Janardan Prasad Dhasmana

Supplementary Report Re: Ben Elliott [redacted]

B.R.I. Inquiry

1. I, Janardan Prasad Dhasmana, served the Bristol Royal Infirmary and the Children's Hospital as a Consultant Cardiothoracic surgeon from the 1st January 1986 to the 9th September 1998.

2. I have already submitted my response to Ben's mother, Mrs J Elliott's statement and also gave an oral evidence in relation to Ben's management [redacted] on day 85 of the hearing. I wish to submit a further statement, mainly in response to criticisms made by Mr Phillip Deverall as an expert to the Inquiry on days 78 and 79, when the case was discussed with Dr. Jordan the referring cardiologist. I believe that this may not have been fully discussed during my evidence and further clarification is needed, especially in view of Mrs. Elliott's supplementary statement dated 2nd December 1999.

3. Mr. Deverall commented the "child was likely to die if complete correction was attempted" (Transcript day 78 page 165 line 24 to page 166 line 5). I believe that this *judgement* is based on his estimation of pulmonary artery size, comparing with 7 mm Hegar. He insisted that '7' is "Circumference diameter" (page 166 lines 11-12), and based on that assumption calculated the pulmonary artery size as 2.3 mm in diameter (page 165 lines 9-17). I would suggest that his estimation is wrong. Circumference and diameter are two separate things. Hegar dilators come in sizes of diameter in mm. Therefore '7' Hegar means 7 mm diameter, which was the size of the pulmonary artery, as measured on the table. This is slightly small, but within an acceptable range for a 9.6 k.g., child, and definitely more respectable than the 2.3 mm mentioned in his statement. I wish to reassure Mr. Deverall, and the Inquiry, that if the pulmonary arteries were estimated to be 2.3 mm in diameter, total correction would not have been advised. I feel that this remark was unfair.

4. Mr. Deverall stated on day 79 that a P.R.V./P.L.V. ratio above 0.75 was unacceptably high (Transcript page 4 lines 4-8). I believe there was a fair amount of discussion of P.R.V./P.L.V. ratio, during my evidence on day 85. I would like to give details of references I mentioned during my evidence as to why a P.R.V./P.L.V. ratio of 0.95 in the operating theatre was accepted in this patient, with Tetralogy of Fallot and Pulmonary Atresia. Similar management policy, and even higher figures of up to 1.2 could be accepted in such patients with proviso of careful observation in post-operative periods, has been mentioned in the book 'Cardiac Surgery' (pages 795 and 791 - Chapter 23) Ed: Kirklin & Barratt-Boyes 1986, John Wiley & Sons Inc.

5. I also believed with my measurements in the operating theatre, that there was a residual communication (page MR[redacted] because there was a right to left intra-cardiac shunt of 20% and equal

pressure in two ventricles. I do not know why Mr. Deverall did not agree with this and mentioned that pressures in two ventricles were not equal. The post-mortem report on this patient confirmed the finding of a small residual defect (page MR[redacted].

6. The contents of the above statement are correct to the best of my knowledge and belief.

SIGNED: Janardan Prasad Dhasmana **DATED: 26 January 2000**