

EXPERIENCE OF ANAESTHETISTS AND SURGEONS INVOLVED IN ADAM STRAIN’S CASE
In Paediatric Renal Transplants as at 26th November 1995

Witness Ref No	Name	Position	Experience in Paediatric Renal Transplantation	Analysis by Inquiry Expert Witnesses
006	Mr Patrick Keane	Consultant Urologist, Belfast City Hospital	<p>He states he was <i>“the only appropriately trained surgeon available and capable of performing the [renal transplant] procedure”</i> on Adam on 27th November 1995 (Ref: WS-006-02, p.8)</p> <p>He states that <i>“at the time [he] would have performed somewhere in the region of 250-400 [adult] transplant operations”</i>.</p> <p>Prior to Adam’s transplant, Mr. Keane states he had performed 3 renal transplants on children under 6 years old (whilst assisting in others) on 17th April 1993, 14th May 1993 and 11th December 1994. (Ref: WS-006/2 p.12 and WS-006/3, p.15). These are confirmed in correspondence with DLS (Ref 301-080-536) to have taken place at Belfast City Hospital although the 11th December 1994 operation involved a child older than 6 years old.</p> <p>He states that he <i>“chose not to involve himself in paediatric transplantation after 27th November 1995”</i> (Ref: WS-006/2, p.12)</p> <p>Subsequent DLS correspondence has highlighted that Mr Keane was also involved in renal transplant operations at at RBHSC on 17th November 1995. After Adam’s operation, he performed 2 further renal transplants at the RBHSC in June 1996 and March 2000. (Ref: 301-042-405 and 301-047-414)</p>	<p>Forsythe & Rigg – <i>“Mr Keane was an experienced adult kidney transplant surgeon but had limited experience of paediatric transplantation in children aged under 6 years of age.”</i> (Ref:203-004-069)</p> <p><i>“On balance, the documents provided, would support the fact that Messrs. Keane and Brown were the most experienced surgeons available at that time in Belfast, but had limited experience of paediatric kidney transplantation.”</i> (Ref: 203-004-069)</p>
007	Mr Stephen Brown	Consultant Paediatric Surgeon, RBHSC	<p>17 years of experience as a Consultant Paediatric Surgeon. In 1995 had not been personally involved in a transplant operation. Knew Adam and had operated on him in the past. (Ref: 093-011-031)</p>	<p>Forsythe & Rigg – <i>“Although Mr Brown does not appear to have had any first hand experience of transplant surgery, nevertheless he was a consultant paediatric surgeon who was both familiar with operating in children of this age, as well as with Adam’s previous</i></p>

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			<p>Does not recall if he was involved in any other transplant operation after Adam’s death. (Ref: WS-007-02, p.5) He believes that if he had, they would have been very few. (Ref: 093-011-031). Subsequent correspondence with DLS has confirmed that he was not involved in any subsequent renal transplants at RBHSC (Ref: 301-042-405).</p> <p>Did not recall ever having previously assisted Mr. Keane (Ref: WS-007-02, p.5)</p>	<p><i>surgical history.” (Ref: 203-004-069)</i></p> <p><i>“On balance, the documents provided, would support the fact that Messrs. Keane and Brown were the most experienced surgeons available at that time in Belfast, but had limited experience of paediatric kidney transplantation.” (Ref: 203-004-069)</i></p>
008	Dr. Robert Taylor	Consultant Paediatric Anaesthetist, RBHSC	<p><i>“Adam was the first Renal Transplant that I was asked to anaesthetise since my appointment as a consultant Anaesthetist in February 1991. I felt that I had the necessary training and experience to undertake this case as I had undertaken a two year fellowship in Paediatric Critical Care and Anaesthesia at the Hospital for Sick Children, Toronto from 1988-1990. I did gain experience of children undergoing anaesthesia and postoperative critical care for renal transplantation during that period and I assisted in the anaesthetic management of a number of liver and kidney transplants and a heart transplant.” (Ref: WS-008/6, p.3)</i></p> <p>From April 1993 to October 2010, Dr. Taylor was involved in 7 renal transplant operations at the RBHSC (Adam’s in November 1995, November 1996, August 1997, September 2005, November 2006, February 2009 and September 2010) (Ref: 301-047-414).</p>	<p>Haynes – <i>“A consultant paediatric anaesthetist should have all the skills necessary as defined in ii above. Even an experienced trainee should not anaesthetise such a patient without direct consultant supervision. The presence of a second anaesthetist is not essential, but would be useful in terms of providing assistance with technical tasks (if competent), and observation of the patient. [...] I would expect Dr Taylor to have had the skills required to anaesthetise Adam.” (Ref: 204-002-022)</i></p> <p><i>“Given that renal transplantation at RBHSC is a low volume service, he may well have not been involved in a renal transplant operation – only about 3 were performed each year. This does not mean that he was not competent to do so. [...] Most renal transplant recipients are anuric or oliguric (producing no or very little urine), so a case such as Adam would indeed be unusual. That said, it is my opinion that a consultant paediatric anaesthetist in the UK in 1995 should have had the necessary skills to manage Adam safely. Management of fluid and electrolyte abnormalities is such an important component of anaesthesia for major surgery in any sick child, that I would expect Dr Taylor to</i></p>

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				<i>have managed this correctly – especially since expert support was readily available from the nephrology team.” (Ref: 204-004-147)</i>
009	Dr. Terence Montague	Paediatric Registrar in Anaesthetics, RBHSC	<i>“I had never been involved in a renal transplant procedure in a child prior to Adam’s transplant. [...]. I have only ever been involved in 1 renal transplant in a child and that was Adam Strain’s”. (Ref: WS-009/1, p.4)</i> Subsequent correspondence with DLS has confirmed that he was not involved in any subsequent renal transplants at RBHSC (Ref: 301-042-405).	Haynes – <i>“In his witness statement he is explicit that he was at an early stage in his paediatric anaesthetic experience and that very little responsibility had been devolved to him by Dr Taylor for Adam’s anaesthetic care. This in my view was entirely appropriate.” (Ref: 204-004-147)</i>