lisa's prescriptions for the gabapentin and amitriptyline, and I believe she is of the opinion that Lisa does indeed have RSDS (or CRPS). We anticipate further treatment and therapy under Dr. Mailis' care.

For your information, there has been some improvement in Lisa's condition (you were correct in your time estimates – the improvement began approximately two weeks after starting the medications). The chronic pain has decreased to the point that she can walk and move her leg quite comfortably (she rates this pain as a constant "3" on a scale to 10). Unfortunately, the lancinating pains are still quite severe; the only noticeable difference is that the length of time they last is down from approximately six hours per day to three or four hours per day in total. Notwithstanding your colleagues' opinions, Lisa is coping well and is quite cheerful except during the periods of the stabbing pains. We have noticed, however, a direct correlation between the amount of weight bearing she does in the day and the intensity of the lancinating pains that evening and the next day (i.e. the more weight-bearing she does, the greater the pain that follows).

Two additional points:

- 1) Dr. Mailis recorded a skin temperature variation of about  $1\frac{1}{2}$  °C between the toes of Lisa's left and right feet (the toes on the injured leg were warmer)
- 2) For the past several days, we have noticed on several occasions that the toes on the injured leg have turned noticeably purple in colour.

I have no objection should you wish to contact Dr. Mailis and/or be involved with any ongoing treatment or therapy, provided I can deal directly with you instead of through Orthopedics. If you wish to discuss any aspect of this, please feel free to call me.

Yours truly,



Sharon Shore