

Witness Statement Ref. No.

007/2

**NAME OF CHILD: Adam Strain**

**Name: Stephen Brown**

**Title:** The rest of this page is unchanged since witness statement

**Present position and institution:**

**Previous position(s) and institution(s):**

*[Since your Witness Statement of 15<sup>th</sup> July 2005]*

**Membership of Advisory Panels and Committees:**

*[Identify by date and title all of those since your Witness Statement of 15<sup>th</sup> July 2005]*

**Previous Statements, Depositions and Reports:**

*[Identify by date and title all those made since your Witness Statement of 15<sup>th</sup> July 2005]*

**OFFICIAL USE:**

**List of previous statements, depositions and reports :**

<b>Ref:</b>	<b>Date:</b>	
059-060	20.12.1995	Statement
007/1	15.07.2005	Inquiry Witness Statement
093-011	04.09.2006	PSNI Statement

**IMPORTANT INSTRUCTIONS FOR ANSWERING:**

Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number. If the document does not have such a number then please provide a copy of the document.

**I QUERIES ARISING OUT OF YOUR INITIAL WITNESS STATEMENT**

With reference to your Witness Statement dated 15<sup>th</sup> July 2005, please provide clarification and/or further information in respect of the following:

**(1) Response to position and institution: "Consultant Paediatric Surgeon, Royal Belfast Hospital for Sick Children and Ulster Hospital Dundonald"**

**(a) Describe your work commitments to the Royal Belfast Hospital for Sick Children (RBHSC) from the date of your appointment as a Consultant and particularly over the period 26<sup>th</sup> November to 28<sup>th</sup> November 1995**

I was appointed in April 1978 and performed the routine duties of a consultant paediatric surgeon until my retirement in September 2002.

**(2) State what you considered to be your role in relation to and responsibilities towards Adam over the period from learning on 26<sup>th</sup> November 1995 of a potential donor kidney for him until 28<sup>th</sup> November 1995 when ventilatory support was withdrawn, and in particular:**

- From Adam's admission to RBHSC until his arrival in theatre
- While Adam was in theatre until his admission to PICU
- From admission to PICU until his death

My only role during this period was to act as assistant to the transplant surgeon Mr Keane during the transplant operation

**(3) Answer to Question 1 at p.2**

*"My role in Adam's care had finished some time before the transplant. I was involved in his management from infancy to maximise his renal function. Once he reached end stage renal failure my role ended."*

**(a) State the date when your "role in Adam's care" commenced and when it ceased**

I treated Adam from shortly after his birth. My last direct contact with him was on 8<sup>th</sup> Feb 1992 when I performed a cystoscopy. At this stage he had been under the care of Prof Savage with progressive renal failure for some time.

**(b) Explain why your role in "his management" ended once "he reached end stage renal failure"**

My role had been to maximise his renal function as much as practical. Once he reached end stage renal failure there was nothing more that I could contribute, except to assist Prof Savage in Adam's management.

(c) Describe and explain your role and "involvement in [Adam's] management from infancy" and until it ceased on him reaching "end stage renal failure", including for each of any surgical procedures that you performed or assisted with:

- their date and nature
- fluid management regime employed
- the outcome for Adam
- lessons learned about Adam's fluid management for surgical procedures

23-11-91. Ureteric Reimplantation (UHD)

28-11-91 T-tube drainage of ureters/insertion of dialysis catheter

20-12-91 Transuretero-ureterostomy

24-12-91 Laparotomy

25-2-92 Cystoscopy

29-5-92 Cystoscopy and central line

5-6-92 Catheterisation

8-2-92 Cystoscopy

I have no recollection of any issue with Adam's fluid management. The purpose of the operations overall was to establish good drainage from his ureters to his bladder. This was eventually successful, but renal failure was progressive and irreversible.

(4) Answer to Question 1 at p.2

*"I was aware of the stages in his management from personal contact with Professor Savage. I was therefore aware when a suitable kidney became available"*

(a) Describe and explain exactly what you mean by "aware of the stages in [Adam's] management from personal contact with Professor Savage", including how, when and for what purpose you were being kept informed

I do not recall the details. I have been retired since 2002, and the last time I treated Adam was in 1992

(b) State when you first became aware that "a suitable kidney" had become available, including the:

- time and the date when you were informed
- identity of the person who informed you and explain their reason for doing so

I do not recall

(c) State what you understood the actual ischaemic time of the donor kidney to be at the time you first became "aware" that a suitable kidney had become available and the basis of that understanding

I did not have any knowledge of this

(d) State when, by whom and in what circumstances you were first informed that the transplant surgery would proceed

I do not recall

(e) State when and how you first learned of the identity of the anaesthetic and surgical teams  
I do not recall

(f) State the identity of the person that collected the donor kidney and explain who was responsible for the completion and accuracy of the Kidney Donor Information Form (Ref: 058-009), including the:

- identity of the person who provided the information for the completion of the Section II details at items 3, 4 and 8, 9
- identity of the person who amended the entry at Section II item 8 by deleting "patch" and adding "arteries on 1 patch" and state the time at which this amendment was made

I had no knowledge of any of this

(5) Answer to Question 1 at p.2

*"When the operation was scheduled I offered my services to Mr. Keane as surgical assistant"*

(a) State where you were over the period from the evening of 26<sup>th</sup> November 1995 until 7.00am on 27<sup>th</sup> November 1995:

- on call at home or present in the hospital
- if you were at home, state if there was any other member of the surgical team on site in the hospital

I do not recall

(b) State when you first learned and from whom that the "operation was scheduled"  
Probably from Prof Savage but I do not recall the details

(c) State what you understood the actual ischaemic time of the donor kidney to be at the time of the Adam's transplant surgery and the basis for that understanding

I had no knowledge of this

(d) Describe and explain when, how and for what reason you "offered your services to Mr. Keane", including how you learned that he was to be involved in the transplant

I offered my services because the transplant surgeon needed an assistant and I had previously been involved in Adam's management. I do not recall when I learned that Mr Keane was to be the surgeon

(e) State when it was agreed that you would be assisting Mr. Keane in Adam's surgery

I do not recall

(6) Answer to Question 2 at p.2

*"I had no role in the preparation for Adam's transplant operation, apart from offering my services as surgical assistant"*

(a) Identify who was responsible for co-ordinating the arrangements for Adam's renal transplant surgery

I would imagine Prof Savage, but I have no direct knowledge of this

**(b) Describe your work commitments to the RBHSC from the date of your appointment as a Consultant and also on 26<sup>th</sup> and 27<sup>th</sup> November 1995**

See 1(1) above

**(c) State what role, if any, you had in the care of Adam from 8.00pm on 26<sup>th</sup> November 1995 until the beginning of his renal transplant surgery on 27<sup>th</sup> November 1995, including your knowledge of his condition, medication and previous treatment**

None

**(d) Describe your knowledge, if any, of Adam's preoperative assessment and management, including any discussions that you had with the others involved in his care and provide in relation to such discussions:**

- when, where and by what means they took place
- who was involved
- what was being discussed and to what end

I have no knowledge of any of this

**(7) Answer to Question 3 at p.3**

*"Since I have not personally performed a transplant operation and have been involved in very few, I can only make general comments"*

**(a) Identify and describe each of the transplant operations in which you have been involved, including:**

- date and hospital
- the nature of your involvement
- Anaesthetist involved and the fluid management regime employed
- the outcome

I do not recall if I was involved in any other transplant operation

**(8) Answer to Question 3 at p.3**

*"Following the vascular anastomosis the kidney appeared healthy and was a good colour. My recollection was that it did not produce any urine during the course of the operation."*

**(b) Identify the person who recorded "vascular anastomosis ~ 10.30am 27/11/95" in Adam's notes (Ref: 059-006-012) and state when that entry was made**

Don't know

**(c) Describe how any urine produced by Adam's native kidneys and from the donor kidney was to be collected and measured and who was responsible for it**

I don't know how and by whom the native kidneys urine was collected. The donor kidney would only normally excrete drops of urine during the procedure and this could not be measured. It would be adsorbed by a surgical swab

**(9) Answer to Question 3 at p.3**

*"Throughout the operation I have no memory of any concerns related to Adam's general condition, and his condition at the end of the operation was satisfactory."*

(d) State exactly what your role was *"Throughout the operation"*  
Surgical assistant

(e) Explain the basis for your statement that Adam's *"condition at the end of the operation was satisfactory"*

I was unaware of any concerns about Adam's general condition at the end of the operation, and I left theatre to begin my day's work

(f) Describe any contribution you or Mr Keane made in defining or amending Adam's **intraoperative fluid management** and the time at which such contributions took place.

None that I can recall

## II QUERIES ARISING OUT OF YOUR PSNI STATEMENT

With reference to your PSNI Statement dated 4<sup>th</sup> September 2006, please provide clarification and/or further information in respect of the following:

(10) *"In 1995 I had not personally been involved in transplant operation and have been involved in very few since."* (Ref: 093-011-031)

(a) Since 27<sup>th</sup> November 1995

- Describe your experience and involvement in performing and assisting in paediatric renal transplants, including the ages of the children together with the dates of those renal transplants and the hospitals in which they took place
- Describe your experience in performing paediatric renal transplants in children who were polyuric

See answer to 7(a)

- Describe your paediatric urological experience in terms of the average number of children per month aged less than 6 years that you operated on for urological problems

I practiced for 25 years as a consultant with a special interest in paediatric urology. I cannot give information about the number of children involved

(11) *"The reason that I assisted Mr. Keane in the operation and not a more junior doctor, which would have been entirely acceptable, was because I knew Adam and had operated on him in the past."* (Ref: 093-011-031)

(a) Describe and explain all occasions prior to 27<sup>th</sup> November 1995 on which you had acted as surgical assistant to Mr. Keane or any other surgeon

Assistant to Mr Keane - None that I can recall

Assisting other surgeons - frequently within the department but cannot be quantified (I do not understand the question)

(b) Identify the surgical Registrar on call on 26<sup>th</sup> and 27<sup>th</sup> November 1995

I do not know

(12) *"I do not recall any discussion at the start of the operation regarding electrolyte tests or results. That was not my role during the operation, that role would fall to the nephrologist before the operation or the anaesthetist during the operation."* (Ref: 093-011-031)

(a) Describe and explain your *"role during the operation"*

(b) Describe and explain the extent to which you were involved in any of the decision-making in relation to Adam's surgery, including in respect of the:

- original timing for the start of surgery being 6.00am
- change to 7.00am for the start of the surgery

(c) Specify the time at which you were first gowned and present in the operating theatre on the morning of 27<sup>th</sup> November 1995 and what you understood Adam's serum sodium level to be at that time

I was the surgical assistant. I do not recall any time changes. If the operation started at 7.00 then I would have been gowned and prepared a few minutes before that. I had no knowledge of Adam's serum sodium level

(13) *"I do not recall any task being carried out at 9.30 hours that showed a low sodium level ... I have no recollection of being informed of Adam's sodium level after a test at 9.32 hours. It was not until after the Inquest that I realised that Adam had been so ill so quickly after the operation. I had only been aware that there was a problem with his electrolytes."* (Ref: 093-011-032 and Ref: 093-011-033)

(a) State whether you were informed by Dr. Taylor or by Mr. Keane of any problem with Adam's serum sodium concentrations during the transplant operation and if so when and in what terms

I was not

(b) Describe and explain the *"problem with his [Adam's] electrolytes"* of which you were aware, including:

- how and when you first became aware of it
- what was done about it
- when, by whom and to what effect

I was unaware of a problem with Adam's electrolytes

(c) State exactly when, how and in what circumstances you first become aware that Adam had been *"so ill so quickly after the operation"*

I do not recall the exact time and circumstances. It was later that day

(14) *"A decision to measure or not to measure urine production during the operation would be a matter for the anaesthetists"* (Ref: 093-011-033)

(a) Describe and explain what was done with the urine produced by Adam's native kidneys

I do not know

**(b) Explain whether there was any contraindication to inserting a urinary catheter (per urethra) immediately after induction of anaesthesia**

I do not know in Adam's case

**(15) "It is my recollection that at the time I was satisfied that the operation was a success. The kidney was a good colour, from what I can remember the kidney turned pink in colour when it was transplanted and the blood was put through it. As far as I can remember the kidney remained pink in colour, I remember nothing to the contrary."** (Ref: 093-011-032)

**(a) State whether there was any discussion in the operating theatre about the colour and/or performance of the donor kidney and if so, state with whom, when and to what end**

Mr Keane and I would have discussed the colour and performance of the kidney. My recollection was that the perfusion of the kidney was satisfactory. I did not note any urine production (Mr Keane said he saw some urine). The amount of urine which the donor kidney might have produced would be a matter of drops

**(16) "Surgeons would not leave the operating theatre and both Mr. Keane and myself were present throughout the operation, however, though I do not recall, I note from Mr. Keane's statement that he left the theatre when the operation was technically over leaving myself to sew up the wound ... It would appear to be the case that Mr. Keane left myself to sew up the wound"** (Ref: 093-011-032)

**(a) State at what time and for what reasons Mr. Keane left the operating theatre on 27<sup>th</sup> November 1995.**

I do not recall

**(b) State at what time you completed the closure of the wound and left the operating theatre**

I do not know.

**(c) State what you considered your responsibilities to be on 27<sup>th</sup> November 1995 in relation to speaking to Adam's family after his surgery and if you did speak to them, when you did so and what you said**

None

### III ADDITIONAL INFORMATION

**(17) Describe any discussions between you or Dr. Keane and Dr. Taylor relating to Adam's fluids during the surgery, and state the time at which those discussions took place.**

I do not recall any such discussions

**(18) Describe in detail the education and training you received in fluid management (in particular hyponatraemia) and record keeping through the following, providing dates and names of the institutions/bodies:**



- (a) Undergraduate level**
- (b) Postgraduate level**
- (c) Hospital induction programmes**
- (d) Continuous professional development**

I qualified in medicine in 1967 and became Fellow of the Royal College of Surgeons of Edinburgh in 1971. I had routine teaching and training throughout my undergraduate and postgraduate career. I also completed an annual programme of continuous professional development, which is mandatory to continue to practice. I cannot provide any more detail

**(19) Prior to 26<sup>th</sup> November 1995, describe in detail your experience of dealing with children with hyponatraemia, including:**

- the estimated total number of such cases, together with the dates and where they took place
- the number of the children who were aged less than 6 years old
- the nature of your involvement
- the outcome for the children

I cannot answer this. It would not be possible to quantify this from the records

**(20) Since 27 November 1995, describe in detail your experience of dealing with children with hyponatraemia, including:**

- the estimated total number of such cases, together with the dates and where they took place
- the number of the children who were aged less than 6 years old
- the nature of your involvement
- the outcome for the children

I cannot answer this. See 19 above

**(21) Describe in detail your role in the care and treatment of Adam prior to 26<sup>th</sup> November 1995, including:**

- (a) Date of each occasion and the procedure/surgery undergone by Adam**
- (b) The hospital concerned**
- (c) The fluid management regime employed on each occasion**
- (d) The lessons that you learned from your prior treatment of Adam**

See answer to question 3(c)

**(22) Identify any 'Protocols' and/or 'Guidelines' which governed Adam's renal transplant surgery**  
I do not have any knowledge of this

**(23) Identify precisely on Adam's medical notes and records the entries that you made or which were made on your direction and state below:**

**(a) When each of the identified entries was made**

**(b) The source of the information recorded in the entry**

During the time when I had responsibility for Adam's care I would have made many notes in Adam's records. This ended some years before his transplant. As far as I am aware I did not make any entries in his notes during the time of his transplant

**(24) Provide any further points and comments that you wish to make, together with any documents, in relation to:**

**(a) The care and treatment of Adam from his admission for the renal transplant surgery on 26<sup>th</sup> November 1995 to his death on 28<sup>th</sup> November 1995**

**(b) Record keeping**

**(c) Communications with Adam's family about his care and treatment in respect of the renal transplant surgery**

**(d) Lessons learned from Adam's death and the difference it made to your practice**

**(e) Current Protocols and procedures**

**(f) Any other relevant matter**

I had no involvement in Adam's care during this period, apart from acting as surgical assistant

**THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

**Signed:** 

**Dated:** 25<sup>th</sup> March 2011