

very well and they confirmed that she should have the fontan operation when she was 4 years old.

13. On 19 March 1991 Naomi was admitted to Bristol Children's Hospital for a further cardiac catheterisation and an echocardiogram. The catheterisation was performed by Dr Martin and we then had a further meeting with Mr Wisheart. At this meeting Mr Wisheart informed us that the glen shunt was functioning well and that the results of the catheter were very positive. He also said that Naomi's case had been raised at one of their surgical meetings and they had agreed that Naomi met the prerequisites of the fontan procedure and that they would offer her the operation. He said that the operation was ideally to be performed as soon after Naomi's fourth birthday as possible and said he would place her on the waiting list. At this meeting Mr Wisheart quoted a survival figure of 70%.
14. I specifically recall during one of our meetings with Dr Martin at the North Devon District Hospital that my wife asked him if it might be better to take Naomi to somewhere like Southampton or London as opposed to going to Bristol. The reason my wife asked this was question was at that time she was the secretary and I was the treasurer of the North Devon branch of the Bristol & South West Children's Heart Circle. At that time there were about five children that went up to Bristol for heart operations and only one had survived. We were therefore concerned to ensure that Naomi received the best treatment possible. Dr Martin told us that Bristol was equal to the other hospitals and was a centre of excellence. He told

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us that the figures for Bristol were comparable to anywhere else and that there was no advantage to going elsewhere. We also asked why there were so many deaths and Dr Martin said that although North Devon had a lower incident of children with heart problems those that did have such a condition had serious defects.

15. Naomi was admitted to the Bristol Children's Hospital for the fontan operation on 14 July 1992. However this operation had to be postponed as Naomi had a chest infection and diarrhoea.
16. On 22 July 1992 we attended an out-patients appointment with Mr Wisheart. At this meeting Mr Wisheart assessed Naomi's chances of survival at 75%. He then went on to point out that in real term this meant that one in four children did not survive. He said also that Naomi was a very good candidate for the fontan operation and that he expected Naomi to survive. This same phrase was also used by Dr Martin during one of our latter out-patients visits in Barnstaple. Mr Wisheart also added at this meeting that the last fifteen of this type of operation that had been performed at the Bristol Cardiac Unit had been without loss.
17. The fontan operation was scheduled for 24 September 1992 and Naomi was admitted to the Bristol Royal Infirmary two days before the operation having just about recovered from yet another cold and we were still not sure if the operation would go ahead. My wife also had

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