

would be able to undergo her operation, but he hoped that the operation would take place before her first birthday.

41. I think it was at this time, or shortly thereafter that I had my first long meeting with Mr Wisheart. Mr Wisheart described the operation that he was going to perform for Charlotte. I was pleased about the meeting because it gave me an opportunity to ask Mr Wisheart about the availability of a switch operation. I had heard that a switch operation was available in America. I asked Mr Wisheart if this was possible for Charlotte. Mr Wisheart said that these operations were only at that time being performed in London. He said that at that time London had only done four such operations on children and hadn't had great results. Mr Wisheart went on to say that in America the procedure was still in its early stages. Some seven procedures had been carried out on children in America and again, not with great results. I remember offering that I would pay for the switch operation if it would help Charlotte. Mr Wisheart was quite forthright in saying that he felt that the risk wasn't worth taking. He also said that even if the operation was available, the nature of Charlotte's defects were such as to exclude her as a candidate for such a procedure. He explained that a switch procedure was to put the arteries back the right way round, but that procedure would be too much for Charlotte because of her condition. I was happy to accept Mr Wisheart's explanation. I remember that he was kind, but candid in the matter.

42. Mr Wisheart went on to explain the operation that he was going to carry out for Charlotte. It was to be a Sennings Procedure. He explained that Charlotte's heart had the wrong chamber acting as the pumping chamber, which in Charlotte, was opposite to where it should have been. Mr Wisheart said he couldn't change that. He had to get the blood and oxygen going the right way round. He said he would do that by carving little canals and making little bridges to allow that to happen. He explained he also had to graft a wall in the lower chambers where the hole in the heart was (AVSD) and try and patch the valves because Charlotte had leaking valves.
43. I remember Mr Wisheart taking a great deal of time with me drawing diagrams and explaining the problems and procedures and indeed going over them several time.
44. Mr Wisheart explained how the operation would go. He said that the first stage was to cool the body down to enable it to be put on by-pass. I think he said it took three hours to slow down the body and to open up and clamp preparatory for the heart being put on by-pass. I remember him saying that that procedure was done by a separate team.
45. Mr Wisheart explained that there could be problems. He explained that not all patients were compatible with heart by-pass and that there was some risk attached to that, but that they would only know whether or not Charlotte

was incompatible when she was put on the by-pass.

46. Mr Wisheart explained that there was a risk of brain damage because of the length of the operation and the amount of the anaesthetic required.
47. Mr Wisheart said that once the heart had been stopped and Charlotte put on by-pass, there was only a certain amount of time allowed within which the surgery could be carried out before she had to be taken off the by-pass. I do not remember how long Mr Wisheart said that period was.
48. Mr Wisheart said that there could also be problems taking Charlotte off the by-pass. Charlotte would have to be warmed up after the surgery and then taken off the by-pass and that could be a problem time.
49. Mr Wisheart was very specific about brain damage risk associated with by-pass and anaesthetics. He said that compared with past times anaesthetics were very much better and the risk very much less, but nonetheless there was still risk.
50. I remember asking Mr Wisheart what backup plan he had if he opened Charlotte up and realised that the planned operation couldn't be done.

51. Mr Wisheart said that there was always a risk of opening up a patient to find that the situation was worse than that anticipated. He said that couldn't always be planned for and that one would have to address and assess each situation as the need arose.
52. Mr Wisheart said there was a risk of Charlotte dying on the operating table if the problems were greater in fact when she was opened up, than had been anticipated.
53. Mr Wisheart warned that it was possible that Charlotte would end up on a pacemaker for the rest of her life, or might be paralysed for the rest of her life.
54. Mr Wisheart warned that after the operation there was another problem, namely with ventilation in that not all paediatric patients are compatible with ventilation and that there were difficulties sometimes associated with taking a paediatric patient off ventilation because paediatric patients could become ventilation dependent.
55. I remember asking Mr Wisheart whether in his opinion Charlotte would live to grow up. Mr Wisheart said he couldn't tell me that. I remember him saying "one hopes that by doing this operation she will live a normal healthy life". He said he couldn't say for sure that that would happen. He said that

he would do everything that he could for Charlotte and would do his best for her.

56. Mr Wisheart said that the success rate of the operational ie (Sennings) procedure was 75%. I think that was the figure, but I might be wrong.

57. I remember I discussed with Mr Wisheart the Mustard Procedure and reasons why that was not appropriate. I forget the detail of that. I didn't make a note.

58. I remember Mr Wisheart saying there was a risk that the channels that he created would narrow, in which case a further operation would be indicated and that further operation was not always very successful.

### **THE TIMING OF THE SURGERY**

59. I produce attached to this statement a copy of a letter I received from Mr Wisheart centring upon the proposed date for Charlotte's admission for surgery. It dwelt upon the limited resources available and the number of patients in need of urgent treatment and contained reassurance that although Charlotte's operation would have to be postponed, it would be done as soon as possible, but priority had to be given to more urgent cases at that stage. It made sense to me to allow time for Charlotte to grow