

TO WHOM IT MAY CONCERN

RE: ADAM STRAIN

Adam Strain was a patient with chronic renal failure and polyuria. He developed problems with recurrent urinary infections in infancy and was under the care of Mr. Stephen Brown, Consultant Paediatric Surgeon. He required multiple urological operations for vesico ureteric reflux and a Fundal Plication to correct a hiatal hernia. As a result of infection and reflux his kidneys were damaged and deteriorated to the point where peritoneal dialysis was commenced in 1994. He was then placed on call for a renal transplant. He required multiple medications with **Calcium Carbonate, Keflex, Iron, One-Alpha Vitamin D, Erythropoietin and Sodium Bicarbonate** and night time gastrostomy tube feeding.

The medications and tube feeds were to ensure good nutrition and to prevent renal anaemia and bone disease. He was a well nourished, well grown boy with height near the 50th centile and weight at the 90th centile for his age. His most recent acute illness was with a gastrostomy exit site infection in July 1995.

On 26th November we had an offer of a kidney from the U.K. Transplant Service. He was admitted to Musgrave Ward RBHSC for pre-operative assessment. His serum electrolytes, haemoglobin and coagulation were satisfactory. H.B. 10.5g/dl, Na 139, K 3.6, Urea 16.8, Ca. 2.54, Albumin 40, Prothrombin time 12.3. His chest was clear on examination. B.P. 108/56. He was afebrile. There were no signs of infection. His night gastrostomy feeds are normally 1.5l of Nutrizon. On anaesthetic advice this was changed to clear fluid which was stopped two hours pre op. This meant he had 900mls of Dioralyte overnight. His peritoneal dialysis was performed as usual - 750ml fluid volume 1.36% Dextrose solution. He was given 8 cycles before going to Theatre at 7a.m.

My contact with Theatre during the procedure indicated no major difficulties with cardiovascular status or anaesthesia. Surgery was complex but successful, organ transplantation achieved with acceptably matched kidney from a 16 year old donor.

DONOR

Age	16 years
Blood group	A +ve
CMV status	negative
Tissue type	A 1,29
	B 8,44
	DR 7,3,

ADAM

4 years
A+ve
negative
A 1,32
B 14,44
DR 7,8,

2 cont.....

Post-operatively Adam failed to breathe spontaneously. On examination he had dilated pupils and bilateral papilloedema.

A chest x-ray showed pulmonary oedema and an emergency CAT brain scan confirmed cerebral oedema and herniation and compression of the brain stem. Neurological testing by Dr. David Webb on the evening of 27/11/95 and the morning of the 28/11/95 confirmed brain death.

Deborah Strain, the mother, and the immediate family were informed of the complications and prognosis regularly throughout these events. Death was certified shortly after 9a.m. on 28th November. Adam's mother offered his organs for donation and this was discussed with the Coroner who felt this not to be appropriate. With the consent and in the presence of the family ventilatory support was withdrawn at 11.30a.m. while Adam was being nursed by his mother.

SIGNED.....

*Maurice Savage*  
**MAURICE SAVAGE**

Consultant Paediatric Nephrologist

DATE: 28th November 1995

c.c. Dr. G. Murnaghan Medical Administration RGH ✓  
c.c. Dr. B. Taylor Consultant Anaesthetist RBHSC