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RG:rmg:WH **7th June, 2010**

To: Yuri Zhivetyev
Живетьев Юрий [mailto:y-zhivetjev@yandex.ru]

Dear Mr. Zhivetyev,

Re: Konstantin ZHIVETYEV, aged 26

Diagnoses: 1) Drowning 10.04.10
2) Cardio-pulmonary arrest
3) Hypoxic-ischaemic brain injury
4) ARDS.
5) Aspiration Pneumonia.
6) Acute renal failure.

Thank you for your e-mail about your son, Konstantin. I was very sorry to hear about his problems.

I gather that currently movement occurrs in the left leg and arm and right toes, but that there is no evidence that this is voluntary rather than reflex movement, that an EEG shows no change in response to pain, or other evidence of awareness, and that there is no evidence of awareness clinically. Konstantin's condition is medically stable and a tracheostomy is in place, at about 7 weeks following his hypoxic ischaemic brain injury.

In these circumstances an intensive inpatient rehabilitation programme, which is available in the Acute Neurological Rehabilitation Unit at the Wellington Hospital would focus on optimising his care to prevent further chest and urinary tract infections, investigating whether it is possible to wean and eventually remove the tracheostomy, assessing his responsiveness to multiple sensory stimuli, to see whether

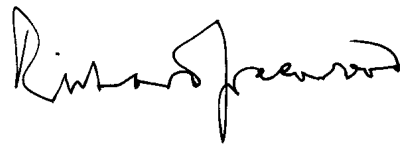
Konstantin ZHIVETYEV (cont)

there is any evidence that awareness can be accessed, and initiating a 24-hour posture and positioning programme, with the help of specialist adaptive equipment, including a tilt-in-space wheelchair, and a physiotherapy programme to prevent soft tissue shortening and contractures, which is likely to involve at least tilt-tabling and rang of movement exercises, to prevent the complications of spasticity and contractures. Sometimes, medication is also used to prevent spasticity, other abnormal involuntary movements and possibly to access awareness. In the first instance, this programme should be trialled for a period of two to three months, either to set up management of his long-term care needs after transfer home, or to continue in the programme if further significant benefit is expected. Whilst a tracheostomy remains in situ, he would need a one-to-one nurse in his room to ensure tracheostomy safety.

Should he come to Wellington Hospital for treatment I would be pleased to supervise his care and management. I have asked the Business ffice of

With kind regards,

Yours sincerely,



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Cc: Troy Coldrick, International Marketing and Rehabilitation Manager, Centre for Acute Neuro-rehabilitation, North Block, Wellington Hospital, 8A Circus Road, London NW8 6PD Tel/Fax: 0207 586 2462