Witness Statement Ref. No. 022/1

NAME OF CHILD: Raychel Ferguson

Name: Mr Ragai Reda Makar

Title:Mr

Present position and institution:

Registrar General Surgery, Royal Berkeshire Hospital, England, UK

Previous position and institution:
[As at the time of the child's death]
Senior House Officer at Altnagelvin Hospital, Northern Ireland, UK

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

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

as indicated below

OFFICIAL USE:
List of previous statements, depositions and reports attached:

Ref:	Date:	
012-045-216	05.02.03	Deposition at Inquest on Raychel Ferguson
012-014-116	16.01.02	Statement

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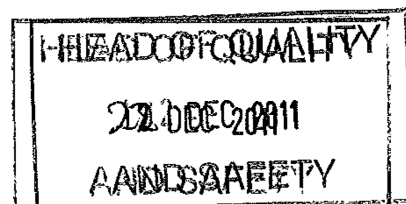

Particular areas of interest
[Please attach additional sheets if more space is required]

1. **Explain the reason for your initial choice of prescription for fluids pre operatively for Raychel Ferguson on the evening of 07 .06.01 and your change of prescription the same evening .**

Rachel Ferguson was kept fasting and started on IV fluids to maintain adequate hydration prior to surgery. A Hartman's solution was first prescribed by myself at the Accident and Emergency (A&E). I was called to ward 6 and asked by the duty nurse to change to solution 18 in accordance with the ward protocol. This was the recommended solution at that time for the children in the Paediatric ward (6). The rate was set at 80ml/hour during the pre-operative period, when she received 60ml in total.

My choice of Hartman's solution was based on the fact that this solution composition is physiological, isotonic and nearly similar to normal plasma composition. It is also the fluid commonly used for fluid resuscitation.

2. **Did you examine Raychel when you visited ward 6 on the morning of 08.06.01 and were you advised that she had vomited at 8am.**

In the morning around 9:00 am I met Rachel's father on the ward and I explained the operative findings to him. I was not involved in her post-operative management, which was carried out by another surgical team (Registrar and SHO) who has seen her just prior to my arrival to the ward.

I did not examine Rachel that morning. She was sitting on the chair beside her bed. She was looking well and comfortable. The nurse in the bay told me as I arrived that the surgical registrar already saw her.

I do not recall that I was aware about her vomiting episode that morning.

3. **Explain the reasons for your further prescription for fluids on the morning of 08.06.01.**

I did not prescribe any fluid on the morning of 08-06-2001 or at any time post-operatively (after the operation).

I had prescribed intravenous fluid only at the pre-operative (before the operation) period to the cover the third space fluid loss due to inflammation (meaning inflammation produce fluid extravagation in the tissues) and to cover the period of fasting until the operation time around 11:40PM 0n the 07-06-2001.

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]

Signed: Rajan R Mohan **Dated:** 13-12-2011

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Statement re: Rachel Ferguson Deceased

I Mr Ragai Reda Makar, MB,BCh, MSc, MD, FRCS (Glasg), FRCS (Gen Surg) was employed as a Surgical Senior House Officer in Altnagelvin Hospital on 7th June 2001.

Rachel Ferguson was referred for surgical assessment by the Accident and Emergency SHO on the 7th June 2001, at approximately 8.00 pm, because of sudden onset of worsening abdominal pain suggestive of acute appendicitis. She had been given a Cyclomorph injection for the pain at the A &E.

I assessed Rachel's clinical presentation which was a few hours history of peri-umblical pain shifting to the right iliac fossa with pain pointing at the McBurney's point associated with tenderness and guarding and mild rebound tenderness without respiratory symptoms. The symptoms and signs were suggestive of acute appendicitis / obstructive appendix.

Her blood tests were within normal limits including serum sodium level.

I obtained informed consent for appendectomy after explaining the operation; the risks involved with surgery including general anaesthesia and possibility of having normal appendix versus the risks of waiting and the incidence of morbidity from acute appendicitis in children.

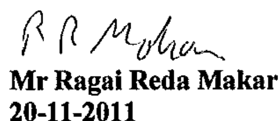
She was admitted to ward 6 with the diagnosis of acute appendicitis / obstructive appendix for appendectomy that night.

She was kept fasting and started on IV fluids to maintain adequate hydration prior to surgery. A Hartman's solution was first prescribed by myself at A&E. I was called to ward 6 and asked by the duty nurse to change to solution 18 in accordance with the ward protocol. This was the recommended solution at that time for the children in the Paediatric ward (6). The rate was set at 80ml/hour during the pre-operative period, when she received 60ml in total.

I started the operation at approximately 11:40 p.m. She had a straightforward standard appendectomy operation, which revealed an obstructed appendix (faecolith). This was sent for histopathology examination.

I prescribed Metronidazol 500mg suppository 8 hourly (TID) as postoperative prophylaxis.

In the morning shortly after 9:00 am I met Rachel's father on the ward and I explained the operative findings to him. I was not involved in her post-operative management, which was carried out by another surgical team (Registrar / SHO) who has seen her just prior to my arrival to the ward.



Mr Ragai Reda Makar
20-11-2011