Witness Statement Ref. No. 018/2

**NAME OF CHILD: Adam Strain**

**Name: Peter Jeremy Berry**

**Title: Professor (emeritus)**

**Present position and institution: Retired**

**Previous position and institution: Consultant Paediatric Pathologist, Bristol Children's Hospital and Professor of Paediatric Pathology, the University of Bristol**
*[As at the time of the child's death]*

**Membership of Advisory Panels and Committees:**
*[Identify by date and title all of those between January 1995-December 2004]*

As previously stated (Witness statement Ref. No. 018/1 12th August 2005)

**Previous Statements, Depositions and Reports:**
*[Identify by date and title all those made in relation to the child's death]*

Report for HM Coroner for Belfast 23/03/1996, 011-010-078
Witness Statement 018/1 12/08/2005
Witness Statement 22/03/2006

**OFFICIAL USE:**
**List of previous statement, depositions and reports attached:**

| Ref: | Date: | |
|---|---|---|

**Particular areas of interest**
*[Please attach additional sheets if more space is required]*

I have been sent a bundle of documents concerning Adam Strain including a page from his clinical records, a letter from Mr. P Keane to Mrs. Young (11 Dec 1995), a deposition by Mr. Keane given at the inquest into the death of Adam Strain (18th June 1996), a witness statement by Mr. Keane (7th September 2006), a report by Mr. S Brown (20th December 1995), a witness statement by Mr. Brown (4th September 2006), the Deposition of Mr. RH Taylor (21st June 1996), various further interviews and statements of Mr. Taylor, the statement of Gillian Popplestone (31st January 2006), the statement of Dr Mary O'Connor (12th April 2006), two pages of post-operative clinical records, the statement of Eleanor Donaghy (28th April 2006) , the Deposition of Dr Alison Armour including her report of her examination of Adam Strain, the statement of Prof. RA Risdon in duplicate (2nd June 2006), a medical report by Mr. Richard Donaldson (18th March 2005), a further page from the clinical record concerning the transplant procedure, a letter from Melanie Charman of NHS Blood and Transplant (3rd June 2010), a report and two statements made by myself (detailed above), a letter from Dr Alison Armour to myself (22nd December 1995) and a letter from myself to HM Coroner for Belfast (25th March 1996). I have been asked a number of questions in relation to these documents:

**1. Confirm exactly what you received by way of "stained microscope slides" in respect of the donor kidney, describe the information you sought/was given in respect of from where those "tissue sample" were taken in relation to the transplanted kidney and state whether you can confirm that the "stained microscope slides" in respect of the donor kidney that you received represent material taken from the tissue samples "mounted in paraffin wax [including] a section of the transplant" referred to by Professor Risdon.**

According to records I received 16 slides (not 15 slides as previously stated) from Dr Alison Armour that had been stained with haematoxylin and eosin and 4 unstained slides. These were identified in a covering letter as copies (sic) of slides from the postmortem examination of Adam Strain. Each slide carried the reference number F46728, but the slides were not separately identified. To the best of my recollection, there were single slides of the recipient and donor kidneys.

I was not supplied with a copy of the post-mortem report or a tissue-sampling schedule and so I identified the origin of the kidney sections with respect to donor and recipient using basic microscopic method. The donor kidney, although infarcted (dead) was identifiable as previously healthy mature kidney. The recipient's kidney tissue showed long-standing and severe changes consistent with the clinical history of renal reflux, infection and renal failure.

I have now (February 2011) been supplied with a copy of the post-mortem report giving the reference number 46728 confirming that the slides I reported came from the examination of Adam Strain. I would expect that Professor Risdon also routinely checked the numbers on the blocks and the number on the post mortem report with which he was supplied to confirm that they corresponded to the same patient.

**2. Professor Risdon applied *"[a] variety of special stains"* to these tissues. Please confirm if you did likewise, and if not, state why you chose not to do so.**

I did not apply any special stains because I did not consider them necessary for my report, which was of a general nature. However, it is to be expected that Professor Risdon, as a paediatric renal pathologist would use special stains when providing an expert renal opinion.

**3. Professor Risdon stated *"[in] my opinion, the transplanted kidney must have suffered significant ischaemic damage prior to its insertion for this degree of ischaemic damage to be apparent at post-mortem."* State if you agree with this statement and the reasons for your decision.**

In my original report to the Belfast Coroner I stated that the extent of ischaemic damage to the donor kidney

suggested that it "*occurred at or before the time of transplantation*" and in a subsequent statement (22nd March 2006) elaborated that "*I estimated that the damage had occurred about two days previously*" with the caveats that "*Such an estimate of timing is inexact and could be over-ridden by strong clinical evidence that the kidney was functioning normally after that time*" [i.e. post-transplant] and, since I did not have a copy of the postmortem report "*it is possible that the sample came from a localized area of damaged kidney, and that the rest of the kidney was healthy.*" I also stated that my view on the timing of the ischaemic damage "*would be strengthened if the other donor kidney failed to function and was found to be infarcted*".

From the additional bundle of documents now supplied (February 2011, listed above) it appears that there is no strong clinical evidence that the transplanted kidney ever functioned normally, there was not a localized lesion in the transplanted kidney, and the other kidney from the same donor did not function after transplantation and was found to be infarcted on removal. These factors support my original opinion, and I agree with Professor Risdon.

4. I have been asked to comment on **perfusion of the donor kidney, the colour of the donor kidney, non-production or production of urine by the donor kidney, the existence or not of pulsatile flow in the donor kidney, and the time of donor kidney death with reference to the statements of (a) Messrs. Keane and Brown; (b) Drs. Taylor and O'Connor; and (c) Staff Nurse Popplestone.**

I believe I have dealt with the issue of the timing of donor kidney death above. The other matters concerning the appearance and behaviour of the donor kidney after transplantation are outside my specialist experience and would be more the province of a renal clinician, a transplant surgeon, or a renal pathologist who has dealt with these issues on a day-to-day basis. I therefore regret that I cannot assist the Inquiry with these matters.

**5. The Inquiry also seeks clarification of a matter arising out of your letter dated 25th March 1996 to the Coroner: "*My only contribution is that I doubt that this kidney would ever have functioned*" Describe and explain the basis for your doubt the "*kidney would ever have functioned*"**

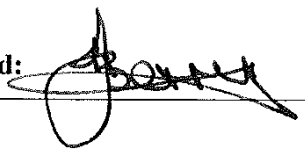
Although the meaning of my sentence is clear in context, it might have been better phrased as '... *I doubt that this kidney would ever have functioned* ***after transplantation***.... ' I was not suggesting that this kidney had not functioned normally in the past. In other words, it appeared to be a previously normal kidney that had suffered a recent severe ischaemic injury which would have prevented it from functioning when transplanted, and from which it could not have recovered had Adam survived. It is possible for a kidney to survive and recover from ischaemic injury, but not from an ischaemic injury so severe that it has resulted in infarction/coagulative necrosis. The condition of the kidney was an unexpected finding as it did not appear to have been recognized previously. I used the phrase "*I doubt that*" because of the caveats discussed in paragraph 3 above.

**Other points you wish to make including additions to any previous Statements, Depositions and or Reports**

*[Please attach additional sheets if more space is required]*

The Inquiry should be aware that I retired in 2001 and have been out of active practice ever since. I subsequently came off the Medical Register in March 2005. In this statement I have done my best to assist the Inquiry in matters of fact, in clarification of my previous reports and in general professional matters. I have not attempted to expand or alter my 'expert' opinion formed in 1996 and have not found any reason to do so.

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

**Signed:**  **Dated:** 26 · 04 · 2011

## DECLARATION OF INTEREST FORM

TO Anne Dillon
Solicitor to the Inquiry

FROM

I confirm that I have read the list set out below and have marked on the attached sheet those individuals with whom and (where those individuals represent an organisation, firm or government department) that organisation, firm or government department with which I declare an interest:

I confirm that: (please delete as appropriate)

a) I have disclosed on an attached sheet the existence and particulars of any personal or professional interest that I have had with the following individuals and organisations:

Dr. Maurice Savage
Dr. Mary O'Connor
Dr. Robert Taylor
Dr. Terence Montague
Mr. Patrick Keane
Mr. Stephen Brown
The RBHSC and its administrators and management, including Dr. G. A Murnaghan, Dr. J. Gaston, Dr. S. McKaigue, Dr. P.M. Crean
Belfast Health and Social Services Care Trust formerly the Royal Group of Hospitals and Dental Hospital Heath and Social Services Trust

"Professional interest" includes contact through collaboration on research, other investigations and committee work.

b) I have no such interest to declare

I acknowledge that I am under a continuing duty to declare any personal or professional interest with those listed above that may arise hereafter.

SIGNED:

DATE : 26·04·2011

NOTE FOR PROFESSOR PETER BERRY
RE: ADAM STRAIN

## Background

1. Adam Strain, Claire Roberts, Raychel Ferguson and Conor Mitchell are 4 children who are the subject of a public Inquiry established under Article 54 of the Health and Personal Social Services (Northern Ireland) Order 1972 and being conducted in Northern Ireland by John O'Hara QC. The current terms of reference of the Inquiry are:

> To hold an Inquiry into the events surrounding and following the deaths of Adam Strain and Raychel Ferguson, with particular reference to:
>
> 1. The care and treatment of Adam Strain and Raychel Ferguson, especially in relation to the management of fluid balance and the choice and administration of intravenous fluids in each case.
>
> 2. The actions of the statutory authorities, other organisations and responsible individuals concerned in the procedures, investigations and events which followed the deaths of Adam Strain and Raychel Ferguson.
>
> 3. The communications with and explanations given to the respective families and others by the relevant authorities.
>
> In addition, Mr O'Hara will:
>
> (a) Report by 1 June 2005 or such date as may be agreed with the Department, on the areas specifically identified above and, at his discretion, examine and report on any other matters which arise in connection with the Inquiry.
>
> (b) Make such recommendations to the Department of Health, Social services and Public Safety and report on any other relevant matters which arise in connection with the Inquiry.
>
> (b) Make such recommendations to the Department of Health, Social Services and Public Safety as he considers necessary and appropriate.

The cases of Claire Roberts and Conor Mitchell have been added to the Inquiry's work by the Chairman under his discretionary power to examine and report on any other matters which arise in connection with the Inquiry

2. Adam Strain was born on 4th August 1991 with cystic, dysplastic kidneys with associated problems with the drainage of his kidneys related to obstruction and vesico ureteric reflux. He was referred to the Royal from the Ulster Hospital in Dundonald. He died on 28th November 1995 in the

Royal following kidney transplant surgery on 27th November 1995 from which he never recovered consciousness.

3. The Inquest into his death was conducted on 18th and 21st June 1996 by John Leckey the Coroner for Greater Belfast, who engaged you as an expert along with (i) Dr. Edward Sumner Consultant Paediatric Anaesthetist at Great Ormond Street Hospital for Sick Children ("Great Ormond Street"); and (ii) Dr. John Alexander Consultant Anaesthetist at Belfast City Hospital. The Inquest Verdict identified cerebral oedema as the cause of his death with dilutional hyponatraemia as a contributory factor.

4. An investigation was subsequently carried out into the death of Adam Strain and the other children (save for Conor Mitchell) by the Police Service of Northern Ireland ("PSNI"). The PSNI engaged a number of Experts to assist them with their investigation into Adam's death. In addition to you, they also engaged Dr. Edward Sumner Consultant Paediatric Anaesthetist, Mr. Geoff Koffman Consultant Surgeon at Guy's & St. Thomas Hospital and Great Ormond Street and Professor R.A Risdon Consultant Paediatric Pathologist at Great Ormond Street.

5. All of the Experts engaged by the Coroner and the PSNI produced Reports.

**The Inquiry**

6. The Inquiry has appointed a Panel of Advisers[1] to assist it in its investigations in respect of the children. It has also engaged Experts to deal with a number of discrete issues that are child-specific. The work of all the Inquiry's Advisers is peer reviewed by a team of international Experts.[2]

7. Issues have arisen concerning the donor kidney that was transplanted into Adam. Those issues first arose during the Inquest and continued to be

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1 Dr. Peter Booker (Paediatric Anaesthesia), Dr. Harvey Marcovitch (Paediatrics), Ms. Carol Williams (Paediatric Intensive Care Nursing), and Gren Kershaw (Health Service Management and Patient Safety)

2 Professor Allen Arieff at the University of California Medical School in San Francisco (Internal Medicine & Nephrology), Dr. Desmond Bohn of the Critical Care Unit at the Hospital for Sick Children in Toronto (Paediatric Anaesthesia), Ms. Sharon Kinney at the Intensive Care Unit and Clinical Quality and Safety Unit at the Royal Children's Hospital in Melbourne (Paediatric and Intensive Care Nursing)

addressed during the investigation by the PSNI. The references to them in the Depositions, Witness Statements and Reports may be summarised as:

(1) Mr. Patrick Keane (Consultant Urologist) records in the Clinical History, Examination and Progress Report (which he signs sometime before 12.05pm on 27th November 1995): *"Kidney perfused reasonably well at end"*[3]

He expands upon that in a letter dated 11th December 1995 to the Complaints Officer at the Belfast City Hospital that the kidney: *"perfused quite well initially and started to produce urine. At the end of the procedure it was obvious that the kidney was not perfusing as well as it had initially done but this is by no means unusual in renal transplantation"*[4] See also his Deposition of 18th June 1996.[5]

In his Inquiry Statement of 20th June 2005 he states: *"At the completion of the surgery, the transplanted kidney had pulsatile flow in the artery and was perfusing"*. However, he goes on to state (which he had not done during the Inquest) that he left the theatre 10 minutes before the end of the anaesthesia and that Mr. Stephen Brown (Consultant Paediatric Surgeon), who was assisting him, closed the wound.

In his Statement to the PSNI on 7th September 2006 he states that: *"Initially the kidney that was transplanted into Adam perfused very well; after the kidney was placed in situ the kidney perfused less well but adequately; I could still feel blood flow in the renal artery. It is also my recollection that a little urine was produced before the ureter was connected to the bladder."*[6]

(2) Mr. Stephen Brown (Consultant Paediatric Surgeon, retired) stated in his Report for Dr. George Murnaghan (Director of Medical Administration) of 20th December 1995 that the *"perfusion of the kidney was satisfactory, although at no stage did it produce any urine"*[7]

For reasons that are unclear, he did not give evidence at the Inquest but his Inquiry Witness Statement of 15th July 2005 states that: *"Following the vascular anastomosis the kidney appeared healthy and was*

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3 See ref: 058-035-135 at Tab. 1 of the accompanying File
4 See ref: 011-026-127 at Tab. 2 of the accompanying File
5 See ref: 011-013-093 at Tab. 3 of the accompanying File
6 See ref: 093-010-029 at Tab. 4 of the accompanying File
7 See ref: 059-060-145 at Tab. 5 of the accompanying File

*good colour. My recollection was that it did not produce any urine during the course of the operation."*

In his statement to the PSNI he states: *"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"*. He acknowledged the difference between his account and that of Mr. Patrick Savage about the production of urine, claiming that he could not explain it: *"I may be wrong about the urine. Though as far as I recall no urine was ever produced"*.[8]

(3) Dr. Robert Taylor refers in his Deposition of 21st June 1996 to the process of the calculation of fluids for Adam being *"complicated by the fact that the donor kidney did not appear well perfused after an initial period of apparently good kidney perfusion"*[9]

In his evidence during the Inquest he states: *"The new kidney did not work leading to a re-assessment of the fluids given. This made us think we have underestimated fluid and we gave a fluid bolus at 9.32."*[10]

He expands upon that in the summary of his taped PSNI interview on 17th October 2006 that he gave under caution, which records: *"he was aware that the kidney did not 'pink up' easily and the impact on Dr. Taylor was to re-assess his fluids and worry that he was still in deficit and despite his best efforts that he had failed to increase the blood volume enough to perfuse the kidney. Dr. Taylor could not recall if the new kidney produced urine."*[11]

(4) Staff Nurse Gillian Popplestone (Registered Sick Children's Nurse) stated in her PSNI Statement of 31st January 2006 that: *"I also recall the surgeons discussing possible discolouration of the kidney at the time of the transplant. This concern appeared to subside as the operation progressed."*[12]

(5) Dr. Mary O'Connor (Consultant Paediatric Nephrologist) who was present towards the end of Adam's surgery stated in her PSNI Statement that: *"I have recorded that the kidney was 'bluish' at the end of theatre"*.[13] See the Clinical History, Examination and Progress Report,

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8 See ref: 093-011-032 at Tab. 6 of the accompanying File
9 See ref: 011-014-097 at Tab. 7 of the accompanying File
10 See ref: 011-014-108 at Tab. 7 of the accompanying File
11 See ref: 093-035-108 at Tab. 8 of the accompanying File
12 See ref: 093-012-040 at Tab. 9 of the accompanying File
13 See ref: 093-020-059 at Tab. 10 of the accompanying File

which she signed on 27th November 1995,[14] which also records: *"0 from tx kidney"*. [15] See also Eleanor Donaghy (Transplant Co-ordinator) who completed section 11 of the Kidney Donor Information Form recording at section 8, *"widely separated patch"* which was amended (but not by her) to *"widely separated arteries on 1 patch"*.[16]

(6) Dr. Alison Armour who carried out the autopsy on Adam at 2.40pm on 29th November 1995, the day after his death, states that there was *"complete infarction"* of the transplanted kidney.[17]

(7) Professor Risdon (Consultant Paediatric Pathologist, Great Ormond Street) states in his Report to the PSNI dated 2nd June 2006: *"In my opinion the transplanted kidney must have suffered significant ischaemic damage prior to its insertion for this degree of ischaemic damage to be apparent at post-mortem"* and *"This opinion is supported by the fact that the other kidney from the same donor failed to function when transplanted to a different patient in Glasgow.[18] This would suggest that both kidneys from this donor had suffered significant ischaemic damage before transplantation."*[19]

(8) Mr. Richard Donaldson (Renal Surgeon at Belfast City Hospital) comments in a report that seems to have been prepared for Adam's family: *"there is also back bleeding from the renal vein which could be thought to be proper perfusion – a few drops of urine from the ureter can sometimes be mistaken for early production of urine and is in fact residual donor renal pelvic fluid expressed on renal handling"*.[20]

(9) Adam's medical notes and records for the surgery are 3 pages at Ref: 059-006-012 to Ref: 059-006-014. They include the record that *"vascular anastomosis"* occurred at about 1030 on 27th November 1995, the renal transplant surgery having commenced at about 0800.[21]

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14 See ref: 058-035-136 at Tab. 11 of the accompanying File

15 See ref: 058-035-137 at Tab. 11 of the accompanying File

16 See ref: 093-015-048 at Tab. 12 of the accompanying File

17 See ref: 011-010-040 at Tab. 13 of the accompanying File

18 The Inquiry has a letter dated 29th March 2005 from the Information Manager at UK Transplant which sates that: *"we were notified that the transplant of the second kidney, which took place on 26 November 1995, had failed on day of transplant due to infection of the graft"*. However, Professor Risdon refers in his Report to a letter from the Director of Renal Transplantation at Greater Glasgow NHS. The Inquiry does not have that letter but will seek a copy of it.

19 See ref:093-031-083 at Tab. 14 of the accompanying File

20 See ref: 094-013d-066 at Tab. 15 of the accompanying File

21 See ref: 059-006-012 at Tab. 16 of the accompanying File

(10) Melanie Charman (Data Service Manger, Data Services - NHSBT) states in her letter dated 3rd June 2010 to the Inquiry that: *"The other kidney was transplanted on 26.11.95 but failed due to poor recipient arteries, which were very thin and attenuated an 'infection of graft' was recorded as the cause of death but there was no evidence of infection within the graft although he did have post-operative pyrexia. Subsequent scans showed that the kidney was not adequately perfused and the kidney was removed after about a week"*[22]

8. You provided a Statement to this Inquiry dated 12th August 2005 in which you state that (in reference to your Report to the Coroner): *"I recorded that the slide of transplanted kidney showed infracted (dead) kidney tissue. This view would have been based on my usual practice of using classical changes in the appearance of the cells of the kidney as seen through the microscope. The microscopic changes were sufficiently well established that the damage occurred about two days previously – before or around the time of transplantation. Such an estimate of timing is inexact, and could be over-ridden by strong clinical evidence that the kidney was functioning normally after that time."*[23]

9. You also provided a statement to the PSNI, dated 22nd March 2006, in which you state that: *"I have said in my report to the coroner that the kidney shows almost complete infarction. By that I mean that the kidney tissue in the slide provided to me was dead. I have stated to the coroner "the extent of the change suggested that this occurred at or before the time of transplantation." By this I mean the microscopic changes were sufficiently well established that I estimated that the damage had occurred about 2 days previously, before or around the time of transplantation."*[24]

10. The Inquiry has appointed Dr. Malcolm Coulthard as an Expert in Paediatric Nephrology to assist its investigation in respect of the renal issues.

**Queries**

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22 See ref: INQ-0179-10 at Tab. 17 of the accompanying File
23 See ref: IWS 018-1 at Tab. 18 of the accompanying File
24 See ref:093-030-079 at Tab. 19 of the accompanying File

11. The Inquiry seeks clarification of a number of matters arising out of your Report in relation to that produced by Professor Risdon dated 2nd June 2006[25]:

(1) The PSNI statement from Adrian McConville (Biomedical Scientist, State Pathologist Department) dated 15th May 2006 states 2 kidney tissue blocks were taken from Adam. The letter to you dated 22nd December 1995 from Alison Armour (State Pathologist) stated that you were furnished with *"copy slides from the case"*.[26] You state in your Report that you *"examined 15 stained microscope slides taken at the time of Adam Strain's post-mortem examination"*.[27] Professor Risdon refers to having received *"A number of tissue samples from the post-mortem examination mounted in paraffin wax. These included sections of the 'native' kidneys as well as a section of the transplant."*[28]

(i) Confirm exactly what you received by way of "stained microscope slides" in respect of the donor kidney

(ii) Describe what information you sought/was given in respect of from where those "tissue samples" were taken in relation to the transplanted kidney

(iii) State whether you can confirm that the "stained microscope slides" in respect of the donor kidney that you received represent material taken from the tissue samples " mounted in paraffin wax [including] a section of the transplant" referred to by Professor Risdon

(2) Professor Risdon applied *"[a] variety of special stains"* to these tissues.

(i) Please confirm if you did likewise, and if not, state why you chose not to do so.

(3) Professor Risdon stated *"[i]n my opinion, the transplanted kidney must have suffered significant ischaemic damage prior to its insertion for this degree of ischaemic damage to be apparent at post-mortem."*

(i) State if you agree with this statement and the reasons for your decision.

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25 See ref:093-031-081 at Tab. 20 of the accompanying File
26 See ref:011-029-151 at Tab. 21 of the accompanying File
27 See ref:011-007-021 at Tab. 22 of the accompanying File
28 See ref:093-031-082 at Tab. 20 of the accompanying File

(4) With reference to the statements of (a) Messrs. Keane and Brown; (b) Drs. Taylor and O'Connor; and (c) Staff Nurse Popplestone cited from under paragraph 7 above in respect of the condition of the donor kidney:

(i) Comment on the statements in those attached documents in relation to:

- Perfusion of the donor kidney
- Colour of the donor kidney
- Non-production or production of urine by the donor kidney
- Existence or not of pulsatile flow in the donor kidney
- Time of donor kidney death

(ii) Provide your views on the likely time estimate for the infarction of the donor kidney in the light of those observations and the other material that was made available to you

12. The Inquiry also seeks clarification of a matter arising out of your letter dated 25th March 1996 to the Coroner[29]:

*(1) "My only contribution is that I doubt this kidney would ever have functioned"*

(i) Describe and explain the basis for your doubt the "kidney would ever have functioned"

[29] See ref:011-053-187 at Tab.23 of the accompanying File

## DECLARATION OF INTEREST FORM

TO Anne Dillon
Solicitor to the Inquiry

FROM

I confirm that I have read the list set out below and have marked on the attached sheet those individuals with whom and (where those individuals represent an organisation, firm or government department) that organisation, firm or government department with which I declare an interest:

I confirm that: (please delete as appropriate)

a) I have disclosed on an attached sheet the existence and particulars of any personal or professional interest that I have had with the following individuals and organisations:

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The RBHSC and its administrators and management, including Dr. G. A Murnaghan, Dr. J. Gaston, Dr. S. McKaigue, Dr. P.M. Crean
Belfast Health and Social Services Care Trust formerly the Royal Group of Hospitals and Dental Hospital Heath and Social Services Trust

"Professional interest" includes contact through collaboration on research, other investigations and committee work.

b) I have no such interest to declare

I acknowledge that I am under a continuing duty to declare any personal or professional interest with those listed above that may arise hereafter.

SIGNED:

DATE :

NHS
Blood and Transplant

Fox Den Road
Stoke Gifford
Bristol
BS34 8RR

Tel: 0117 975 7575
Fax: 0117 975 7577
www.nhsbt.nhs.uk

Anne Dillon
Solicitor to the inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB



3rd June 2010

**Re: Kidney Transplant – Id no: 62393**

Dear Mrs. Dillon,

Thank you for your letter dated the 21st May 2010 requesting further information for the above inquiry, please find below the answers to your questions:-

1. **The date and time both kidneys were removed from the donor at Glasgow Southern General Hospital.**

   The kidneys were removed on the 26. 11. 95 unfortunately the time of removal has not been recorded on the documentation we hold but the time of perfusion for both kidneys was 01.42. The kidney accepted for Adam Strain was removed from ice at 08.30 and the kidney was re perfused at 10.30am on the 27.11.95

2. **Whether any damage to the kidney Adam Strain received was noted on removal by Mr. John Casey or any other member of the retrieval team.**

   Our records do not record any damage to the kidney prior to the kidney leaving the donor hospital. Kidney damage was noted on receipt of the kidney at the transplant unit on the 27.11.95 by E. Donaghy

3. **The date and time that the Royal Belfast Hospital for sick children was informed that there was a donor kidney available for Adam Strain.**

   We do not hold records of the offer of these organs. It was prior to 1997 when everything was in paper format and we have no record of this offer other than who the organs were allocated to, the units/hospitals involved would have dealt with the offering themselves. You might write to the Glasgow Southern Hospital to see if they have a record of when they offered the kidneys out.

4. **The information that the RBHSC was given at that time, in particular with regard to the cold ischaemic time of the donor kidney.**

   We do not have any record of the cold ischaemic time for the kidney that Adam Strain received, however the report from the Director of Renal Transplantation for the second kidney that Gerard Robertson received states that the kidney was ischaemic throughout and infarcted at the time of removal.

NHS
Blood and Transplant

Fox Den Road
Stoke Gifford
Bristol
BS34 8RR

Tel: 0117 975 7575
Fax: 0117 975 7577
www.nhsbt.nhs.uk

5. **Whether the kidney received was sent to any other transplant centre before Belfast, together with the time of dispatch to the RBHSC.**

   We do not hold any information regarding the offer as previously stated I would suggest writing to Glasgow Southern General Hospital (John Casey was the Surgeon who removed the kidneys)

6. **Details of any cross-matching tests performed prior to dispatch of the kidney to the recipients transplant centre. Thereafter, any information regarding further cross-matching tests performed at the RBHSC.**

   Cross-matching material accompanying the organ:-
   Lymph node, Spleen.

   Additional information provided regarding the heart, lungs, liver + cornea also retrieved
   We have no information of any further cross-matching carried out by the recipient centre

7. **The date and time of the transplant of the other donor kidney into Gerard Robertson. In addition provide a copy of the kidney donor information form in relation to this kidney.**

   The other kidney was transplanted on the 26.11.95 but failed due to poor recipient arteries, which were very thin and attenuated an 'infection of graft ' was recorded as the cause of death but there was no evidence of infection within the graft although he did have post-operative pyrexia. Subsequent scans showed that the kidney was not adequately perfused and the kidney was removed after about a week, the donor was still alive at the three month follow up.
   There was no record of infection recorded for either kidney when they were removed from the donor at Glasgow Southern General Hospital.
   Please find attached a copy of the donor information form.

   I hope this information is satisfactory if I can be of any further assistance please do not hesitate to contact me.

   Kind regards

Melanie Charman
Data Service Manager
Data Services - NHSBT
Melanie.charman@nhsbt.nhs.uk

012040

# KIDNEY DONOR INFORMATION FORM

UKTSSA
United Kingdom Transplant Support Service Authority

Directions
This form's
The first se
section is fo
The top cop
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Nº 024089

THIS NUMBER MUST ACCOMPANY THE ORGAN IN TRANSIT AND THE NUMBER ENTERED ON FORM B.

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**SECTION I TO BE COMPLETED AT THE DONATING CENTRE**

For UKTSSA use

1. Retrieving Centre: WESTERN INFIRMARY - GLASGOW
2. Kidneys Removed By: JOHN CASEY
3. Donor SURNAME: [redacted]
4. Donor FORENAME:
5. Donor Hospital: SOUTHERN GENERAL HOSPITAL GLASGOW
6. Donor Sex: 1. male 2. female [2]

7. **Donor Date of Birth** (unknown = 99/99/9999) 25/06/1947

If UNKNOWN, please give Donor Age (if under 3 years record years and months) yrs: mths:

8. **Donor Blood Group**, including Rhesus and where known, subtypes of A. ABO: A Rhesus: +

9. **Has the donor been transfused?** 1. no 2. yes 9. unknown [1]

If YES,

a) has group O neg. blood been given? 1. no 2. yes 9. unknown

b) please indicate Volume (groups) (units) given during 1. last week 2. last month 3. last 3 months 9. time unknown

10. **Date Kidneys removed on** (dd/mm/yyyy) 26/11/1995

11. **Please STATE and CODE the Donor Cause of Death** (use codes listed overleaf)

Cause of Death: SUB ARACHNOID HAEMORRHAGE code [10]

If TRAUMA, please indicate (1. no 2. yes 9. unknown)
- head injury
- abdominal injury
- other injury

If OTHER please specify

12. **Donor Virology Results** (1. negative (-) 2. positive (+) 7. not tested 9. unknown)
- HBsAg [1]
- HIV antibody [1]
- CMV antibody [1]
- HCV antibody [1]
- VDRL [7]

**If NOT TESTED (7), A CLOTTED BLOOD SAMPLE FOR VIROLOGY MUST ACCOMPANY THE ORGAN (S)**

012040

13. **Donor HLA Phenotype**

| | |
|---|---|
| HLA - A | 1, 29 |
| HLA - B | 8, 44 |
| HLA - DR | 3, 7 |
| Other loci | |

14. **Ventilation** commenced on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 13:00

If UNKNOWN, please give the period of ventilation (days)

15. **Blood Pressure** reading was B.P. 110/70

taken on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 17:00

16. **Did any period of hypotension occur?** 1 (1. no 2. yes 9. unknown)

If YES, please state lowest B.P. (mmHg) 82/45

duration (mins) 023

commenced on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 14:00

17. **Please state drugs given to the donor**

| Drug | Duration | Dose |
|---|---|---|
| DOPAMINE | 6 days 6 hrs | 200mg/50ml → 3ml/hr |
| DDAVP | days hrs | 2 daily x 1 |
| | days hrs | |
| | days hrs | |
| | days hrs | |

18. **Donor Infections** (1. no 2. yes 3. suspected 9. not recorded)

Urine 1

Other 1

If OTHER, please specify

19. **Donor's relevant past history**, please record (1. no 2. yes 9. not recorded)

U.T.I 1

Hypertension 1

Tumour 1

Diabetes 1

Other 1

If OTHER, please specify

20. **Donor's Urine Chemistry**, please record

Urine output during last hour (mls) 200

last 24 hours (mls)

last 12 hours (mls) 6500

Blood urea was (m mol/l) 2.9

on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 14:00

Serum creatinine was (µmol/l) 49

on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 17:00

21. **Ventilation ceased** at time (24hr clock) 01:42

22. **Circulatory arrest** occured at time (24hr clock) 01:42

23. **Type of perfusate used** BARTERS 95

(Please use codes overleaf)

012040

| | RIGHT KIDNEY | LEFT KIDNEY |
|---|---|---|
| 24. Time perfusion commenced (24hr clock) | 01 : 42 | Time (24hr clock) 21 : 42 |
| 25. Quality of perfusion (1. good 2. fair 3. poor 9. not recorded) | 1 | Quality of perfusion 1 |
| 26. Anatomical Details | | |
| No. of arteries | 1 | No. of arteries 2 |
| No. of arterial patches | | No. of arterial patches |
| No. arteries on patches | | No. arteries on patches |
| No. of veins | 1 | No. of veins |
| Branches tied? (1. no 2. yes 9. not recorded) | 1 | Branches tied? 1 |
| 27. Kidney Damage (1. no 2. yes 9. not recorded) | | |
| Capsule stripped | 1 | Capsule stripped 1 |
| Capsule torn | 1 | Capsule torn 1 |
| Small Haematomas | 1 | Small Haematomas 1 |
| Cut Polar artery | 1 | Cut Polar artery 1 |
| Cuts to renal vein | 1 | Cuts to renal vein 1 |
| Cuts to renal artery | 1 | Cuts to renal artery 1 |
| Patch excluding an additional artery | 1 | Patch excluding an additional artery 1 |
| Ureter cut short | 1 | Ureter cut short 1 |
| Other, please specify | | Other, please specify 1 |

28. **Cross Match Material accompanying the organ** (1. no 2. yes 9. not recorded)

| | | | |
|---|---|---|---|
| Lymph node | 2 | Lymph node | 2 |
| Spleen | 2 | Spleen | 2 |
| Blood | 1 | Blood | 1 |
| Separated cells | 1 | Separated cells | 1 |

29. **Additional Information**

HEART, LUNGS, LIVER + CORNEA'S ALSO RETRIEVED.

This section of the form completed by _____ (NAME PLEASE PRINT)

Signature _____ Date [ ][ ] [ ][ ] 19[ ][ ]

**SECTION II TO BE COMPLETED BY THE RECIPIENT SURGEON**

1. **Recipient Name** ADAM STRAIN
2. **Transplant Centre** BELFAST
3. **Kidney removed from ice at time** (24hr clock) 08 : 30
4. **Kidney perfused with recipient's blood at time** (24hr clock) 10 : 30
5. **Recipient's Blood Group**, including rhesus and where known, subtypes of A — ABO: A; Rhesus:
6. **Recipient's HLA phenotype**

| | |
|---|---|
| HLA - A | 1, 32 |
| HLA - B | 44, 14 |
| HLA - DR | 7, 8 |
| Other loci | |