TELEPHONE

FAX

Our ref: PS/009-035/96

9 January 1996

Miss S McCombe
Medical Administration
Royal Victoria Group of Hospitals
Grosvenor Road
BELFAST

Dear Miss McCombe

RE: ADAM STRAIN DECEASED

I refer to our telephone conversation. I now enclose copy letter from the Coroner's Office and copy of Mr Keane's report.

Yours sincerely

MRS SUSAN YOUNG

ADMINISTRATION MANAGER

Missan Wound

SY/CM

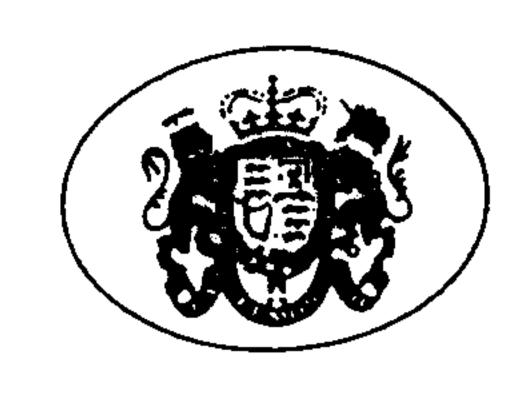
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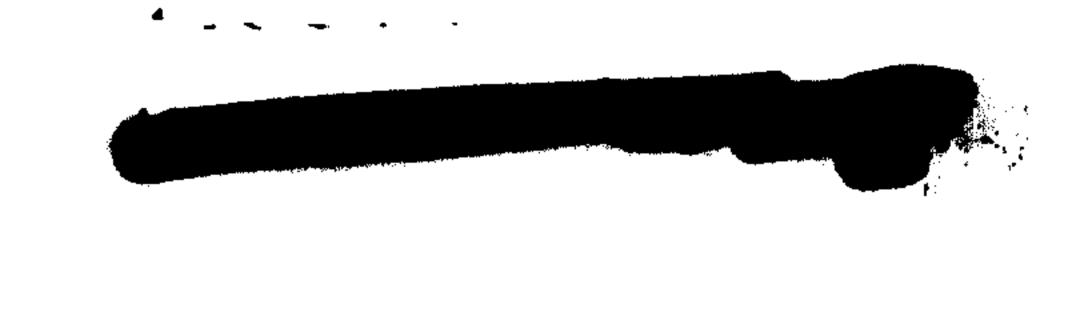
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My Lecker

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AS - ROYAL





HER MAJESTY'S CORONER

DISTRICT OF GREATER BELFAST

Telephone: Fax:

Mrs Susan Young Administration Department Belfast City Hospital Lisburn Road BELFAST John L Leckey LL.M.
H. M. Coroner
Coroner's Office
Courthouse
Crumlin Road
Belfast
N. Ireland
BT14 6AL

30 November 1995

Dear Mrs Young

RE: ADAM STRAIN, DECEASED

The above four year old child died in the Royal Belfast Hospital for Sick Children on 28th November 1995 following kidney transplant surgery.

One of the surgical team was Mr Patrick Keane, Senior Registrar in Urology from Belfast City Hospital.

I should be grateful if you would let me have as soon as possible a statement from Mr Keane fully detailing his part in the surgery and commenting as to whether it progressed uneventfully or otherwise. Dr George Murnaghan of the Royal Victoria Hospital is arranging to let me have statements from the RVH clinicians involved.

Thank you for your assistance.

Yours sincerely

J L LECKEY

HM CORONER FOR GREATER BELFAST



LISBURN ROAD, BELFAST BT9 7AB

DEPARTMENT OF UROLOGY

TELEPHONE
EXTS.
FAX

REGIONAL UROLOGY SERVICE

MR. P. KEANE - CONSULTANT UROLOGIST

December 1995

Mrs S Young Complaints Officer A Floor Tower Block

Dear Mrs Young

Re: Adam Strain - Deceased

Just a quick point initially, "one of the surgical team was Mr Patrick Keane, Senior Registrar", I am a Consult ant which would probably make a difference in this case and that ought to be cleared up with the Coroner first of all.

I was asked to transplant this 4 year old boy on Monday 27 November 1995. The operation started at 7.30 am and was technically very difficult because of previous surgery that this young boy had. However, despite the technical difficulties the kidney was successfully put into the child and 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 initially done but this is by no means unusual in renal transplantation. The whole operative procedure took about three hours.

I was informed later on that day that the child had severe cerebral oedema and that he was probably brain dead.

In summary, therefore, the operation was difficult but a successful result was achieved at the end of the procedure.

Yours sincerely

PF Keane

Consultant Urologist

/SH

DATE 21 DEC 1995 ACTION INFO

CHAIRM
CHIEF EXA:
CLINICAL SERVICES
CLINICAL DEVELOPMENT
CHAIRM
CHIEF EXA:
CLINICAL DEVELOPMENT
CHAIRM
CHIEF EXA:
CLINICAL DEVELOPMENT
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CLINICAL SUPPORT

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AS - ROYAL