The ROYAL HOSPITALS

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

4th December 1995

Dr.Scott
The Surgery
9 Brook Street
HOLYWOOD
BT18 9DA

Dear Dr.Scott

RE: ADAM STRAIN [redacted]

As you know from your phone conversation Adam was admitted to the Children's Hospital on Sunday evening the 26th November because we had been offered a kidney for transplantation which was a good match. He had a full pre-transplant workup and everything seemed to be perfectly in order. The cross match was good. His electrolytes were satisfactory with a sodium of 138 and a urea of 18 and potassium of 4.3. His haemoglobin was satisfactory at 10.3 and he had a normal coagulation screen. There were no signs of fluid overload and he was in good form and seemed fit and well. His blood pressure was fine and clinical examination revealed no problem which might have concerned us.

He was initially fasted until 11p.m.when it became apparent the kidney would not be available until after midnight and it was felt the surgery should be delayed until 7a.m. He was therefore commenced on gastrostomy Dioralyte feeds and had approximately 900mls between 11 and 5a.m. This is slightly less than his usual gastrostomy feeds which would be about 1.5litres. He was also given dialysis as usual peritoneally.

At 7a.m.he was taken to Theatre and had various lines inserted for monitoring during the operation including an arterial line,central venous line and he was given,not only general anaesthesia,but an epidural anaesthetic. The transplant was performed by Mr.Patrick Keane,assisted by Mr.Stephen Brown and although there were some technical difficulties because of his multiple previous surgery - you will remember that following his posterior urethral valves he had five urological operations and he had also had surgery for a fundal plication and for insertion of a gastrostomy tube - the transplant was successful and the surgery was completed with no evidence of any intra-operative event. He was brought through to our Intensive Care Unit next door to Theatre shortly before 12 midday. At that time it became apparent that on withdrawal of the anesthetic he was not breathing spontaneously. He was found to have fixed dilated pupils with bilateral papilloedema and retinal haemorrhages on clinical examination.

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AS - EHSSB

The Royal Maternity Hospital
The Royal Belfast Hospital for Sick Children

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

180 Falls Road, Belfast BT12 6BE Northern Ireland
Telephone: 01232 240503

Adam Strain cont.....

I saw him at that time and was concerned that he had had some intracerebral event and an emergency CAT scan was performed. This showed gross cerebral oedema and he had also coned. It was obvious from the scan that there was likely to be irreversible damage to the brain stem. I therefore asked Dr.David Webb the consultant neurologist to review the situation and he felt that he was essentially brain stem dead. All this information was communicated regularly to his mother and to the family who of course are distraught by these events.

The following morning repeated tests confirmed the situation and a decision was made, in discussion with myself, by his mother that we should switch off the ventilator. We therefore did this together with Adam sitting on his mum's knee. I have since attended a Forensic Post Mortem when no new information was obtained that would explain the events during his surgery but confirmed the presence of gross cerebral oedema.

I have been in contact with the family since Adam's death and will see them again on my return from a week's holiday.

Yours sincerely

Maurice Savage

MAURICE SAVAGE
CONSULTANT PAEDIATRIC NEPHROLOGIST

/MG

AS - EHSSB

PATRON: *HRH The Duchess of Kent*

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

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