

## STATEMENT OF WITNESS

STATEMENT OF:

Stephen Brown

Name

Rank

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

TO BE COMPLETED  
WHEN THE  
STATEMENT HAS  
BEEN WRITTEN

I declare that this statement consisting of \_\_\_\_\_ 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

day of

20

SIGNATURE OF MEMBER by whom  
statement was recorded or received

SIGNATURE OF WITNESS

PRINT NAME IN CAPS

At the time of Alan Staines 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 general paediatric surgeon with certain exceptions; I did not have experience of neonatal surgery, ear, nose and throat surgery or operations involving the heart or brain. 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 others. My role in Alan's operation was as assistant surgeon to Mr. Keene, as an assistant I could really act as a

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second pair of hands. The reason that I assisted Mr Kane in the operation and not a more junior doctor, which would have been entirely acceptable, was because I knew Adam and had worked 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 of the start of the operation regarding electrode sets or results. That was not my role during the operation; that role would fall to the anesthetist before the operation or the anesthetist during the operation. I do not remember if there was an anesthetic nose piece during the operation. The operation was technically difficult. The decision as to where the tubular was inserted into Adam was made by Mr Kane; I do not recall any discussion regarding the placing of the tubular into Adam with Mr Kane. The operation was technically difficult because of previous operations that Adam had undergone; i.e. the growth of scar tissue that had built up. As a consequence of those difficulties the operation took longer than it would have taken to perform on a child who had not undergone the previous

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operation. It is my recollection that at the time I was satisfied that the operation was a success. The kidney was a good color; green and I can remember the kidney turned pink in color when it was transplanted and the blood was put through it. As far as I can remember the kidney remained pink in color; 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 test being carried out at 9.30 hrs that showed a low sodium level. In my opinion there are two things that surgeons and anesthetists communicate about and those are blood loss and blood color. Surgeons would not have been consulted or informed of a biochemical test. Neither blood loss nor blood color was <sup>an issue</sup> ~~relevant~~ in Adam's operation. I have no recollection of any discussions between the surgeons and the anesthetists regarding fluid to help the kidney perfuse. I have no recollection whether ~~the~~ both anesthetists 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 the bone

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and myself were present during the question; however, though I do not recall, I note from Mr. Kerner's statement he left the Harkins when the question was technically over leaving myself to set up the word. ~~(The Kerner statement said that I left)~~ I notice that my recollection of the time was that urine was not produced and Mr. Kerner 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. Kerner left myself to set up the word; I do not have any recollection of the end of the question or the anesthesiologist saying to him "Adam sound". I continued on with my day work; I remember receiving messages stating that Adam was not well. A decision to measure or not to measure urine production during the question could be a matter for the anesthesiologists. I would state that the question did take a little longer than expected, however, apart from the excess was there were no other difficulties. I do not recall any crisis occurring during the question; I do not recall when I left the operating theatre that anything had gone wrong. I do not

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recall any discussions during the question  
regarding the Central Venous Access. I have  
no recollection of being informed of Adam's  
condition until after a text at 9:32 hours.  
It was not until the Inquest that I  
realized that Adam had been so ill so  
quickly after the question. I had only been  
aware that there was a problem with  
his dialysis.