Confidential **NHI#** : VUN8257 **Date** : 15/05/2022 12:36:45 PM

Name: KATRINA BUKAUSKAS

Test: Richard Carroll Ltr
Date Received: 17/08/2021 7:06:24 PM
Health Centre: Central Wellington Medical Centre
Clinician Name: Nurses
Clinician Comments: **thyroid - * pregnancy advise**

Test Results:

Referral/Discharge Status: Request Referral

Referral Description: Richard Carroll ltr

Referred to Provider:DR JACOB TAN

Primary Care Provider:DR JACOB TAN

Referring Physician: Richard Carroll

Patient Details

Patient Name: BUKAUSKAS, KATRINA

NHI No: VUN8257

Date of Birth: 06-Dec-1988

NHI:VUN8257

RICHARD CARROLL

Mb ChB FRACP PhD

ENDOCRINOLOGIST

11 August 2021Ref:196580

Dr Jacob Tan

Central Wellington Medical Centre

P O Box 362

Wellington 6140

Dear Jacob

Re: Katrina Bukauskas DOB: 06 Dec 1988

73 Balfour StreetNHI: VUN8257

Mornington

Wellington 6021

PROBLEM LIST:Graves disease diagnosed 2013 with recurrence 2016 and 2018

-Radioiodine 2019

MEDICATIONS:Levothyroxine

It was nice to catch up with Katrina again a couple of years after our last meeting in person. Katrina is now on Thyroxine after Radioiodine in 2019 and her TSH on the last three occasions have become elevated at around 9U/L. Her Thyroxine has been increased appropriately and there is a plan for a blood test again in four weeks time to ensure this is adequate. I should say that when on a complete dose of Thyroxine, the T4 becomes far less reliable as an indicator of dosing, as our free T4 assays measure exogenous and endogenous T4 differently. The normal range while on T4 is a fair bit higher than the normal range when not, underlying the advice to adjust doses based on the TSH entirely where the normal reference range should be targeted.

Katrina is planning a pregnancy however and we talked about the management of thyroid hormone deficiency during pregnancy. It would be preferable to normalise thyroid function prior to pregnancy and I would then suggest a blood test as soon as pregnancy is confirmed to ensure her levels remain normal. Typically, we need to increase the dose of Thyroxine by about 30% in the first trimester and this should be done immediately. Thereafter a blood test every four weeks to ensure the TSH remains below 2.5 in the first two trimesters and below 3.0 in the third trimester would be sensible. Given Katrina s history of Graves disease it would be sensible for her also to have an additional ultrasound at around 30 weeks of pregnancy to exclude a foetal goitre or thyrotoxicosis but the risk of this is very low indeed. Furthermore, umbilical blood tests to measure foetal thyroid antibody and hormone levels would be sensible. The LMC will oversee this and there are established regional guideline

for the management of pregnancy with a history of Graves disease.

I won t arrange to see Katrina again now as she her blood test results will come through to you, but I would of course be very happy to provide remote advice if there are any concerns at all during the pregnancy or in the future.

Best wishes

RICHARD CARROLL

Endocrinologist

Wakefield Specialist Centre

RC/kb

cc: Katrina Bukauskas, 73 Balfour Street, Mornington, Wellington

Attending Doctor: Richard Carroll

Admission Time:17 Aug 2021 1:15 pm

Clinic Name: Wakefield

Observation date: