The ROYAL HOSPITALS

ANAESTHETIC, THEATRE & INTENSIVE CARE SERVICES

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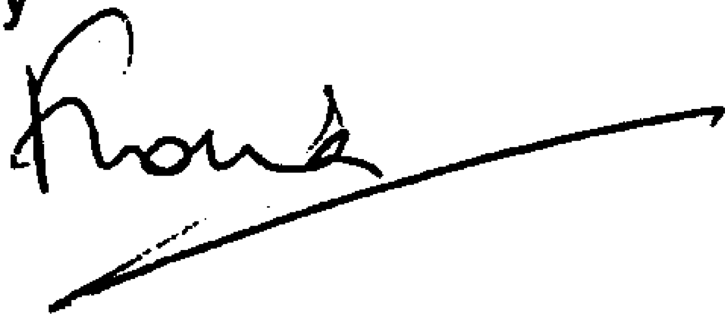
04/12/95

Dear Dr Murnaghan

Please find enclosed report of my visit to RBHSC as per your request.
I hope this is suitable for your purposes.

Yours faithfully



Fiona Gibson MD FFARCSI

Consultant Anaesthetist

PATRON: *HRH The Duchess of Kent*

The Royal Victoria Hospital
The Royal Maternity Hospital
The Royal Belfast Hospital for Sick Children

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

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To Whom it may concern

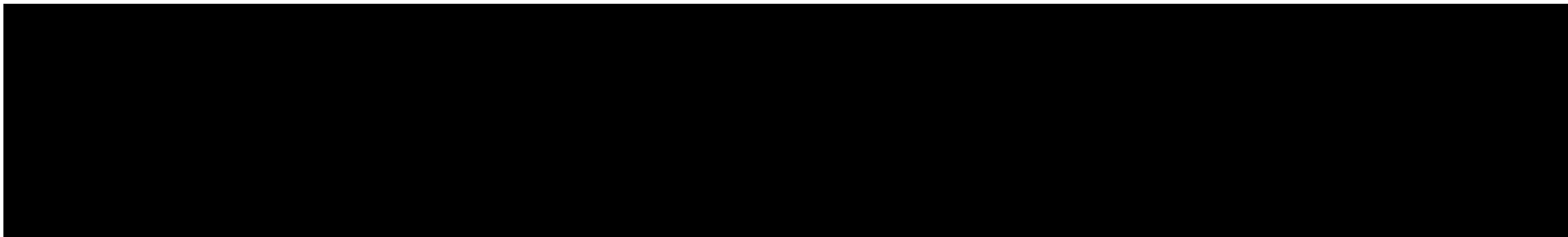
I visited the operating theatre suite of the Childrens Hospital on 02/12/95 at the request of Drs G Murnaghan and J Gaston to discuss with Dr R Taylor three patients whose post-mortem examinations had been brought to the attention of the Coroner.

I was accompanied by Mr J Wilson and Mr B McLaughlin Senior Medical Technical Officers on the site who carried out checks into the ventilators and other equipment in the theatre.

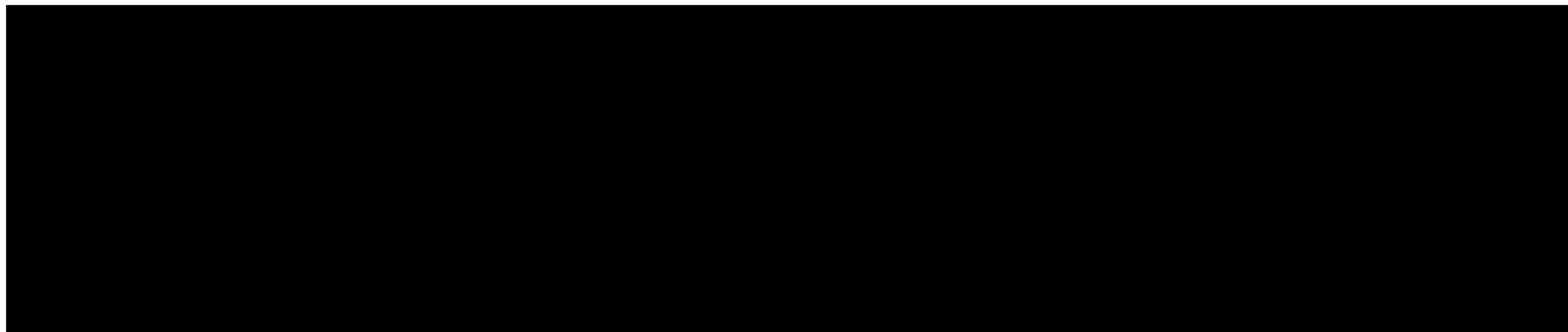
The technical checks demonstrated a high degree of vigilance in this area, found nothing at fault in relation to the cases in question but identified a problem relating to pin indexing which the whole hospital will now address.

The three cases in question were all very complex in different aspects

Case 1



Case 2



Case 3

A four year old child with polyuric renal failure was brought to theatre for renal transplant and a very carefully thought out and well monitored anaesthetic was delivered with great care to fluid management – in a child whose normal urine output was 100mls per hour. This child was well known to the anaesthetist as he had anaesthetised the youngster very many times in its short life. Full records of all monitored parameters are available on this case and show that no untoward episode took place and that a very stable anaesthetic was given. At the end of the operation the child was found to have fixed and dilated pupils and a C.T. scan showed it to have gross cerebral oedema.

Although all these cases were tragic in their consequences and outcome, all three were cases of significant complexity with a substantiall increased risk of morbidity and mortality. All cases were performed in the same operating room – that being the room used in the suite for all major surgical procedures. Each case was performed by a different surgeon and each anaesthetic conducted by a different anaesthetist – all of Consultant standing. All the cases were extensively monitored, including the use of pulse oximetry.

The Protocols for monitoring, anaesthetic set-up and drug administration in this area are among the best on the Royal Hospitals site and I can see no reason to link these very sad cases into any pattern.

Signed

Fiona Gibson MD FFARCSI
Consultant Anaesthetist