1/ Deposition of Mr M H Zafar

2/ Deposition of Mrs Marie Ferguson

3/ Deposition of Mr Ragai Reda Makar

4/ Deposition of Dr Claire Jamison

5/ Deposition of Dr Peter Crean, Consultant Anaesthetist

6/ Deposition of Mr Robert Gilliland, Consultant Surgeon

7/ Deposition of Dr Brian McCord, Consultant Paediatrician

8/ Deposition of Dr Vijay Kumar Gund

9/ Deposition of Dr Bernie Trainor

0/ Deposition of Dr G A Nesbitt

1/ Deposition of Dr Jeremy Johnston

2/ Deposition of Dr Brian Herron

3/ Deposition of Dr Edward Sumner

4/ Deposition of Staff Nurse Michelea Rice

5/ Deposition of Sister E Millar

Form 20

CORONERS ACT (NORTHERN IRELAND) 1959

Deposition of Witness taken on TUESDAY the 5th day of FEBRUARY 2003, at inquest touching the death of RAYCHEL FERGUSON, before me MR J L LECKEY Coroner for the District of GREATER BELFAST as follows to wit:-

The Deposition of MR RAGAI REDA MAKAR
of BELFAST CITY HOSPITAL, LISBURN ROAD, BELFAST who being sworn upon his oath, saith

I Mr Ragai Reda Makar MSc FRCS (Glasgow) was employed as a Surgical SHO in Altnagelvin Hospital on 7th June 2001. Raychel Ferguson was referred for surgical assessment by the Accident and Emergency SHO on 7th June 2001, at approximately 8.00 p.m. because of sudden onset of increasing abdominal pain suggestive of acute appendicitis. She had been given a cyclomorph injection for the pain.

I assessed Raychel's clinical picture, which was a few hours history of periumblical pain shifting to the right iliac fossa with pain pointing at McBurney's point associated with tenderness and guarding and mild rebound tenderness without respiratory systems. The symptoms were suggestive of acute appendicitis / obstructive appendix. Her blood tests were within normal limits including serum sodium level.

I obtained informed consent for appendectomy after explaining the operation; the risks involved with surgery including general anaesthesia and the possibility of having normal appendix versus the risks of waiting and the possibly of morbidity from acute appendicitis in children.

She was admitted to Ward 6 with the diagnosis of acute appendicitis / obstructive appendix for appendectomy. She was kept fasting and started

on IV fluids to maintain adequate hydration prior to surgery. A Hartman's solution was first prescribed by myself at A&E. I was asked by Staff Nurse Noble, Nurse in Charge Ward 6 to change the prescription to Solution 18 in accordance with Ward protocol. This was the recommended solution at that time for children in the Paediatric Ward. He rate was set at 80 ml/hour during the preoperative period, when she received 60ml in total.

I started the operation at approximately 11.40 p.m. She had a straightforward standard appendectomy operation, which revealed an obstructive appendix (faecolith). This was sent for histopathology examination.

I prescribed Metronidazol 500mg suppository TID as post-operative prophylaxis. In the morning, shortly after 9.00 a.m. I met Raychel's father on the Ward and I explained the operative findings to him. I was not involved in her post operative management

TAKEN before me this 5th day of FEBRUARY 2003

Coroner for the District of Greater Belfast