

4. I did see the baby on the ward after the above meeting (bottom of page 0048). Normally at this stage, I introduce my self to parents and discuss the proposed procedure with them. Unfortunately I could not say that with certainty in this case, as the hand writing is illegible due to poor photo-copy on this page and requires inspection of original case notes for clarity. I would have mentioned that the provisional date for surgery was some times in September. This has been mentioned in Dr Jordan's letter on the page 0093.
5. Verity was admitted on 10th September for the operation and I appeared to have seen them on 11th (page 0061) and discussed the nature and risks of the proposed operation. It is clear that I was talking about a central shunt, as mention of Aorto-Pulmonary shunt on this page. So I would have mentioned why the usual shunt could not be performed, i.e. the peripheral arteries were very small. Unfortunately my notes are rather brief, but I can not believe that I would have termed the operation as simple and straightforward. The shunt procedure in a small baby with known small arteries is well known to be a technically challenging operation. In the joint meeting report, as mentioned in the previous paragraph, the word "attempt" was used when deciding for the operation. So I knew that it would be a challenging procedure and I am sure I would have conveyed that to parents. However I would also have reassured them that the "shunt" per se was comparatively smaller procedure than the main operation which the child was going to require at a later age. I would have at the same time mentioned that without this operation the baby was not going to grow to that age, as was obvious to them with clinical deterioration in her condition. Definitely I mentioned that the anaesthesia carries high risk in such cyanosed babies.
6. Verity was operated on 12-9-90 (pages MR2374 0075-0076). The pulmonary arteries were found to be smaller than seen on the angiogram. The main pulmonary artery was even shorter and more like a stub sith no lumen. So the idea of central shunt was dropped after a traumatic experience. A very difficult peripheral shunt was performed but the oxygenation did not improve mainly because of small lumen of the peripheral artery. Oxygen saturation of around 70% was accepted in the circumstances (anaesthetic charts on pages MR2374 0053-0055).