

CORONERS ACT (Northern Ireland), 1959

Deposition of ~~Witness~~ taken on TUESDAY the 18th day
of JUNE 19 96, at inquest touching the death of
ADAM STRAIN, before me MR J L LECKEY

Coroner for the District of GREATER BELFAST

as follows to wit:-

The Deposition of ^{MR.} ~~DOCTOR~~ D F KEANE (Consultant Urologist)

of c/o BCH, Dept of Urology

(Address)

who being sworn upon h oath, saith

I was asked to transplant this 4 year old boy on Monday 27 November 1995.

The operation started at 7.30am and was technically very difficult because

of previous surgery that this young boy had. However, despite the

technical difficulties the kidney was successfully put into the child

and perfused quite well initially and started to produce urine. At the

end of the procedure it was obvious that the kidney was not perfusing

as well as it had initially done, but this is by no means unusual in

renal transplantation. The whole operative procedure took about three

hours. I was informed later on that day that the child had severe

cerebral oedema and that he was probably brain dead. In summary,

therefore, the operation was difficult, but a successful result was

achieved at the end of the procedure. *Monitoring of urine*

during a transplant procedure is never done.

Miss Higgins: The operation would have started

between 7.15 and 8.00 a.m. I do not believe

that surgery of that nature should be undertaken

at 2/3 or 4 a.m. if possible. In this case the kidney being

transplanted had been removed within a

normal time before surgery. It was sometime

after the end of surgery that the problem with

Adam was noticed. The blood loss of 1200cc was

not all blood but contained fluid as well.

I was not aware of Griffith's paper. In the light of

Adam's experience the factors in that paper

P.T.O.

TRANSCRIPTION OF DEPOSITION OF MR D F KEANE

Monitoring of urine during a transplant procedure is never done.

Miss Higgins:- The operation would have started between 7.15 and 8.00 am. I do not believe that surgery of that nature should be undertaken at 2/3 or 4 am if possible. In this case the kidney being transplanted had been removed within a normal time before surgery. It was sometime after the end of surgery that the problem with Adam was noticed. The blood loss of 1200 cc was not all blood but contained fluid as well. I was not aware of Arieff's paper. In the light of Adam's experience the factors in that paper would be carefully considered in future surgery of a similar nature.