STATEMENT OF WITNESS

STATEMENT OF: DAVID WEBB

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 2 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 28 day of APRIL 2006

W R Cross

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

WILLIAM R CROSS

PRINT NAME IN CAPS

DWM Webb

SIGNATURE OF WITNESS

I am a Consultant Paediatric Neurologist in Our Lady's Hospital for Sick Children and the National Children's Hospital in Dublin since 1997. Prior to my appointment to this position I was a Consultant Paediatric Neurologist at the Royal Belfast Hospital for Sick Children for two years. On the 27th November 1995 I was contacted by the Nephrology Service to see a child named Adam Strain. I attended Adam at 7.30 pm on that date. Adam was a four year boy with bilateral reflux nephrophaty and renal dysplasia who had received a cadaveric renal transplant earlier that day. He was noted peri-operatively to have fixed dilated pupils at approximately 12 noon. This had been a completely unexpected finding at his cardio-respiratory monitoring had been normal throughout the operation. I examined Adam at that time and noted he was on no muscle relaxants or sedation. His vital signs were stable and he was not hyprothermic. He was fully ventilated with no respiratory effort. His neurological examination fulfilled the criteria for preliminary confirmation of brain stem death. I noted that he had severe extensive

STATEMENT OF: DAVID WEBB

bilateral fundal haemorrhages suggestive of acute raised intercranial pressure. I reviewed his CT scan which showed diffused generalised cerebral oedema with obliteration of the basal cisterns fulfilling the radiological criteria for coning. I repeated Adam's brain stem assessment twelve hours later and confirmed the criteria for brain stem death. My impression was that he had suffered severe acute cerebral oedema which was likely to have occurred on the basis of osmotic disequilibrium causing a sudden fluid shift. D/Sergeant Cross has shown me a letter marked WRC10. I can confirm that this is a letter which I forwarded to Dr Murnaghan in December 1995 reporting the above facts. In response to questions by D/Sergeant Cross I can confirm that the brain stem tests involves confirming parameters as listed on page 139 of the original notes, then confirming responses to pain, proceeding to pupils, cornea, eye movements, palatal and tongue movement and cough response and finish with an apnoea test, removing ventilation, give facial oxygen and monitor blood C02 level. If CO2 rises it acts as a stimulus to breathing and therefore if a rise is seen without breathing it confirms the breathing centre in the brain is dead. These tests are recorded on the papers of the original notes marked 139 and 140. These tests are done by two people. I was assisted by Dr O'Connor on the second occasion. I can confirm that when I said the cause of death was cerebral oedema on the basis of osmotic disequilibrium I am referring to abnormal fluid shifts between blood and surrounding tissue and in this case, between blood and brain cells in particular. I had no contact with Adam before or during his operation.

WRC 10.

ROYAL HOSPITALS

CH364377

Date of Dictation - 12.12.95
Date of Typing - 14.12.95

Dr. G.A. Murnaghan,
Director of Medical Administration,
R.V.H.

Dear Dr. Murnaghan,

re - Adam Strain (dec'd), [redacted]

I note your request for a statement from the clinicians involved in the medical care of this child.

I was contacted by the Nephrology Service to see this child on 27th November 1995. I was at a peripheral Paediatric Neurology Clinic in Derry at the time and I attended Adam on the evening of the 27th November at 7.30 pm. As you know, he was a four year old boy with bilateral reflux nephropathy and renal dysplasia who had received a cadaveric renal transplant earlier that day. He was noted peri-operatively to have fixed dilated pupils at approximately 12 noon. This had been a completely unexpected finding as his cardio-respiratory monitoring had been normal throughout the operation.

I examined Adam at this time and noted he was on no muscle relaxants or sedation. His vital signs were stable and he was not hypothermic. He was fully ventilated with no respiratory effort. His neurological examination fulfilled the criteria for preliminary confirmation of brain stem death. I noted he had severe extensive bilateral fundal haemorrhages suggestive of acute raised intercranial pressure. I reviewed his CT scan which showed diffused generalised cerebral oedema with obliteration of the basal cisterns fulfilling the radiological criteria for coning.

I repeated Adam's brain stem assessment twelve hour's later and confirmed that he fulfilled the criteria for brain stem death. My impression was that he had suffered severe acute cerebral oedema which was likely to have occurred on the basis of osmotic disequilibrium causing a sudden fluid shift.

Yours sincerely,

Dr. David Webb
Consultant in Paediatric Neurology

8/1/96
Copy to D. A. Armour ✓

AS - PSNI

093-021-061a