STATEMENT OF WITNESS

STATEMENT OF: DEBRA FRANCES ~~STRAIN~~ SLAVIN (NEE STRAIN)
Name

AGE OF WITNESS *(If over 18 enter "over 18")*: OVER 18 13/2/65
Rank

To be completed when the statement has been written

I declare that this statement consisting of page, signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this 6 day of SEPTEMBER 2005.

William R Cross

***SIGNATURE OF MEMBER** by whom statement was ~~recorded~~ or received*

WILLIAM R. CROSS

PRINT NAME IN CAPS

Debbie Slavin

SIGNATURE OF WITNESS

I am the mother of Adam Strain. At the Inquest into his death which was held on 18th June 1996 I stated the following. Adam was born on the 4th August 1991 with dysplastic kidneys also obstruction and reflux of both ureters. He first started having surgery at three months old on the 22nd November 1991 when he had his first reimplantation of his ureters. This took place in the Ulster Hospital and on the 26th November he was then transferred to the RBHSC because of complications. Between then and early January 1992 he had a further four reimplantations of his ureters, the end result being the left ureter had to be joined to the right and then attached to his bladder in a 'Y' shape. All this proved unsuccessful. In March 1992, because of severe oesophageal reflux he needed a fundo-plication. Also during this time and in the months and years following he had three gastrostomy tubes, two dialysis catheters and also central lines inserted. He started on peritoneal dialysis in September 1994 for thirteen hours a night, six nights a week. The last surgery that Adam had before his transplant was an orchidopexy and gastrostomy button in October 1995. He also needed to have various tubes removed and tests carried out which required anaesthesia for short periods of time, but unfortunately I cannot remember every one of them. This takes us up to the 26th November 1995 when Adam was admitted to Musgrave Ward at 9.00 pm for

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transplant. As he did not take anything by mouth and required 2100 mls of fluid a day between midnight and 5.00 am he was fed approximately 900 mls of water through his gastrostomy button to keep his fluid balance correct. He was taken to theatre shortly before 7.00 am and at this point I was told surgery was expected to last between 2 and 3 hours. During the operation Adam's own doctors very kindly kept me in touch with what was going on. At 9.30 am Dr Savage told me that things were going well and that an epidural was in place. Also Mr Brown was assisting Mr Keane, but to be perfectly honest neither of these pleased me very much. In the remaining two and a half hours of surgery I was told by Doctor O'Connor that because Adam was quite heavy and because of adhesions caused by previous surgery, things were taking longer than expected. I was also told Adam's bladder was enlarged and that after transplant, he would probably need to be catherized several times a day. The first time I saw Adam after surgery was at approximately 12.15 pm and I was told he was just being slow to waken, but I knew straightaway that there was something wrong as this had never happened to Adam before. I was then taken away to have a cup of tea and settle myself, but no one gave any indication at this point that there was anything wrong. I returned to ICU a short time later, but was not allowed in. I was then informed that there ws something seriously wrong, but they could not tell me what. A short time later they took Adam for a CT Scan and about an hour later I was informed that there was very little hope. At 7.00 pm the Neurologist, Doctor Webb, carried out his tests and agreed with the findings of Doctor Savage and Doctor Taylor. Later that night, I was made aware that Adam's postassium had risen and he needed to be dialysised. I attached him up to a dialysis machine which was brought round from Musgrave Ward. Dialysis proved unsuccessful as the fluid leaked from Adam's wound and it had to be switched off a short time later. At no time was I made aware of the problem with Adam's sodium level, I was just told Adam's condition was being treated aggressively and that everything was being done which I knew and I still believe to be true. Doctor Webb rerturned next morning and carried out his tests again and at 12 o'clock midday Adam's respirator was switched off. As a

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parent and on behalf of the family circle who had Adam as the focal point of our lives for over four years, it was obviously a very emotional time. Doctor Taylor, part of the medical team, described what had happened to Adam as "a one in a million thing". At this time and at the back of our minds still, this was possibly not the way to describe what had happened to our little boy. I keep thinking and searching for an explanation. One question keeps coming to mind. It concerns Adam's sodium level mentioned in Doctor Alexander's report. I would like to point out that it was commonly known that Adam had an ongoing problem with his sodium which he was being treated for and had been for the past four years. If this had any bearing on the outcome, I would like to know why more care was not taken with this, as surgery had to be prolonged for such a long period. I would just like to say that when you give a child life you never expect to have to watch that being taken away from them, but I did have to and that will be with me for the rest of my life. My son's full name was Adam Strain. He was born in Belfast on the 4th August 1991. My full name is Debra Strain and I am employed as an Accounts Clerk. In reply to questions by Miss Higgins I stated as follows: [redacted]: I was unhappy about Mr Brown due to a previous surgical procedure. After surgery on the last occasion Adam looked very bloated. This was at 12.15 pm, I think the operation was over at about noon. Also he was not awake and on previous occasions he recovered from anaesthesia quickly. I produce 4 photographs showing Adam's bloated appearance before and after the operation C1. For his sodium problem he had been prescribed sodium bicarbonate and a 100 ml of saline into his feed each day. I did not look into his eyes after surgery. His health was generally good. He was very well nourished and compared with favourably with the other children waiting for kidney transplants. On the last occasion I was not spoken to by an consultant on the morning of the operation. This had always happened previously. The difficulty in inserting a line on the left side might be associated with scarring there from previous procedures.