The ROYAL HOSPITALS

ANAESTHETIC, THEATRE & INTENSIVE CARE SERVICES

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Our Ref: B:\Cons\C.01\Coppel\96\gm

23rd February, 1996.

Dr. R.H. Taylor,
Consultant Anaesthetist,
Intensive Care Unit,
R.B.H.S.C.

Dear Bob,

Thank you for allowing me to see your letter to George Murnaghan and Dr. E. Summer's report to John Leckey on Adam Strain.

Yes I have used 5% Dextrose 0.5L for 25 years as my initial I.V. Fluid to compensate for pre-operative dehydration hypernatraemia and glucose depletion in liver, of course this is in adults.

I have had no experience of fluid management in children since I was in Childrens Hospital in Dallas in 1969/70. I have no experience of kidney transplants either in children or adults.

Your report confirms for me your own personal high standard of anaesthesia and the thought you put into a complex and difficult patient. The standard of care, sophistication and attention to detail are admirable.

As a non expert . I have to explain why Adam developed Hyponatraemia and cerebral oedema!! Dr. Summer seems to be of the view that an excess of 0.18% NACl in 4% Dextrose was administered ie 1.5L in the intraoperative period in addition to IL of HPPF, 0.5L Hartmanns and 2 units of packed cells. You are of the opposite opinion and used Saline/Dextrose as maintenance fluids - very difficult to calculate during surgery with major blood loss, fluid shifts, and 3rd space losses, especially so in a transplant. Given the pre-operative fluids 900ml his maintenance requirements may not have been high as expected.

The position of central line in the neck (right internal jugular) vein in association with ligation of left internal jugular vein may have produced intermittent cerebral venous obstruction with subsequent oedema.

22nd February, 1996.

Dr.R.H. Taylor

The possibility of blood Dextrose/Saline HPPF and salt solution's in close proximity to jugular venous bulb may have further initiated cerebral oedema, these may have been contributory factors. Nevertheless we still have to explain the Hyponatraema and possible Interstital pulmonary oedema. Was Adam puffy??

I do not believe on reading the information available to me that there is any negligence on your part and to the contrary you demonstrated considerable professional skills and expertise.

There will be some debate on 0.18% NACl and 4% Dextrose infusions but I do not think this negligent and would offer you my support should any claim result from the Coroners inquest.

We are in a high risk specialty and we have to accept that critically ill and complex patients do not always survive even when a high standard of care is provided.

Hope this is of some help.

Yours sincerely,

D. COPPEL
Consultant Anaesthetist