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Medico-legal Report

Prepared by

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For



Interview 1st 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 and entered the field of plastic and reconstructive surgery in 2003. I completed specialist training in 2010 and have been a substantive consultant since 2012. Part of my responsibilities include the treatment/care of patients with soft tissue 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

██████████ is 50. He lives at ██████████, ██████████, ██████████, ██████████. He is unemployed. His wife acts as his main carer. He lives with her and his daughter in a three-bedroom house. He provided identification with his bank card. The claimants' son accompanied him to and from the consult and attended the consultation itself.

1.3 Instructions

I have been instructed to report by ██████████, ██████████r. Their reference ██████████

1.4 Available records

The following records have been made available to me;-

1. Letter of instruction
2. ██████████ NHS Trust medical records
3. Copy photographs of injury dated 27/9/2016

1.5 Interview

The interview took place at Spire Southbank Hospital at 7pm on 1st March 2007.

1.6 Substance of Instructions

I have been asked to provide medical evidence for the Court, on behalf of ██████████, in a letter dated 27th February 2017 from ██████████. I was asked to perform an interview and examination of the claimant, and a review of the medical records. I was in particular asked to comment on condition and prognosis.

2. Details of accident history

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

2.2 On the 27th September 2016 [REDACTED] was admitted to [REDACTED] Hospital. He had septicaemia, the source of which was a perineal abscess. He had treatment with intravenous antibiotics. In the accident and emergency notes it is recorded that the claimant had 'paper like skin'

2.3 On 28th September 2016 the claimant underwent surgery under general anaesthetic. Due to the pain from the abscess the patient was lying on their side prior to surgery. The patient had to be repositioned for intubation and surgery onto their back (supine). In the process of repositioning the patient the skin of the right forearm was torn.

2.4 Once recognised, the laceration was cleaned, sutured (with 4-0 Prolene a non-absorbable suture) and a non-adherent dressing (mepitel) applied. The patient underwent surgery to drain the perineal abscess. He was aware of the injury once recovered.

2.5 On 29th September the dressing was removed and the wound inspected by the tissue viability team. They advised to remove the sutures and applied a different (silicone based) dressing.

2.6 The patient was discharged from hospital on 29th September. There is no reference to the forearm laceration in the discharge letter, and it is unclear what was handed over to the general practitioner/community team.

2.7 The patient says he had regular dressings to the right forearm wound until it healed approximately 16 weeks later. The patient says there were some retained sutures that required removal in the community. I cannot comment in detail as I do not have the community records available to me.

2.8 The Trust have admitted the patients skin condition was not properly handed over to the theatre team from accident and emergency. The accident has been investigated as a preventable incident.

3. Current Physical Disability

3.1 On the right forearm, there is a scar which is visible at conversational distance.

3.2 The scar tissue is in the form of a V shape consistent with a flap laceration

3.3 The apex of the V points medially and proximally. The limbs of the V are 5cm long.

3.4 Each limb of the scar varies in width from 3mm to 10mm in places. The scar is pinkish red, and not raised. The scar tissue is a little dry and lacks light reflection. It is likely to become paler with time.

3.5 Inside the scarred area the skin lacks sensation to fine touch

3.6 There is no evidence of tethering of tendons or of damage to them or the terminal branches of the superficial radial nerve i.e. no abnormal feeling or abnormal movement beyond the injury.

3.7 There are a number of scars of different ages visible on both forearms due to other previous injuries. It could be argued that these might highlight to a healthcare professional how easily the patients skin could be traumatised. It could also be argued that the surrounding scars mitigate somewhat the visual impact of the specific injury in question.

4. Psychological and social effects of injury

- 4.1 Although not within my area of expertise, it is relevant to state that the claimant stated they had had some nightmares after the injury about losing their arm. There were no reported flashbacks. The claimant did not receive counselling.
- 4.2 After the injury, the wounds were dressed with a bandage until they had healed. The claimant states that he was embarrassed by the presence of the dressing and having to explain to strangers why it was there. This affected his confidence socialising. During this period he was less likely to socialise, in particular go to the pub which he enjoys.
- 4.3 The claimant enjoys playing darts. He was unable to do this while the dressing was on. He also enjoys fishing and this hobby too was restricted by the presence of the wound/dressing.
- 4.4 The claimant was unable to drive for some 14 weeks after discharge from hospital. This was in part due to the perineal wound which precluded him sitting down comfortably in the car seat. The claimant says that the wound on the right arm took 2-3 more weeks to heal than the perineal wound, and therefore he could have returned to driving earlier if it had not been for the wound on his right arm.

5. Effect on Work and activities of daily living

5.1 Before and since the injury the claimant has been unemployed and supported by sickness benefit. The claimant says this is unlikely to change in the future.

5.2 The claimant found it difficult to self-care until the forearm wound had healed. This is because he had to keep the dressing dry. The perineal wound required daily showering and cleaning, which had to be carried out/assisted by his wife.

6. Other consequences of injury

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

7. Prognosis

7.1 The scar will likely pale further in the next 12 months, with an appearance similar to the other matured scars on the patients' forearm.

7.2 The lack of sensation in the scarred area will unlikely improve further. The lack of protective sensation may increase the susceptibility of this area to future trauma.

7.3 I cannot foresee any other long term functional impact of the injury

8.0 Treatment Options

8.1 I would not recommend any surgical treatment for the scar.

8.2 The scar might be encouraged to mature more quickly with regular moisturisation and massage.

8.3 I do not think there is a role for silicone dressings or camouflage.

9. Declarations

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 my 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.

