

Witness Statement Ref. No. 007/3

NAME OF CHILD: Adam Strain

Name: Stephen Brown

Title: Consultant Paediatric Surgeon (retired)

Present position and institution: Retired

Previous position and institution:

[Since your Witness Statement of 25th March 2011]

Membership of Advisory Panels and Committees:

[Identify by date and title all of those since your Witness Statement of 25th March 2011]

Previous Statements, Depositions and Reports:

[Identify by date and title all those since your Witness Statement of 25th March 2011]

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
059-060	20.12.1995	Statement
007/1	15.07.2005	Inquiry Witness Statement
093-011	04.09.2006	PSNI Statement
007/2	25.03.2011	Second Inquiry Witness 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 SUPPLEMENTAL WITNESS STATEMENT

With reference to your witness statement dated 25th March 2011, please provide clarification and/or further information in respect of the following:

In responding to the following questions I have taken account of the terms of reference of the Inquiry, which are to inquire ".....into the events surrounding and following the death of Adam Strain in relation to the management of fluid balance and the choice and administration of intravenous fluids ..." My responses reflect the fact that I had no role in Adam's fluid management, and my only role was to act as surgical assistant.

(1) Answer to Question 2 at p.2:

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

(a) State what you considered to be your responsibilities as "assistant to the transplant surgeon".

Responsibilities as assistant to the transplant surgeon are self-evidently to assist in any way required.

(b) State whether you considered it appropriate to examine Adam's medical notes and records prior to the surgery. If so, explain why. If not, explain the reasons why not.

I have stated that acting as surgical assistant was my only role

(c) State whether you did examine Adam's medical notes and records prior to surgery, and if so, state when, where and what you were seeking to learn from that examination. If you did not examine his notes and records, state the reasons why not.

I have stated that acting as surgical assistant was my only role

(d) State what you actually did throughout the surgery in your role as "assistant to the transplant surgeon".

It is impossible to respond to this. The operation lasted a number of hours, during which time I was gowned and scrubbed, and focused on my role as surgical assistant.

(e) Describe exactly what you did in the operating theatre once Mr. Keane left it and "the operation was technically over" (Ref: 093-011-032), including explaining:

(i) exactly what was involved in rendering the "operation ... technically over"

The operation was technically over when the kidney was implanted, with arterial, venous and ureteric anastomoses completed, and the kidney in position.

- (ii) exactly what was entailed in you "*sew[ing] up the wound*" (Ref: 093-011-032).
Sewing up the wound involves closing the abdominal wall with stitches.

(2) Answer to Question 3(c) at p. 3:

"I have no recollection of any issue with Adam's fluid management...."

- (a) You have not adequately answered the question in relation to the listed surgical procedures and your role and involvement, the fluid management regime employed in each procedure and the lessons learned about Adam's fluid management for surgical procedures.
- (b) Describe and explain your role in the taking of consent for the procedures that you have listed.
- (c) State if you were aware of any guidance or procedure on the gaining of consent generally, and specifically in relation to renal transplantation at the time of Adam's transplant surgery. If so, identify it and state whether it had any impact on your actions in relation to Adam.

I do not understand the relevance of these three unrelated questions

(3) Answer to Question 4(a) at p.3:

"I do not recall the details."

- (a) Specify what you do recall about Adam's management following his cystoscopy on 8th February 1992.

I cannot understand the relevance of this question

- (b) You have not adequately answered the question regarding what you mean by "*personal contact with Professor Savage*" and "*how and when and for what purpose you were being kept informed.*"

I have no recollection of this

(4) Answer to Question 5(b) at p.4:

"Probably from Prof Savage but I do not recall the details [of when I first learned that the operation was scheduled]"

- (a) Explain why Professor Savage would have contacted you about Adam's proposed transplant.

I have no recollection of this

(5) Answer to Question 5(d) at p. 4:

"I offered my services because the transplant surgeon needed an assistant and I had previously

been involved in Adam's management."

And also arising from:

"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) State the relevant knowledge of Adam which you brought to his transplant surgery which:

- (i) either warranted your involvement as assistant surgeon or made it beneficial
 - (ii) led you to offer your services to act as assistant surgeon
- I have nothing to add

(b) Explain what you mean by "a more junior doctor", in terms of job title, qualifications and experience.

(c) State on what basis you say that "a more junior doctor... would have been entirely acceptable" as a surgical assistant in Adam's renal transplant.

A trainee surgeon would have been a satisfactory assistant

(6) Answer to Question 9(f) at p. 6:

"...[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."

(a) Explain who you consider has the final say as to whether fluid is administered in a situation where the surgeon requests more fluid is given (e.g. to increase kidney perfusion) and the anaesthetist present believes this to be inappropriate.

I need to understand the reason behind this question. It requires me to offer my opinion rather than simply factual information.

(b) State whether you or Mr. Keane asked for more fluids, and if so, state at what time or at what stage in the surgery and for what reason.

I have no recollection of this

(7) Answer to Question 13(b) at p. 7:

"I was unaware of a problem with Adam's electrolytes".

(a) You have stated that "I had only been aware that there was a problem with his electrolytes." (Ref: 093-011-032 and Ref: 093-011-033). Clarify whether this statement is correct, and if so, please answer Question 13(b). If you are relying upon your current answer to Question 13(b) set out above, then explain the contradiction with your earlier statement at (Ref:093-011-032 and Ref: 093-011-033).

Two statements are quoted from different contexts. To clarify:

Throughout the transplant operation and immediately post operatively I was unaware of any problems with Adam's condition. Later on the day of his transplant I became aware that his condition was critical. I do not recall whether or not I was aware of the nature of the problem prior to Adam's death, or whether I became aware of this later

- (b) Describe what, if any, knowledge you had in 1995 of the portering service available on 26th and 27th November 1995 to the theatre in RBHSC for tasks including the transporting of specimens to the laboratory.
- (c) State whether or not you knew in 1995 if a pneumatic tube system was available in RBHSC on 27th November for samples from the theatre to be sent directly to the laboratory.
- (d) State whether, in November 1995, the RBHSC had, or had access to, any portable blood gas analyser machines e.g. iSTAT blood gas analyser to measure sodium, potassium, urea, and creatinine. If so:
 - (i) identify the type of blood gas analyser was available at that time
 - (ii) state where it was located
 - (iii) state what arrangements would have been required for its use in Adam's transplant surgery
 - (iv) state the accuracy of the results for sodium compared to
 - the static blood gas analyser
 - laboratory blood tests
- (e) State the normal turnaround time for laboratory analysis of serum sodium on 27th November 1995 between dispatching the blood sample to the laboratory and receipt of the result during:
 - (i) Normal working hours (weekdays 09.00 to 17.00)
 - (ii) Out of hours (weekdays 17.00 to 09.00 or at weekends/holidays)
 - (iii) In urgent cases, whether or not they arise within working hoursI have no knowledge of any of these (6b to 6e)

(8) Answer to Question 13(c) at p. 7:

"It was later that day."

- (a) Clarify to which day you are referring.
The day of the transplant operation.

(9) Answer to Question 15(a) at p.8:

"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."

(a) State what you *"would have discussed"* regarding *"the colour and performance of the kidney"* with Mr Keane and explain why you would have had those discussions.

I cannot add anything to my original answer in No 15 of PSNI statement.

(b) State whether Mr Keane left you specific instructions regarding the optimum positioning of the kidney during wound closure.

Wound closure has no influence on the position of the transplanted kidney

(10) Answer to Question 16(c) at p.8:

"[State what you considered your responsibilities to be on 27th 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"

(a) State whether it is normal practice for a member of the surgical team to speak to the parents in cases of paediatric surgery.

(b) State whether Mr Keane asked you to speak to the parents in his absence.

(c) State whether you think you should have spoken to the parents in the absence of Mr Keane.

(d) Explain why you consider that you had no responsibility to speak to Adam's mother after his surgery.

This was not a paediatric surgery operation, but a transplant. As I have emphasized my role was a technical one of acting as assistant to the surgeon. I did not take on any other responsibility either before or after the operation

(11) Answer to Question 17 at p.8:

"I do not recall any such discussions [with Dr Keane or Dr Taylor relating to Adam's fluids during the surgery]"

(a) State what actual preparation you carried out for Adam's transplant surgery in view of the fact that you were apparently included in the team as a result of your previous surgical experience with Adam.

I do not understand the relevance of this question

II. ADDITIONAL QUERIES

(12) State at what stage of the operation the donor kidney was prepared and whether you were involved.

(a) State the time that the donor kidney was taken out of its ice bath (and the warm ischaemia period started).

(b) If you were involved in the preparation of the donor kidney, describe exactly what you did.

I had no knowledge or involvement.

(13) State all communication between you/Mr. Keane and Dr. Taylor/the anaesthetic registrar relating to Adam's blood loss, and specify:

(a) the content of the communication

(b) the time of each communication

(c) at what point in the surgery did each communication take place

(d) the parties to the communication

(e) what action was taken as a result of each communication

I have no recollection of any such communication

(14) Describe the appearance and size of Adam's bladder: (i) when it was exposed and (ii) at the time of anastomoses.

I do not understand the relevance of this question

(15) State the time taken for all the vascular anastomoses to have been completed

I do not recall

(16) State whether Mr. Keane left specific instructions with you regarding the optimum positioning of the kidney during wound closure. If so, describe those instructions.

See answer to question 9(b)

(17) State whether it would have been possible to carry out 'a pre-operative x-ray' on 27th November 1995 'to check line position' in relation to the CVP. If so, state what would have been the delay to surgery that would have resulted. State who would have been responsible for arranging such an X-ray.

I do not understand this question

(18) State whether you were aware of any application by the RBHSC to be an accredited institution with the King's Fund Organisation Audit (KFOA) Programme and standards in 1995. If so, state whether you believe the care and treatment of Adam complied with the KFOA standards, and explain the basis for your belief. If not, explain the respects in which it did not comply.

I do not understand the relevance of this question. Perhaps it should be addressed to the Trust.

- (19) State whether you were aware of any discussions relating to Adam's death and his inquest involving the Trust, clinical or managerial staff concerning the lessons that could be learned and/or action that should be taken.
- (a) If so, state when those discussions took place, who participated in them and what the outcome was.
- (b) State, in particular, the extent to which you were involved in any such discussions and/or action whether in relation to RBHSC or Ulster Hospital Dundonald.
- (c) If you were not involved in either discussions or action, explain why not.

I submitted a report to the coroner. I do not recall any other discussions

- (20) Describe the procedure for clinical audit at RBHSC and Ulster Hospital Dundonald in November 1995 and identify any relevant documents.
This should be addressed to the Trust.
- (21) Describe what you did in terms of a 'clinical audit' of Adam's case, and provide any relevant documents.
I have no information on this.
- (22) Describe the procedure for discussions of deaths amongst medical personnel (e.g. 'death meetings' / 'morbidity and mortality meetings') at RBHSC in November 1995 and identify any relevant documents
- (a) Describe the current procedure for discussions of deaths amongst medical personnel (e.g. 'death meetings' / 'morbidity and mortality meetings') at RBHSC and identify any relevant documents
This should be addressed to the Trust
- (b) Describe whether you participated in any such meetings in Adam's case, if so, when and provide any relevant documents
I have no recollection
- (23) State your involvement, if any, at any stage with the clinical negligence claim which was pursued following Adam's death.
None
- (24) Attached is a table showing the various phases in Adam's renal transplant operation. Using

the initials of each person or, in the event of not knowing the identity of the person, the job title, state under each phase the personnel who were:

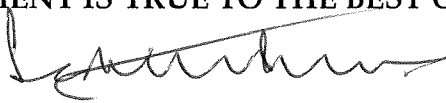
(a) present using the "+" symbol and

(b) actively participating using the "++" symbol

I am unable to make any contribution to this exercise

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

Signed:



Dated: 23rd September 2011

Further response to IHRDNI

Throughout the evidence process, in which I have co-operated fully, I have stressed that my only function was to act in the technical capacity as surgical assistant. Had I not acted in this capacity, I suggest that I would not be required to give evidence, as I was not required to give evidence at the coroner's inquest. The fact that I had clinical contact with Adam up to 1992 is therefore surely irrelevant. Indeed another surgeon had similar contact with him after 1992, but I understand that he is not required to give evidence. I also understand that that same surgeon was asked to comment on the operations that I had done, suggesting that in my case, the inquiry was becoming adversarial in nature.

My responses have therefore taken account of the fact that my relevant knowledge began at the beginning of the transplant operation and finished at the end of the operation. It should also be pointed out that I have been retired since 2002, and that the operation took place in 1995.

In order to deal with the questions asked, in particular Question 2, extensive review of many volumes of clinical notes which would take several weeks would be required.

In the context of the above, I can add to the answers already given

Page 3 No 2. Relates to my contact with Adam over some years and of which I have no recollection. It also asks about my role in taking consent which was none, and consent policy in the hospital about which I have no recollection

Page 4 No 6. Asks for my opinion about fluid management. I had no part in Adam's fluid management.

Page 6 No 6. Suggests that I was part of the team. I have stressed that my only role was as surgical assistant.

Page 7. No 14. I have no recollection about bladder size (I do not understand why the question is asked)

Page 7 No 17. Relates to X-ray of the CVP line. I know nothing about the CVP line. The practical question about whether an X-ray could have been taken prior to the operation is clearly YES. The delay in starting the operation would, I guess, have been about 20 minutes.

Page 7 No 18. I have no knowledge about King's Fund accreditation

Page 9 No 24. Most of the information sought relates to people about whom I have no knowledge. In practice, describing the movements of people during an operation is completely impossible.