

- Musgrove that day by Dr Martin. By the time that Norman and I arrived, the Septostomy had been performed successfully.
- 12 Jonathan was settled into the SCBU at St Michaels following the Sepostomy. The care for him at SCBU was excellent.
- 13 It was probably the next day that Norman and I discussed with Dr Martin the longer term treatment following the Sepostomy. He explained things carefully in laymans' terms. We were told that Jonathan's condition was serious and was described as "Simple Transpositions of the Great Arteries". In this context, "simple" did not mean that the situation was "simple" in the colloquial sense. It meant that the two main arteries were connected to the heart the wrong way round. It was explained that this meant the same de-oxygenated blood was circulating round and round Jonathan's body on a continual basis. We were told that the optimum time for corrective surgery was when the child was ten days old. They would plan for Jonathan to undergo surgery at that time. It was explained that if the surgery was left any longer, the abnormal heart would become enlarged due to the extra effort required to pump oxygenated blood around the body. The long term prognosis would be worse for Jonathan if the heart was allowed to become enlarged in this manner.
- 14 From Tuesday the 16<sup>th</sup> March until Sunday 21<sup>st</sup> March, Jonathan was kept in SCBU. The staff on SCBU were excellent and our confidence grew. I feel that the confidence building on this site was genuine. I do not think that the nursing staff or Junior Doctors who we saw most of the time were aware of the failing success rate for infant cardiac surgery at the BRI. This was possibly due to the split sites. I suspect that Dr Martin knew of the situation as he was a Consultant Cardiologist and should have been aware. We saw Dr Martin about four or five times at St

Signed.....