

Witness Statement Ref. No.

232/1

NAME OF CHILD:

Name: W A McCallion

Title: Mr

Present position and institution:

Consultant Paediatric Surgeon, Royal Belfast Hospital for Sick Children, Belfast Hospitals Trust

Previous position and institution:

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

Senior House Officer in lieu of Registrar in Paediatric Surgery, Royal Belfast Hospital for Sick Children from 1st February 1992 to 31st July 1992.

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 1995- November 2011]

Education Sub-committee, Royal Belfast Hospital for Sick Children 2002-2004

Department of Health Advisory Committee on Hyponatraemia 2003

Department of Health Advisory Committee on Provision of General Paediatric Surgery in Northern Ireland 2009-2010

Previous Statements, Depositions and Reports:

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

N/A

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. 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 an Inquiry reference number, then please provide a copy of the document attached to your statement.

I. QUERIES ARISING OUT OF AN OPERATION ON ADAM STRAIN DATED 29TH MAY 1992

With reference to the operation notes dated 29th May 1992 (Ref: 053-015-052), please provide clarification and/or further information in respect of the following:

(1) "Surgeon: Mr W A McCallion / Mr R J Stewart / Mr S Brown" (Ref: 053-015-052)

- (a) Describe your role and responsibilities in Adam's surgical procedure of 29th May 1992 and that of "Mr RJ Stewart" and "Mr S Brown".

The specific roles of the 3 operating surgeons were not documented in the clinical notes. I was a Senior House Officer working in lieu of Registrar, Mr. Stewart was a Senior Registrar and Mr. Brown was a Consultant Surgeon. The responsibilities of the individual surgeons would have been commensurate with seniority.

(2) "1) Insertion Broviac Line into left common facial vein. Transverse cervical incision. Left common facial vein identified, entering left internal jugular. Left common facial ligated with 5 X 0 PDS. Broviac line tunnelled from anterior chest wall using Westminster and inserted into common facial vein and then internal jugular. Check X-ray confirmed tip of broviac line in proximal SBC. Neck wound closed in layers of 5 X 0 PDs and wound anterior chest wall closed 5 X 0 PDS." (Ref: 053-015-052)

- (a) State exactly where incisions were made on Adam's neck to insert the Broviac line, illustrating with a diagram if helpful, and explain the purpose of each incision.

The incision on his neck would have been made above the left clavicle and below the angle of the left jaw. However I do not recall the exact location of the incision.

- (b) Explain what, if anything was done with the left internal jugular vein during this procedure and explain the reasons.

I have no recollection of this particular operation. In general terms, if a tributary vein (in this case the common facial vein) is being used for catheterisation, the main vein (in this case the internal jugular vein) would have been exposed sufficiently to allow identification of the anatomical relationship between the main vein and the tributary vein.

- (c) Describe the qualities of the "5 x 0 PDS" sutures which were used to ligate the left common facial vein.

PDS (polydioxanone) is an absorbable suture material manufactured by Ethicon Inc. The qualities of the suture material can be found on the Ethicon web site (<http://www.ecatalog.ethicon.com/sutures-absorbable>). This states that the material will have absorbed in 183-238 days.

(d) State for how long the Broviac line remained in place, and in particular, state whether or not it was:

(i) Removed on 9th February 1995 (Ref: 057-102-189)

The clinical notes indicate that a Broviac line was removed under general anaesthetic on 9th February 1995 by Mr Saad. The site of the Broviac line was not specified. There is no record of a Broviac line having been removed prior to this date and after 29th May 1992. It could be assumed therefore that the Broviac line inserted on 29th May 1992 was removed on 9th February 1995. If this is the case, the Broviac line inserted on 29th May 1992 remained in situ for approximately 32 months.

(ii) Still in place at the time of Adam's renal transplant operation on 27th November 1995

The Broviac line inserted on 29th May 1992 was not still in place at the time of the renal transplant operation on 27th November 1995.

(e) Describe what you knew of the state of Adam's left internal jugular vein as at 27th November 1995 and explain the reasons why.

I have no knowledge of the state of Adam's left internal jugular vein as at 27th November 1995. I was training in paediatric surgery in Cape Town, South Africa throughout 1995 and was therefore not present at the transplant operation.

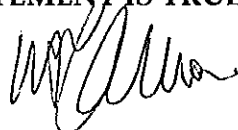
(f) In Dr. Alison Armour's report of her autopsy on 29th November 1995 (Ref: 011-010-034), she states that there was "a suture in situ on the left side of the neck at the junction of the internal jugular vein and the sub-clavian vein" (Ref: 011-010-039). Please comment generally on this statement, and explain the reasons for your answer.

(i) In particular, state if you are aware of any procedure carried out on Adam in which his left internal jugular vein would have been sutured. If so, identify the procedure, where it is noted in Adam's medical notes, and explain the reasons for your answer.

The operation on 29th May 1992 (Ref: 053-015-052) involved placing absorbable PDS sutures on the common facial vein as it entered the upper internal jugular vein. The left internal jugular vein ends inferiorly behind the clavicle where it joins the subclavian vein to form the brachiocephalic vein. A non-absorbable suture would not have been placed at the junction of the left internal jugular and left subclavian veins during the operation on 29th May 1992. I am not aware of any procedure carried out on Adam in which his left internal jugular vein would have been sutured.

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

Signed:



Dated: 05/01/2012