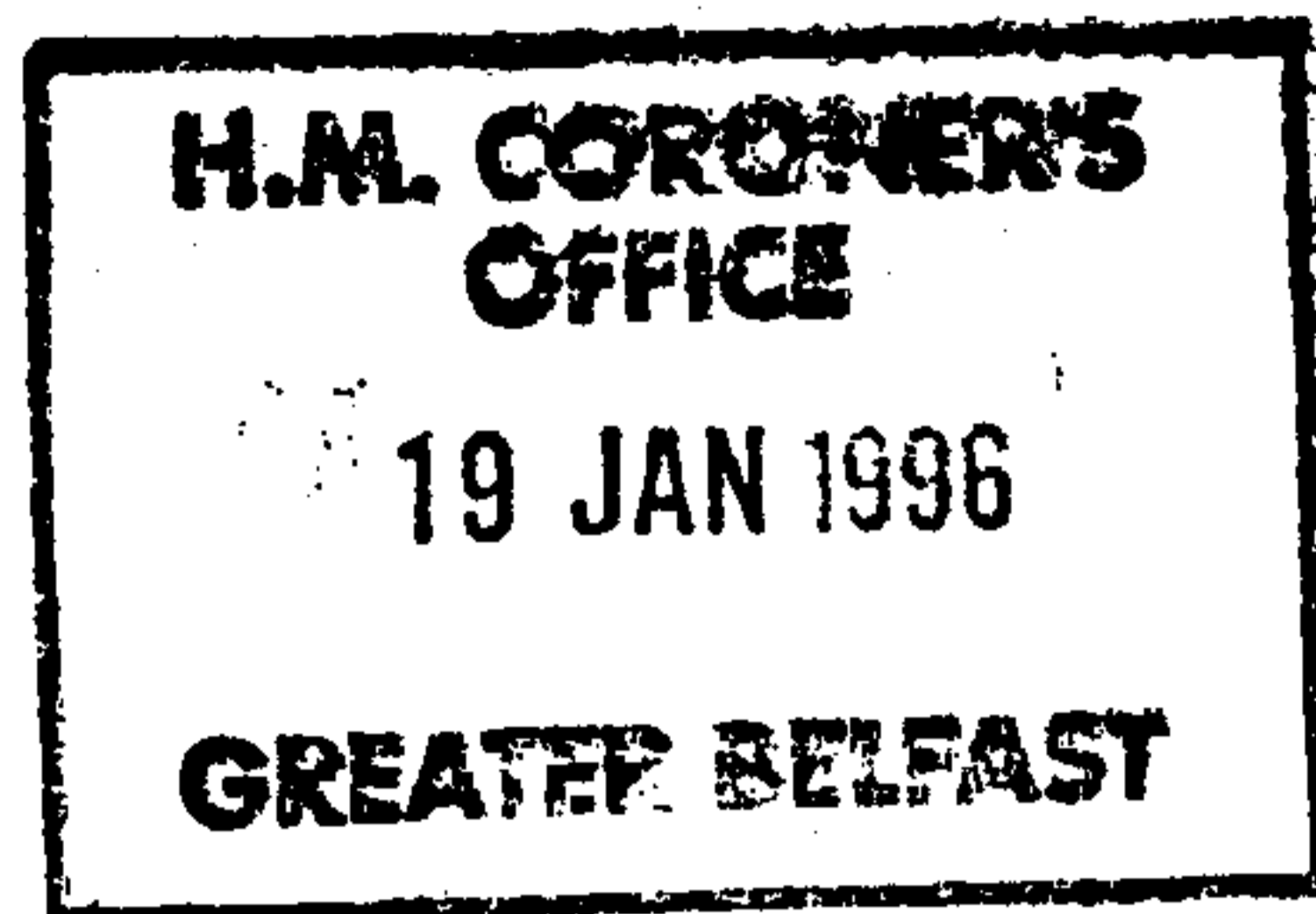


John L Leckey LL.M.
H.M. Coroner
Coroner's Office
Courthouse
Crumlin Road
Belfast
BT14 6AL



Debra Strain



17/01/96

Dear Mr. Leckey,

This is my statement which we discussed when we met on the 4th January 1996. Firstly though I would like to thank you for taking the time to see me and reassuring me that everything is being done to find out exactly what happened. Adam was a very precious child who suffered so much in his short life, but was always extremely happy, lively and loving. He gave so many people joy, and the loss that I and my family feel at times is unbearable. I would never want any other family to have to go through what we are and that is partly why it is so important that we have an answer.

That said I will now give a brief history of Adam and all that happened leading up to the transplant.

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 November 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 1/2 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 I.C.U. 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 and 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. But 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 his 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 for us and I'm sure the medical team aswell. Dr Taylor part of that medical team described at this point what had happened to Adam as "a one in a million thing," to us at this time and at the back of our minds still, this was possibly not the way to describe what had happened to our little boy.

I know from our recent conversation that alot of what I have written will already be known to you through Adam's medical records, but hopefully maybe one word will help us find an answer to what happened that day. I keep thinking and searching for an explanation and through the information that you have passed to me there is one question that keeps coming to mind, it concerns Adam's sodium level mentioned in Dr Alexanders 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 point has any bearing on the outcome this would cause us great distress and we would need to know why more care would not have been taken with this, as surgery had to be prolonged for such a long period.

Finally 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.

Yours sincerely


DEBRA STRAIN