

Issue E: Pre-operative Management of Cases

11. Again, perfusionists generally were not involved pre-operatively, save to visit the wards pre-operatively to review the patient's history from the records and to identify anything unusual which might affect the choice of equipment for perfusion.

Issues E1 – E4

12. I am not able to comment on these issues.

Issue E5: Who bore the ultimate responsibility of deciding whether and what surgery was appropriate for a child, who should perform it, and when it should take place

13. I believe this was the paediatric cardiologists and the paediatric cardiac surgeons.

Issues E6 – E12

14. The perfusionists had no input to this and so I cannot comment.

Issue E13; Pre-operative assessment and preparation procedures, including meetings at which treatment and operations were discussed and planned

15. The pre-operative assessment and preparation did not involve perfusionists at the relevant time, but this has changed since Mr Pawade came. This change arose out of a discussion that I had with the paediatric cardiologists during the course of our trip to Melbourne to review practice and procedure in anticipation of Mr Pawade's move from Melbourne to Bristol in mid 1995.

Issue E14; Pre-operative observation, assessment and care by nursing staff and other professions (such as physiotherapists)

16. As indicated above I routinely review the records for technical data which might affect the choice of equipment for perfusion during the course of an operation.