

NAME OF CHILD: Adam Strain

Name: Edward Sumner

Title: Dr

Present position and institution:

Retired, but still engaged in private practice at the Harley Street Clinic, London W1. Anaesthesia and intensive care for infant cardiac surgery

Previous position and institution:

[As at the time of the child's death]

Consultant paediatric anaesthetist – Great Ormond Street Hospital for Children NHS Trust, London WC1N 3JH

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 1995-December 2004]

President, Association of Paediatric Anaesthetists of Great Britain and Ireland 2001-2003

Editor-in Chief – Pediatric Anesthesia

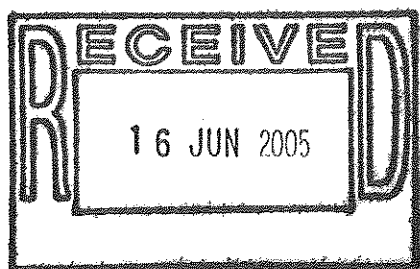
Previous Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death]

OFFICIAL USE:

List of previous statement, depositions and reports attached:

Ref:	Date:	



011-009-050	22.01.96	Medical Report for the Coroner in the Inquest on Adam Strain
011-014-092	18.06.96	Deposition at the Inquest on Adam Strain Transcript of oral evidence at the Inquest on Adam Strain

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

1. **Specify the information that was provided to you for you to provide your Report, including identifying:**
- (i) any discussions that you had and with whom;
 - (ii) all documents; and
 - (iii) all non-documentary records (such as slides etc).

In the preparation of my report dated 22nd January 1996 I read all the recent medical and nursing notes, but not the several bundles of notes relating to previous clinical episodes.

In addition – the autopsy report

A report from Dr John Alexander

Subsequently in 2005 I have had correspondence with Dr John Burton concerning the infarction of the transplanted kidney.

2. **Explain in detail the basis for your comments in your Report for the Coroner that an obstruction to the venous drainage to the head could have exacerbated the effects of the cerebral oedema and that the administration of drugs such as antibiotics through a venous line in a partially obstructed neck vein could have caused some cerebral damage.**

I stand by what I wrote in the summary of my report, that on the balance of probabilities, Adam's gross cerebral oedema was caused by the acute onset of hyponatraemia from the excess administration of fluids containing only very small amounts of sodium.....


A further exacerbating cause may have been the obstruction to the venous drainage of the head...

The left internal jugular vein had been tied off so that venous drainage from the head would not be normal. The central line instead of going into or near the heart was going up into the right side of the neck. This is not an unusual state of affairs, but might possibly cause problems if drugs are injected in the presence of sluggish venous drainage. Obstruction to venous drainage from the head can cause cerebral swelling, but probably not as acutely as developed in this case.

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]

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

Signed: 

Dated: June 14th 2005