

STATEMENT OF WITNESS

STATEMENT OF:

Stephen Brown

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 3 pages, each 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 4th day of September 2006

P J Monaghan

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

P J MONAGHAN

PRINT NAME IN CAPS

Stephen Brown

SIGNATURE OF WITNESS

At the time of Adam Strain's operation in 1995 I was a Consultant Paediatric Surgeon for the Royal Group of Hospitals and for the Ulster Hospital as well. My qualifications at the time were MBFRCS and a Fellow of the Royal College of Surgeons. I was appointed as a Consultant in 1978, so at the time I would have had 17 years of experience. I was experienced as a good paediatric surgeon with certain exceptions, I did not have experience of neuro surgery, ear, nose and throat surgery, operations involving the heart and bones. There were other surgeons who looked after those areas. In 1995 I had not personally been involved in a transplant operation and have been involved in very few since. My role in Adam's operation was as assistant surgeon to Mr Keane, as an assistant I would really act as a second pair of hands. The reason that I assisted Mr Keane in the operation and not a more junior doctor, which would have been entirely acceptable, was because I knew Adam and had operated on him in the past. I did not have any discussion regarding Adam's fluid management before the operation, this would not have been in my remit. I do not recall any discussion at the start of the operation regarding electrolyte tests or results. That was not my role during the operation, that role would fall to the nephrologist before the operation or the anaesthetist during the operation. I do not remember if there

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was an anaesthetic nurse present during the operation. The decision as to where the kidney was transplanted into Adam was made by Mr Keane. I do not recall any discussion regarding the placing of the kidney into Adam with Mr Keane. The operation was technically difficult because of previous operations that Adam had undergone, ie the amount of scar tissue that had built up. As a consequence of these difficulties the operation took longer than it would have taken to perform on a child who had not undergone the previous operations. It is my recollection that at the time I was satisfied that the operation was a success. The kidney was a good colour, from what I can remember the kidney turned pink in colour when it was transplanted and the blood was put through it. As far as I can remember the kidney remained pink in colour, I remember nothing to the contrary. During the operation I have no memory of any concerns regarding Adam's situation. I do not recall any task being carried out at 9.30 hours that showed a low sodium level. In my opinion there are two things that surgeons and anaesthetists communicate about and those are blood loss and blood colour. Surgeons would not have been consulted or informed of a biochemical test. Neither blood loss nor blood colour were an issue in Adam's operation. I have no recollection of any discussions between the surgeons and the anaesthetists regarding fluid to help the kidney perfuse. I have no recollection whether both anaesthetists were there throughout the whole operation or whether any or either of them left at any stage. Surgeons would not leave the operating theatre and both Mr Keane and myself were present throughout the operation, however, though I do not recall, I note from Mr Keane's statement that he left the theatre when the operation was technically over leaving myself to sew up the wound. I notice that my recollection at the time was that urine was not produced and Mr Keane has stated that urine was produced. I cannot explain this small discrepancy. I may be wrong about the urine. Though as far as I recall no urine was produced. It would appear to be the case that Mr Keane left myself to sew up the wound. I do not have any recollection of the end of the operation or the anaesthetist trying to bring Adam round. I continued on with my days work. I remember receiving messages stating that Adam was

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not well. A decision to measure or not to measure urine production during the operation would be a matter for the anaesthetists. I would state that the operation did take a little longer than expected, however, apart from the excess scar tissue there were no other difficulties. I do not recall any crisis occurring during the operation. I do not recall when I left the operating theatre that anything had gone wrong. I do not recall any discussions during the operation regarding the Central Venous Pressure. I have no recollection of being informed of Adam's sodium level after a test at 9.32 hours. It was not until the Inquest that I realised that Adam had been so ill so quickly after the operation. I had only been aware that there was a problem with his electrolytes.

Stephen Brown

Certified to be a true copy of an original signed document.