

CRMH/KJ/disk-work

11 February 1996

Dr Mason
The Kiltarn Medical Centre
Hospital Street
Nantwich
Cheshire

Dear Dr Mason

Re; Paul Bullen Dob; GRO-C/1958

GRO-C

Diagnosis: Severe haemophilia
Recent cholecystectomy
Chronic hepatitis C

I saw this man for review today. He seems to be making a good recovery following the recent complications course after his laparoscopic cholecystectomy. My own feeling is that he could make more progress but seems to be rather adopting the sick role. He is currently perusing a complaint against the hospital for his liver biopsy. I do not seem to have succeeded in persuading him that it is actually that it is very unlikely that this was the cause of his post operative bleed. My own view is that he was just unlucky when he bled post-operatively. There was no obvious haemostatic or surgical cause for this. His second admission with bleeding was associated with a pyrexia, and I think on that occasion he bled through a combination of infection, ie. secondary haemorrhage plus haemophilia. The bleeding stopped pretty promptly when we normalised his FVIII level.

We admitted him on a third occasion complaining of some abdominal pain and there was suspicion of abdominal bleeding, which we ultimately refuted. He has a haematoma in his abdomen which is quite small and getting smaller, which I am sure is the remains from his second bleed rather than evidence of a new bleed.

I think he requires further assessment of his cirrhosis and I have offered to refer him to Dr Warnes for this. He agrees that this should take place but wishes to defer it.

We will review him again in 3 months.

Yours sincerely

Dr CRM Hay
Consultant Haematologist
DIRECTOR, MANCHESTER HAEMOPHILIA COMPREHENSIVE CARE CENTRE

Copy : Mr GRO-D
Dept of Surgery
Manchester Royal Infirmary

CC- Jane White
MY

Central Manchester Healthcare NHS Trust

Trust Headquarters, The Manchester Royal Infirmary,
Cobbold House, Oxford Road,
Manchester, M13 9WL.

Tel: 0161 276 1234 Please contact or reply to
Fax: 0161 276 6211 Direct Line

Mrs Marion Lambert, BSC, RGN, RNT, OND, DIP M

0161 - 276 **GRO-C**



Central Manchester
Healthcare Trust

GRO-D

6th February 1996.

Mr. P. Bullen,

GRO-C

Cheshire.

GRO-C

Dear Mr. Bullen,

Mrs. Lambert, the Director of Nursing and Service Development has now completed her investigation into the matters you raise in your letter of the 6th December 1995, and I am now in a position to respond.

It is perhaps worth emphasising at the beginning of the letter that the surgeon responsible for your care, Mr. **GRO-D** has been involved in the surgical management of patients with coagulation disorders, particularly haemophiliacs for fifteen years.

I am informed that when you were seen in the clinic on the 6th October, laparoscopic cholecystectomy was discussed. On the day of surgery, the procedure was straightforward. Mr. **GRO-D** was surprised how grossly disorganised your liver was and carried out a Tru - cut liver biopsy well clear of the cholecystectomy site. It was possible to diathermise the biopsy needle.

At the completion of the procedure, careful haemostasis was secured throughout the abdomen. You were then kept in the recovery room until both the Consultant Anaesthetist and Consultant Surgeon were happy that it was safe to return you to the ward. I am informed that you became restless and the question of intra-abdominal bleeding was raised. It was then you slipped from your bed. Mr. **GRO-D** confirmed intra-abdominal bleeding and you were returned to theatre for a second operation.

During the second operation, Mr. **GRO-D** re-inserted the laparoscope. He could not identify the source of the bleeding, and therefore, he carried out a laparotomy. This showed that the gall bladder bed was secure, the liver biopsy site was barely visible and certainly not bleeding. Mr. **GRO-D** then went on to oversee the cystic artery and washed out the abdomen with antibiotic.

NHS

To: Mr. P. Bullen

GRO-D

06/02/96

Mr. **GRO-D** then observed your drains carefully to ensure bleeding had stopped. I am informed that you then made a good recovery, being discharged home on the 14th November 1995.

You were re-admitted on the 22nd January following a further intra-abdominal bleed. A drain was put in under ultrasound control and blood drained off until the 28th November when the situation resolved.

To deal with the specific matters you raise, Mr. **GRO-D** is absolutely clear that your liver biopsy had nothing to do with the subsequent bleeding.

Mr. **GRO-D** misunderstood your wishes about the liver biopsy. He thought you had agreed that he would not do an open liver biopsy. He did not realise that in fact you were saying you did not want any form of liver biopsy under any circumstances. This seems a genuine misunderstanding between yourself and the surgeon. However, it has obviously caused you distress and for this I apologise on behalf of the Trust.

confident
I am ~~surprised~~ however that all the postoperative care you received was of a high standard, closely supervised by the consultant at all times.

If you require further information please do not hesitate to contact Mrs. Lambert at the number shown at the top of this letter.

Yours sincerely,

GRO-C

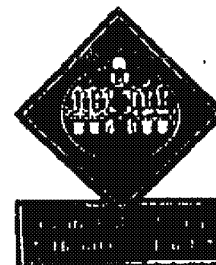
JAMES BARBOUR
CHIEF EXECUTIVE

5-FEB-96 MON 14:39

SIO SECRETARIES MRI

FAX NO. GRO-C

P. 2

Central Manchester Healthcare NHS Trust**MANCHESTER ROYAL INFIRMARY
OXFORD ROAD MANCHESTER**

IM/ASF/63/1420

DEPARTMENT OF GENERAL AND COLO-RECTAL SURGERY

1 February 1996

Mr GRO-D
Mr R C Pearson
Mr J Hill

REPORT ON PAUL BULLEN DOB: GRO-C 58

Tel: GRO-C
Fax:

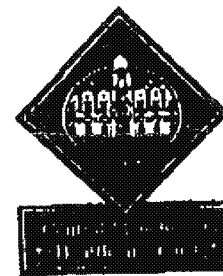
As Consultant Surgeon at this Hospital I have been involved for 15 years in the Surgical management of Jehovah's Witnesses and patients with coagulation disorders, particularly haemophiliacs. There is a close working relationship with the Department of Haematology.

Mr Bullen was referred up with increasing nausea and food intolerance which had been attributed to a gall stone noted on ultrasound examination. I saw him in the clinic on 6/10/95 and discussed laparoscopic cholecystectomy with him. He was admitted on 30/10/95 to rectify his low platelet and low Factor VIII level before surgery. He was the first patient on the afternoon list, the procedure starting at 2.00pm. The procedure itself was straightforward. I was surprised how grossly disorganised his liver was and carried out a Tru-cut liver biopsy well clear of the cholecystectomy site. It was possible to diathermise the biopsy needle. At the completion of the procedure careful haemostasis was secured throughout the abdomen. He was kept in the Recovery Department next to Theatre until both the Consultant Anaesthetist and myself were happy that he was safe to go back to the ward. On the ward he became restless and the question of intra-abdominal bleeding was raised. He slipped from his bed. It was clear that he was continuing to bleed intra-abdominally and I arranged for him to have a second operation at around midnight of the same day. I re-inserted the laparoscope and found that there was free intra-abdominal blood. I could not identify a source of bleeding and, therefore, proceeded to a laparotomy through an upper midline incision. The gall bladder bed was secure, the liver biopsy site was barely visible and certainly not bleeding. I oversewed the cystic artery with a Prolene suture and washed the abdomen out with antibiotic. I waited until the next morning to be sure that the drains were not going

NHS

Central Manchester Healthcare NHS Trust

MANCHESTER ROYAL INFIRMARY
OXFORD ROAD MANCHESTER



-2-

DEPARTMENT OF GENERAL AND COLO-RECTAL SURGERY

PAUL BULLEN DOB: GRO-C 58

Mr GRO-D
Mr R C Pearson
Mr J Hill

Tel: GRO-C
Fax:

to continue to ooze necessitating intra-abdominal packing. The bleeding slowly settled and he made a good recovery and went home on 14/11/95. He was re-admitted on 22/11/95 when I saw him again with Dr Hay and his team. He had undergone a further intra-abdominal bleed. A drain was put in under ultrasound control into the abdomen and blood drained off until 28/11/95 when the situation resolved.

To deal with Mr Bullen's specific complaints, I am absolutely clear that his liver biopsy had nothing whatsoever to do with his bleed or subsequent course. In the clinic we had discussed open and laparoscopic cholecystectomy. I have to say directly that I misunderstood Mr Bullen in that I had made it clear to him that we would not do an open liver biopsy. It had not registered with me that what he was in fact saying is that he did not want any form of liver biopsy under any circumstance. I was unaware that there was a group of such patients who specifically prohibit that course of action. I was surprised at the severity of the liver change. In the past with Haematology patients it has been routine practice to carry out a liver biopsy to aid diagnosis, prognosis and possibly treatment in the future. The management post-operatively of Mr Bullen was careful. I personally was involved in his care throughout the afternoon, evening and night involved. I have discussed his case with him and with Dr Charles Hay. I would resolutely refute any suggestion that his care had been of anything other than of a high standard.

GRO-D

Consultant Surgeon

NHS

Central Manchester Healthcare NHS Trust

Medical Directorate,
The Manchester Royal Infirmary,
Cobbett House, Oxford Road,
Manchester. M13 9WL.



Mrs J White, Complaints Officer
GRO-C

Please contact or reply to:
Direct Line:

Our ref: JCW/KS/95/316c

12 December 1995

Mr GRO-D
Consultant Surgeon
Department of Surgery
Manchester Royal Infirmary

Dear GRO-D

Re: Paul BULLEN (dob: GRO-C/1958)
GRO-C, GRO-C, GRO-C
Casenote: M63/1420

I would be grateful if you could consider the attached correspondence concerning this patient and provide me with your comments in order for a response to the complaint to be prepared.

In order to comply with the deadline for dealing with complaints I would be grateful to receive your comments by 3rd January, 1996.

I do appreciate your assistance in answering these concerns.

Yours sincerely

Jane White (Mrs)
Complaints Officer

NHS

MR. P. BULLEN

GRO-C

CHESHIRE

GRO-C

Central Manchester Healthcare Trust
The Royal Infirmary
Oxford Road
MANCHESTER
M13 9WL

For the attention of The Chief Executive

6th December 1995

Dear Sir,

I wish to register a very serious and formal complaint about the level of professional care and attention I received at Manchester Royal Infirmary during and following my operation on 1st November 1995 to have my gall bladder removed by 'Keyhole' Surgery.

The most serious part of my complaint concerns the liver biopsy which was taken without my consent and indeed against my expressed wishes.

By performing this additional surgery, for which there was absolutely no medical criteria, the surgeon showed scant regard for the patient's wishes and, in my opinion, committed an act which is tantamount to a criminal injury and, furthermore, is the most likely reason for the very serious complications which followed my operation, complications which nearly cost my life.

My criticism does not end there.

Notwithstanding the additional exposure to complications created by the biopsy it was obvious as soon as I came out of the anaesthetic that all was not well. Despite my complaints of severe discomfort it was some 5 hours before my problem was diagnosed, and more disturbingly a further 4½ hours before I was taken for surgery, by this time my life was ebbing away. I find this level of post-operative care to be absolutely appalling given that the hospital has a full history of my condition.

Furthermore, following the second surgery, when my wife was called into the hospital the explanation given to her was "He had fallen out of bed giving his head a very bad bang", which one assumes was what the carers assumed was the cause of my internal bleeding.

Two points arise from this: firstly if I had not survived the truth about the biopsy may never have come out - until the time I came out of my coma it was accepted that the cause of the haemorrhage was my fall from the bed which is clearly nonsense. Secondly why, given the discomfort I was obviously in, was I not given more post-operative care; why was I allowed to fall out of bed?

3162

CHIEF EXECUTIVE/CHAIRMAN			
- 8 DEC 1995			
COPIES TO:			
JJB		SH	
CMC			
DW			
SB			
GR			

As a consequence of my complaint I would like you to address the following points:

- 1 The hospital should introduce, or reaffirm, a policy to prevent additional surgery, that is not directly relevant to the original operation, from being carried out without a patient's consent.
- 11 To consider whether 'Keyhole' Surgery should be carried out on people with haemophilia.
- 111 To give adequate consideration to a patient's Hepatic condition when operating on a person with haemophilia and hepatitis C. This is likely to include a high level of post operative care probably on a high dependency unit.
- 1111 To consider my own case for recompense which should take into account;
 - (a) Loss of earnings/immediate expenses incurred by my family during my time as an in-patient.
 - (b) A sum which will take into consideration the damage to my health as a result of my operation.
 - (c) The additional damage to my liver.
 - (d) Restrictions in mobility due to extremely weakened muscles.
 - (e) The stress and anxiety to myself and my family - the reason I did not want a biopsy was because I did not want the psychological trauma of knowing the condition of my liver.
 - (f) The blatant disregard of my expressed wish not to have a liver biopsy. There appears to be no denial that I had a liver biopsy after specifically stating I did not want one, therefore, I can see no reason for the hospital to dispute its responsibility.

The purpose of this letter is to allow you, on behalf of the Central Manchester Healthcare Trust, the opportunity to make a reasonable and mutually satisfactory response to the points raised. Please do not be in any doubt that your failure to make a suitable response will mean I will take the whole matter to the highest authorities.

I hope you agree the hospital has acted disgracefully so your prompt response would go some way to offset the trauma I am currently suffering.

Yours faithfully

GRO-C

Mr. P. Bullen