

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on **TUESDAY** the **18th** day
of **JUNE** **19 96**, at inquest touching the death of

ADAM STRAIN, before me **MR J L LECKEY**

Coroner for the District of **GREATER BELFAST**

as follows to wit:-

The Deposition of **DEBRA STRAIN**

of

[REDACTED]

(Address)

who being sworn upon her oath, saith

Adam was born on the 4th August 1991 with dysplastic kidneys also
obstruction and reflux of both ureters. He first started having surgery
at three months old on the 22nd November 1991 when he had his first re-
implantation of his ureters. This took place in the Ulster Hospital and
on the 26th November he was then transferred to the R.B.H.S.C. because
of complications. Between then and early January 1992, he had a further
four re-implantations of his ureters, the end result being the left
ureter had to be joined to the right and then attached to his bladder in
a 'Y' shape. All this proved unsuccessful. In March 1992, because of
severe oesophageal reflux he needed a fundoplication. Also during this
time and in the months and years following he had three gastrostomy
tubes, two dialysis catheters and also central lines inserted. He
started on peritoneal dialysis in September 1994 for thirteen hours a
night, six nights a week. The last surgery that Adam had before his
transplant was an orchidopexy and gastrostomy button in October 1995.
He also needed to have various tubes removed and tests carried out
which required anaesthesia for short periods of time, but unfortunately
I cannot remember everyone of them. This takes us up to the 26th Nov
1995 when Adam was admitted to Musgrave Ward at 9pm for transplant. As
he did not take anything by mouth and required 2100mls of fluid a day
between midnight and 5am, he was fed approximately 900mls of water through
his gastrostomy button to keep his fluid balance correct. He was taken
to theatre shortly before 7am and at this point I was told surgery was
expected to last between 2 & 3 hours. During the operation Adam's own

doctors very kindly kept me in touch with what was going on. At 9.30am, Dr Savage told me that things were going well and that an epidural was in place. Also Mr Brown was assisting Mr Keane, but to be perfectly honest neither of these pleased me very much. In the remaining 2 and ½ hours of surgery I was told by Dr O'Connor that because Adam was quite heavy and because of adhesions caused by previous surgery, things were taking longer than expected. I was also told that Adam's bladder was enlarged and that after transplant, he would probably need to be catheterized several times a day. The first time I saw Adam after surgery was at approximately 12.15pm and I was told he was just being slow to waken, but I knew straight away that there was something wrong as this had never happened to Adam before. I was then taken away to have a cup of tea and settle myself, but no one gave any indication at this point that there was anything wrong. I returned to ICU a short time later, but was not allowed in. I was then informed that there was something seriously wrong, but they could not tell me what. A short time later they took Adam for a CT Scan and about an hour later I was informed that there was very little hope. At 7pm the neurologist, Dr Webb, carried out his tests and agreed with the findings of Dr Savage and Dr Taylor. Later that night, I was made aware that Adam's potassium had risen and he needed to be dialysed. I attached him up to a dialysis machine which was brought round from Musgrave Ward. Dialysis proved unsuccessful as the fluid leaked from Adam's wound and it had to be switched off a short time later. At no time was I made aware of the problem with Adam's sodium level, I was just told Adam's condition was being treated aggressively and that everything was being done which I knew and I still believe to be true. Dr Webb returned next morning and carried out these tests again and at 12 o'clock midday Adam's respirator was switched off. As a parent and on behalf of the family circle who had Adam as the focal point of our lives for over four years, it was obviously a very emotional time. Dr Taylor, part of the medical team, described what had happened to Adam as "a one in a million thing." At this time and at the back of our minds still, this

TAKEN before me this 18th day of JUNE 19 96,

M. H. Corbett

Coroner for the District of GREATER BELFAST

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as follows to wit:-

The Deposition of DEBRA STRAIN

of

(Address)

who being sworn upon her oath, saith

was possibly not the way to describe what had happened to our little boy.

I keep thinking and searching for an explanation. One question keeps

coming to mind. It concerns Adam's sodium level mentioned in Dr Alexander's

report. I would like to point out that it was commonly known that Adam

had an ongoing problem with his sodium which he was being treated for

and had been for the past four years. If this had any bearing on the

outcome, I would like to know why more care was not taken with this, as

surgery had to be prolonged for such a long period. I would just like

to say that when you give a child life you never expect to have to

watch that being taken away from them, but I did have to and that will

be with me for the rest of my life. My son's full name was Adam Strain.

He was born in Belfast on the 4th August 1991. My full name is Debra

Strain and I am employed as an Accounts Clerk.

Mrs Higgins : I was unhappy about Mr Brown due
to a previous surgical procedure. After surgery
on the left occular Adam looked very
bleaked. This was at 12.15pm - I think the
operation was over at about noon. Also he was not
awake and on previous occasions he recovered
from anaesthesia quickly. I produce 4 photographs
showing Adam's bleaked appearance before and
after the operation. C.I. For his sodium problem
he had been prescribed sodium bicarbonate
and a 100 ml of saline into his feed each day.

I did not look into his eyes after surgery. His health was generally good. He was very well nourished and compared very favourably with the other children waiting for kidney transplants. On the last occasion I was not spoken to by any consultant on the morning of the operation. This had always happened previously. The difficulty in marking a line on the left side might be associated with scanning there from previous procedures.

John Sta

TAKEN before me this 18th day of JUNE 19 96 ,

Mark Lintley Coroner for the District of GREATER BELFAST

TRANSCRIPTION OF DEPOSITION OF DEBRA STRAIN

Miss Higgins: I was unhappy about Mr Brown due to a previous surgical procedure. After surgery on the last occasion Adam looked very bloated. This was at 12.15 pm - I think the operation was over at about noon. Also he was not awake and on previous occasions he recovered from anaesthesia quickly. I produce 4 photographs showing Adam's bloated appearance before and after the operation C1. For his sodium problem he had been prescribed sodium bicarbonate and a 100 ml of saline into his feed each day. I did not look into his eyes after surgery. His health was generally good. He was very well nourished and compared with favourably with the other children waiting for kidney transplants. On the last occasion I was not spoken to by any consultant on the morning of the operation. This had always happened previously. The difficulty in inserting a line on the left side might be associated with scarring there from previous procedures.