Mr Thomas Chapman | Consultant Plastic Surgeon | BSc, MB ChB, MRCS, FCRS (Plast)

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Medico-legal Report

Prepared by

Mr Thomas Chapman BSc, MBChB, MRCS, FRCS (Plast)

For

[redacted]

(On behalf of [redacted])

[redacted]

IQED ref: [redacted]

(DAS Law ref: [redacted])

Interview 7th March 2017

Report Completed 12th March 2017

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1 General Information

1.1 The Witness

I am Thomas William Lawson Chapman. I qualified in medicine in 1998 (GMC number 4505286) and entered the field of plastic and reconstructive surgery in 2003. I completed specialist training in 2010 and have been a substantive consultant in plastic surgery since 2012. Part of my responsibilities include the treatment/care of patients with facial injuries. I have provided reports as a medical witness since 2013 and have completed the 'legal aspects of surgical practice' course run by the Royal College of Surgeons (England).

1.2 The Claimant

[redacted] is 9. (D.O.B [redacted]) She lives with her mother at [redacted]. ([redacted]). She attends primary school. The claimant attended with her mother ([redacted]) and ID was provided by photographic driving licence and banking card.

1.3 Instructions

I have been asked to provide a report by [redacted], on behalf of the instructing solicitors, [redacted], in relation to injuries sustained by the above claimant in relation to an accident that took place on 06/05/2010. I have been specifically asked for a report to include any relevant pre-accident history, psychological and physical injuries sustained, treatment received and present condition. Future capacity for work and prognosis was also requested. I was asked to interview and examine the claimant as well as comment, as appropriate, on the patients notes available (below)

1.4 Available records

The following records have been made available to me;-

1. Accident and emergency records [redacted] dated 6/5/2010
2. GP Records ([redacted] Surgery)
3. Copies of instructing letters

1.5 Interview

The interview took place at Spire Glen Hospital, Bristol on 7th March 2017.

2. Details of Accident History

2.1 The following has been summarised from the medical notes and by interview with the claimant.

2.2 On 6th May 2010 the client was playing outside and sustained a laceration to the chin from falling. The history given from the clients' mother was that the client was playing with her brother out at the front of the house. She heard a scream and although did not witness the event was told by [redacted] and her brother that [redacted] had tripped over a drain cover that was not flush with the ground and her chin had been cut on a pedal of her brothers' pushbike as she fell. The accident and emergency department notes state at first '?MOI (method of injury) knocked over by child on bike', and subsequently 'fell on? handle bars of brothers bike'.

2.3 The client was seen in [redacted] accident and emergency at 16.30 hrs. Oral analgesia was given, the wounds assessed and referred to maxillofacial surgery. The client was seen by maxillofacial surgery at 17.10 hrs. The wounds were washed and dressed, oral antibiotics given and arrangements made to come in the following day for repair of the laceration under general anaesthetic.

2.4 On 7th May 2010 the client attended for repair of the laceration under general anaesthetic. 7 non-absorbable sutures (5-0 Nylon) were used to close the wounds. There is a comment 'chin badly bruised'. Instructions were given to remove the sutures at the general practice after 5 days

2.5 On 17th May the client attended the general practice for removal of sutures. The comment is 'well healed with scab in the middle. Has 7 sutures in place, mum says middle section not sutured. 4 sutures removed but patient becoming restless'. Comment 'apply polyfax tds 3 days then review to remove remaining 3 sutures'

2.6 On 20th May the patient attended the general practice again. The comment is 'remaining sutures removed very difficult as patient struggling, crying but eventually removed'.

2.7 The patient attended the GP once more on 30th June 2010. The comment is 'scar causing some puckering of the chin. Advised we should watch and wait at this stage, scar may relax and skin may adapt over time, she is certainly very young for another anaesthetic unless absolutely necessary anyway so NO need to be seen yet. They are going through litigation so may be seeking another opinion re the scar anyway'

3. Current Physical Disability

3.1 On the central chin, there is a scar which is visible at conversational distance.

3.2 The scar tissue takes the shape of a line running from 7o'clock to 1 o'clock on the substance of the chin. It is approximately 3.5cm long.

3.3 The scar tissue is 1-2mm across and pale/white in nature.

3.4 There is some indentation (1-2mm) which is visible immediately underlying the scar.

3.5 The scarred area lacks sensation to fine touch. Feeling is normal outside the scar.

3.6 There is no apparent functional disability or impact on activities of daily living.

3.7 There are no symptoms reported from the scar tissue.

4. **Psychological Effect of Injury**

4.1 [redacted] says never had counselling and she doesn't report having any nightmares or flash-backs.

4.2 The clients mother commented that [redacted] had disturbed sleep for 6 or 7 days following the incident.

4.3 The client appeared well adjusted and was able to talk freely about the incident and show me her scar without apparent distress or embarrassment

4.4 The client, when asked, said that the appearance of the scar does not bother her currently.

4.5 The client could not report any teasing in relation to the scar from her peers/ at school.

4.6 The client could not recall episodes of being questioned about the scar from strangers.

5. Effect on School, Activities and Future Effect on Work

5.1 At present, there has been no effect on schooling.

5.2 There might be a limitation on future work depending on the needs of a future employer (for example, modelling of facial products in aesthetic industry, film industry etc.)

5.3 Future schooling could be affected if the appearance of the scar were to bother the client and she seek treatment. I am unable to comment on the likelihood of this, as this is outside my area of expertise.

5.4 There are no activities, either pre or post morbid that the patient is restricted by the injury. The clients mother commented that initially following the injury, the client has been reluctant to go outside for a couple of weeks.

6. Other consequences of injury

6.1 I am not aware of any other long-term impact of the injury on the patients' health.

6.2 I am not aware of other consequences of this injury other than those already stated.

6.3 I am not aware of any other past medical history of relevance to this case.

7. Prognosis

7.1 The scar will have now matured to an extent that it is unlikely to change any further without surgical or non-surgical intervention. i.e. the scaring will be permanent.

7.2 The scar will grow in proportion to her.

7.3 The lack of sensation in the scarred area will unlikely improve further, even in the event of surgical treatment. i.e. the numbness will be permanent.

7.4 There is no risk of deterioration in appearance from the current state, only a risk that the appearance may concern the client more in the future than it presently does.

8.0 Treatment Options

8.1 There are a few possible treatment options to improve the scar however no option comes with an absolute guarantee of success. Some element of scarring will remain/be permanent.

8.2 There are non-surgical options of camouflage make-up. I cannot comment further as this is not my area of expertise, with respect to how successful this is likely to be. Such an option would be somewhat time-consuming and life-long.

8.3 Another non-surgical option would be to try and improve the indentation of the scar with a filler. This could be combined with option 8.2 above. A range of fillers are available from temporary to permanent. A permanent filler would require allergy testing and the effects while longstanding are difficult to reverse. A temporary filler needs repeating every 3-4 months as the effects. A sensible approach might be to try a temporary filler first, with a view to a permanent filler injection if the effects were favourable. The degree of improvement might only be subtle.

8.4 A surgical option would be to try and reduce the indentation of the scar by re-excising it and re-approximating the deep tissues. There would be risks of bleeding, infection and wound healing problems. The degree of improvement could, again, be subtle. Initially, the scar could be more noticeable. There would be post-operative bruising swelling and pain. The client would likely need a few days off school and would need to refrain from contact sports for 4 weeks.

8.5 The option above could be combined with z-plasty of the scar. This would break up the scar line to make it less noticeable. It would also aid in reducing the indentation.

8.6 It is my opinion that the sensible choice would be to try the last option (8.5), if in the future the scar bothers the patient enough to seek improvement. Although the most 'radical' option it, in my opinion, has the best chance of success of improving the scar. At present, I suspect this would be necessary under general anaesthetic but in future might be possible under local anaesthetic.

9. Declaration

I confirm that I have made clear with which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

I understand that mu overriding duty is to assist the Court on matters within my expertise and that this duty overrides any obligation to those who have instructed me or their clients.

I confirm that I have complied with that duty and will continue to do so and that I am aware of the requirements set out in Paragraph 35 of the Civil Procedure Rules and the accompanying Practice Direction ,the protocol for Instruction of Experts to give evidence in Civil Claims and the relevant Pre-action Practice Direction/Protocol.

I confirm that I have no conflict of interest of any kind, other than any which I have already set out in this report. I do not consider any interest which I have disclosed affects my suitability to give expert evidence on any issue on which I have given evidence and I will advise the party by whom I am instructed if there is any change in circumstances which affects this statement.