STATEMENT OF WITNESS

STATEMENT OF:

Patrick Keane

Name

Rank

AGE OF WITNESS (If over 18 enter "over 18"):

Over 18

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

7th

day of

September

2006

SIGNATURE OF MEMBER by whom statement was recorded or received

Patrick Keane

SIGNATURE OF WITNESS

PJ MONAGHAN

PRINT NAME IN CAPS

In 1995 I was a Consultant Urologist; at the time I would have performed somewhere in the region of 250 – 400 transplant operations. I was based in the City Hospital in Belfast, as this is where the adult transplants were carried out. However, on the unusual occasion a child needed a transplant it was carried out at The Royal Hospital for Sick Children. I had an honorary contract with The Royal. The technical difficulties encountered during Adam Strain's operation were related to the difficulty in gaining access to the major blood vessels required for the transplant. Another difficulty is the calibre of the blood vessels required for the transplant. Due to adhesions from previous infections Adam had no intra-peritoneal space and therefore I had to perform an extra-peritoneal procedure. In my opinion there was no other option in Adam's case. Initially the kidney that was transplanted into Adam perfused very well; after the kidney was placed in situ the kidney perfused less well but adequately; I could still feel blood flow in the renal artery. It is also my recollection that a little urine was produced before the ureter was connected to the

Form 38/36 6/05

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bladder. I was happy with the connection between the kidney and the renal artery and the renal vein and the ureteric implant. During the operation there was very little blood loss. I would have expected that Adam's electrolyte levels would have been checked either just before or just after the operation started. During the course of the operation I do not recall any discussions regarding sodium levels. I was not made aware of any problems during the operation in relation to blood pressure or central venous pressure. It would be my normal practice to ask about CVP levels before releasing the clamps; however, I have no recollection of being made aware of any problems with the CVP. I left at the end of the transplant procedure; I left Dr Brown to close the wound, which would have been the last 10 to 15 minutes of the operation. I am not in a position to say whether or not other medical staff were there for the duration of the operation or whether any of them left at any stage. I do recall Dr Savage coming in and out. The record I made in the notes was made immediately after I left the theatre and prior to me going to The City Hospital. I made my record in the clinical notes as the Hospital for Sick Children did not have specific operation notes to my knowledge at the time.

Patrick Keane