

## **EXPERTS' MEETING**

### **9<sup>th</sup> March 2012**

#### **NOTE TO DR HAYNES FOLLOWING EXPERTS' MEETING**

We refer you to your Note to the Agenda for the experts' meeting of 9<sup>th</sup> March 2012. This is an additional note relating to matters arising out of the meeting on 9<sup>th</sup> March 2012:

1. We enclose for your attention the translated Articles of Paut and Sicot.
2. Please set out your final calculation of the rate of fall of Adam's serum sodium concentration (a) during the first hour of his surgery and (b) from the start of surgery until 9.32am on 27<sup>th</sup> November 1995.
3. Please address whether you consider that was a 'sympathetic response' in Adam during his transplant surgery and if so describe and explain how it manifested itself and when you consider it occurred.
4. Please explain your comment that the heart rate appears to have been dampened down, including the reasons and significance of it.
5. Please consider the charts and Adam's medical notes and records and advise when you consider brain stem death most likely occurred.
6. You had stated that you did not accept that Adam's real CVP was as high as recorded, that the CVP values during the operation were not representative of the real CVP, and that if Adam's CVP was actually 22mmHg, then his face would have been distended, relatively oedematous and puffy. Please comment on the following:
  - Dr. Taylor stated that he first noticed that Adam's face, hands and feet were swollen when the sterile towels were removed at the end of the operation (Ref: WS008/2, p.45, Q122)(a).
  - Dr. O'Connor made a note that Adam was puffy in the medical notes (Ref: 058-035-136)
  - Mrs. Slavin also commented on Adam being bloated (Ref: 093-003-005)
7. You agreed with Dr. Coulthard that if it was correct that there were respiratory and cardiac waves in the CVP reading, then one would have to conclude that there was continuity between the tip of the CVP catheter and the blood in the chest. Explain the basis for your view that there was never a proper waveform in the CVP readings.

8. Please comment on Dr. Coulthard's view that Adam's head down position in surgery was not significant in Adam's case - that the greater effort needed to pump blood out of the brain i.e. venous flow/pressure is balanced by the increased downhill flow of arterial blood to the brain.
9. State the basis of your statement that Adam may not have passed urine when anaesthetised, and that children generally do not pass urine when anaesthetised. Please refer to the citation in the standard textbook of anaesthesia which you mentioned at the Experts' meeting on 9<sup>th</sup> March 2012.
10. State whether you agree with the suggestion that Adam did not produce urine after the first 20 minutes or half hour of the operation, and that the 49mls urine in his catheter was the only urine he produced during the operation, and state the reasons why. If so, please comment on:
  - (a) The fact that Mr. Keane had intended that the bladder become distended in preparation for ureteric reimplantation (Ref: WS 006/2, p10, Q13(b), (c)), and how this would have happened if no urine was being produced during the operation.
  - (b) Dr. O' Connor had informed Mrs. Slavin that Adam's bladder was enlarged and that after transplant Adam would probably need to be catheterised several times daily (Ref: 011-006-018,011-009-026, 093-003-004), and how this would have happened if no urine was being produced during the operation.
  - (c) The effect on the calculation of blood loss if Adam only produced 49mls of urine during the operation. If the bladder was catheterised at some time between 10.00 (Ref: WS006/2 p.6, Q6(b)) and 10.30 (WS 006/2, p.10 Q11(b)), and peritoneal dialysis ended at 06.00 (Ref: 057-014-019), please comment in so far as you are able on:
    - Mr. Keane's statement that the "*blood loss of 1200cc was not all blood but contained fluid as well*" (Ref: 011-013-093) and that "*approximately 600cc was made up of urine, peritoneal dialysis fluid and slushed ice used to cool the kidney until the vascular anastomosis are complete*" (Ref: WS006/2 p.10, Q12(a))
    - On what amount of that fluid would likely have been urine, given your suggestion about Adam's urine output
    - On what amount of that fluid would likely have been peritoneal dialysis fluid.
11. Please comment on Professor Gross's statement that Adam's urine output may have dropped by 50% during the operation.
12. You stated that you would calculate the blood dilution.

13. Please comment on the cause of the greater degree of cerebral oedema which was severe in the posterior fossa, and the reasons why the cerebral oedema was not uniform.
14. Please comment on the role, if any, of the use of halothane as an anaesthetic in Adam's case in increasing cerebral blood pressure, and state the reasons for your answer.
15. Please comment on whether it is likely that Adam had any seizures whilst anaesthetised during the transplant operation, and state the reasons for your answer. Please also state what the effect would be if Adam did have seizures during this surgery.
16. In relation to Adam's brain stem tests, these were carried out by Dr David Webb, Consultant Paediatric Neurologist, at 19.35 on 27<sup>th</sup> November 1995 and 09.10 on 28<sup>th</sup> November 1995. The results of these tests are seen at Ref: 058-004-009. Please comment on the fact that Adam was still hyponatraemic when his brain stems death tests were carried out and whether this was appropriate, and the reasons for your answer. Please state what you would have expected to have been done in 1995, by whom, when, why and what difference, if any, that it would have made to the outcome of Adam's case.
17. Please comment on the following:
  - (a) It appears that Adam was given diazemuls at approximately 13:20 on 27<sup>th</sup> November 1995 resulting in no effect (Ref: 058-005-011, Ref: 058-035-137 to Ref: 058-035-138, Ref: 058-038-153).
  - (b) The note of Dr. Webb in Adam's medical notes at 19:30 recording "*On No muscle relaxants or sedation*" (Ref: 058-035-139).

#### LIST OF DOCUMENTS TO BE SENT

- Translated Articles of Paut and Sicot

13 March 2012