

concerned about her I would of course be more than happy to see her with you".

ADMISSION FOR SURGERY IN 1988 AT BRISTOL ROYAL INFIRMARY

12. As it turned out, Melanie was not admitted until the 1st September, but the delay was not a particular problem for us. One other factor that affected the timing of the operation was that there was a lot of new equipment that had been introduced at the BRI, and bearing in mind the extreme complexity of the surgery which Melanie would have to undergo, it was no bad thing to establish the reliability of this equipment and let the Surgeons acquire full confidence in it. Melanie was admitted at the Bristol Royal Infirmary.

13. We were very happy with the facilities there, much of which was new, and we found the staff there altogether superb. The Nursery Ward, which was a small self-contained unit with just a few beds was very nice, and the nursing care was very good. Even though she was very young at the time, my daughter still remembers being there, and has fond memories of it.

CONSENTS

14. We met with Mr Wisheart on the 3rd September, and he reiterated to us that the operation was by no means straightforward. Nevertheless he said that her overall prospects would be good if she came through the operation. He also said that it was going to be a long difficult operation, and that he intended to undertake it jointly with Mr Dhasmana. We met with Mr Dhasmana and his way of expressing things came over as a little more pessimistic, not so as to suggest that he viewed the situation differently from Mr Wisheart but reflecting the different temperaments of the two Surgeons. Also he had not seen

Melanie before, and he also mentioned that scar tissue from the previous operations could possibly give rise to problems. We also met with the Anaesthetist prior to the operation.

15. The operation that was to be undertaken was a 'switch' as the main arteries were the wrong way round. We were told that this was a new and relatively difficult technique, and we understood that the Surgeons had not done many of these operations before. Mr Wisheart had set out to us three possible courses of action, of which the switch operation gave the best long-term prospects, and he gave quite a clear recommendation that this was the best option to take. The other options would have meant, in layman's terms, that the 'wrong' side of the heart would still have been carrying out the wrong function, but the hope would be that the heart would redevelop to cope. These might be safer on a short-term view, but in the longer term, the switch, if successful, would be a better solution. I understood that there was a relatively high degree of risk, and as far as I can recall I think it was put to us as a 25% risk, but we accepted that as a risk worth taking in the circumstances. This was certainly the choice that Mr Wisheart encouraged us to take, and I was glad that he gave us a firm and positive lead in taking the decision.
16. We were happy as to the procedure for giving our formal consent to the operation. We had been given a great deal of medical detail, and that we had been given a proper and balanced assessment of the very real risks involved in the operation, and of which we had been made aware long before it came to the point of signing the Consent Forms.