

The **ROYAL
HOSPITALS**

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Your ref: A.49/95/43/J

20th December 1995

Dr G A Murnaghan
Director of Medical
Administration
King Edward Building
RVH

George
Dear Dr Murnaghan

Re: **Adam Strain** [REDACTED]
DOB: 4/8/91 Unit No: 364377

Please find enclosed report as requested on the above
named patient.

Yours sincerely

Styler
Mr S Brown FRCS
Consultant Paediatric Surgeon

CMcI

8/1/96
Copy to Dr A. Arman

AS - ROYAL

PATRON: *HRI The Duchess of Kent*

The Royal Victoria Hospital
The Royal Maternity Hospital
The Royal Belfast Hospital for Sick Children

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

180 Falls Road, Belfast BT12 6BE Northern Ireland
Telephone: 01232 240503

059-060-145

20/12/95

MEDICAL REPORT

Re: Adam Strain [REDACTED]
Re: 4/8/91 Unit No: 364377

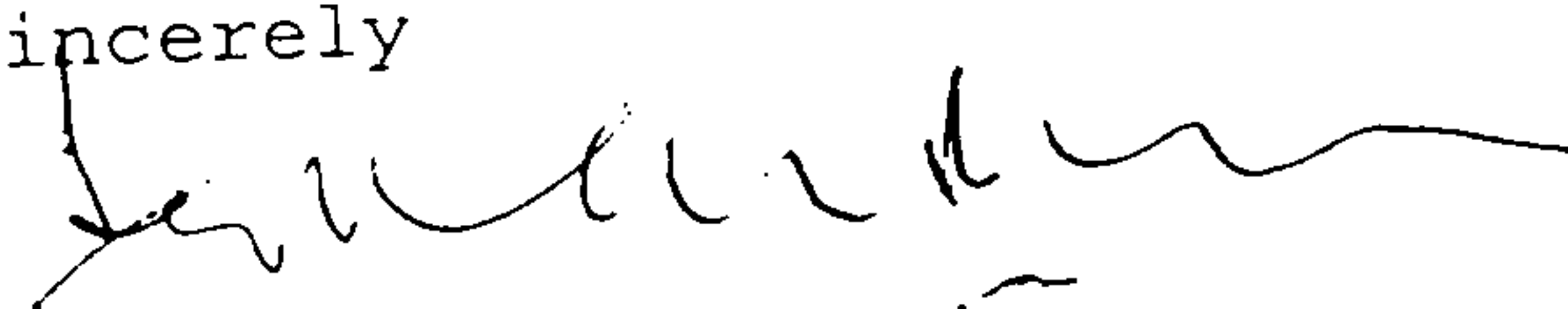
Adam was born in the Ulster Hospital on the 4th August 1991. He was noted at birth to have cystic dysplasia of his kidneys with compromised renal function. The cause of his cystic dysplasia was initially unclear but it was eventually decided that it was due to obstruction at the lower end of his ureters resulting in deteriorating uropathy. Surgery was carried out on the 22nd November 1991 in the Ulster Hospital when his ureters were reimplanted into the bladder to correct the obstruction.

His surgical course was significantly eventful and he developed a number of complications which required further surgical procedures in order to establish adequate drainage of his kidneys and also to confirm that this was the case. However we were satisfied that he had satisfactory drainage of his kidneys and that no further obstructive uropathy was occurring. He then came under the care of Dr Savage because of his deteriorating renal function and I did not review him myself.

I was next involved in his care as surgical assistant to Mr Keane during the renal transplantation procedure. The operation was technically difficult because of previous surgery in his abdomen and access to the vessels in his pelvis was not at all easy. However the transplantation procedure appeared to be technically satisfactory and at no stage during the operation was I conscious of any problem with his general condition. Nor was there anytime when the blood appeared to change colour indicating any suggestion of hypoxia. The perfusion of the kidney was satisfactory, although at no stage did it produce any urine.

Once the operation was completed I had no further input into his management.

Yours sincerely


Mr S Brown FRCS
Consultant Paediatric Surgeon

CMcI

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