

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: MISRA, PREM SWAROOP

Age if under 18: (if over 18 insert 'over 18') Occupation: RETIRED CONSULTANT

This statement (consisting of page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: P S MISRA

Date: 21/07/2005

I am a retired Consultant Orthopaedic Surgeon. I live at an address known to the Hampshire Police.

In 1962 I graduated from Agra University, India. I obtained a Bsc which is a Bachelor of Science Degree.

In 1970 at Banaras University, Banaras, India, I obtained an M.B.B.S which is a Bachelor of Medicine and Surgery.

In 1973 at Lucknow University, Lucknow, India, I obtained an M.S (ORTH) which is a Master of Surgery in Orthopaedics.

In June 1984 I became a member of the Royal College of Physicians and Surgeons at Glasgow, Scotland.

Between January 1970 and June 1972 I was Resident in Orthopaedics at the King George Medical College, Lucknow University, Lucknow, India.

From July 1972 until March 1974 I was employed as Senior and Chief Resident in Orthopaedics at Lucknow University, Lucknow, India.

Between November 1974 and May 1975 I was employed as a Consultant Orthopaedic Surgeon at the District General Hospital, Lucknow, India.

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From May 1975 until January 1977 I was employed as a Consultant and Lecturer in orthopaedics at the Medical College at the Allahabad University, India.

Between February 1977 and February 1984 I was employed as Senior House Officer at Frenchay Hospital, Bristol.

During this period I was Senior House Officer in General Surgery at the Solihull Hospital, Solihull, Birmingham.

I was Senior house Officer in Accident Surgery at the Corbett Hospital, Stourbridge.

I was Senior House Officer Orthopaedics for Surgical fellowship at the Sandwell Hospital, West Bromwich.

From March 1984 until March 1986 I was employed as Registrar in Orthopaedic Surgery at the Dudley Road teaching hospital in Birmingham.

Between April 1986 and December 1988 I was employed as Registrar at the Kidderminster General Hospital, Kidderminster.

From January 1989 until November 1991 I was employed as Registrar in Orthopaedic Surgery at the Selly Oak Hospital, Birmingham.

Between August 1991 and July 1996 I was employed as a locum Consultant in Orthopaedics and Trauma at a variety of hospitals in and around the Birmingham area.

From August 1996 until September 1997 I was employed as a Consultant in Trauma and Orthopaedics at the British Military Hospital, Rinteln, Germany BFPO31.

Between May 1998 and June 1999 I was employed as a Consultant in Trauma and Orthopaedics

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at the D.K.H Military Hospital, Catterick, North Yorkshire.

From July 1999 until August 2000 I was employed as a Consultant in Trauma and Orthopaedics at the Royal Hospital, Haslar , Hampshire.

Between October 2000 and July 2002 I was employed as a Consultant in Trauma and Orthopaedics at the British Military Hospital, TMPH, Akrotiri, Cyprus.

I produce my Curriculum Vitae as exhibit PSM/1

I have been asked to detail my involvement with the patient Sheila GREGORY Code A

I can confirm that on the 16th August 1999 I was employed as a Consultant Orthopaedic surgeon at the Royal Hospital, Haslar.

I do not remember this patient.

From referring to the medical notes page 62 (exhibit JR/12) I can confirm that on 16/08/99 I conducted a ward round in my capacity as a Consultant Orthopaedic Surgeon. I was accompanied by Dr A. WEST.

The notes read as follows;

0845 16/8/99 W/2 MISRA

For (R) DHS - Some pain otherwise independent

Consented + marked

Gentle fluids - I/V - (illegible)

X ray matched- (illegible)

I believe these notes were written by Dr Andrew WEST.

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To clarify this entry, a ward round has been conducted prior to surgery to prepare Sheila GREGORY for the operating theatre. Her right leg was marked with a skin marker pencil. Her consent for the operation was obtained.

The operation was conducted the same day 16/08/99.

From referring to the Medical notes (exhibit ref JR/12) I note that on the 16/08/1999 I supervised and assisted in the Operating theatre at Haslar hospital with a Dynamic Hip Screw (DHS) procedure to Sheila GREGORY who had suffered a fractured neck of Femur. It was a routine operation with no complications. The operation involved inserting a 5 hole plate with a 75mm screw for fracture fixation. Two drains were fitted into the wound to assist in the drainage of fluids.

At the completion of the operation the patient was placed on E3 an Orthopaedic ward.

I can confirm that on the 17/08/99 I conducted a post operative ward round.

This entry on page 62 of the medical records (exhibit JR/12) reads as follows; (This entry I believe has been written by Surgeon Lt MACKIE)

N/R Mr MISRA

Well Post-op

plan (1) Check X-ray today

(2) FBC, U&E

The plan was to ensure that the X-ray was seen and recorded.

FBC - Full Blood Count - This was to check Post Op mainly the levels of her Haemoglobin (white blood cell) count.

U&E - Urine and Electrolyte - This was to assess her electrolyte balance i.e. Sodium, Potassium levels.

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As a result of this request, a report detailing the patient's Full Blood Count (FBC) and Urine and Electrolyte (U&E) was obtained which is as follows;

FBC

Hb = Haemoglobin 9.4 (This is normal for a person this age post Op)

WBC = White Blood Count 8.18 (This is a normal reading)

Plt = Platelet 187 (This again is normal)

U&E

Na+ = Sodium 133 (This is slightly low)

K+ = Potassium 5.0 (This is normal)

Bicarb = Bicarbonate 26 (This is normal)

Urea 5.5 (This is normal)

Creatine 90 (Satisfactory though slightly raised)

These results were within the normal limits for someone recovering after an operation.

From referring to the medical notes (page 63 of exhibit JR/12 refers) I can confirm that I conducted a Ward Round on the 19/08/99 which reads as follows;

(This entry was possibly written by Surgeon Lt MACKIE)

2/7 = (2 days after Op i.e. Post operation)

Afibrial = (Normal Temperature)

Mobilising slowly = (i.e. to encourage movement)

Encourage Oral Fluid = (By mouth)

From referring to the medical notes (page 63 of exhibit JR/12 refers) I can confirm that I conducted a ward round on the 23/08/99. The entry I believe has been written by surgeon Lt MACKIE which reads as follows;

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*1/52 post @ DHS**Progressing well**Can only walk with assistance**Feels generally well in herself**Plan: (1) (Cont) gradual mobilisation**(2) Refer to GWMH for period of rehab*

To clarify this entry, the patient has progressed well since the operation. There were no complications with regards to the Right Dynamic Hip Screw procedure. The plan was to transfer the patient to the Gosport War memorial hospital for further rehabilitation. I have requested that a Consultant Geriatrician assess the patient for transfer and rehabilitation.

I note that Dr TANDY a Consultant Geriatrician examined and assessed Sheila GREGORY on the 23/08/99.

I can confirm that on the 25/08/99 (page 83 exhibit JR/12 refers) I conducted a ward round with Surgeon Lieutenant MACKIE the entry reads as follows;

*9/7 (9 days Post Op) @ DHS**Mobilising slowly with assistance from physios**Awaiting transfer to GWMH**Temp 37.5**Plan - as above*

- CXR (Chest X-ray) MSU (Midstream Urine Examination)

- FBC (Full Blood Count) ESR (Erythrocyte Sedimentation. This is process involving a Centrifugal check to ascertain if there are any infections or chronic conditions)

I can confirm that on the 31/08/99 (page 86 exhibit JR/12 refers) I conducted a ward round with Surgeon Lieutenant MACKIE; the entry reads as follows;

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W/R Mr MISRA

ROS (Removal of Suture) - wound healing well

Mobilising Slowly- awaiting bed at GWMH

Temp 37.5 (This is marginally raised) Otherwise well ° Cough (No cough) chest clear

Plan

- 1) Encourage oral fluid intake
- 2) Repeat U&E's tomorrow
- 3) Stop oral Abs (Antibiotics)
- 4)

To clarify this entry, the patient had a marginally raised temperature. Her chest was clear there was no evidence to suggest a DVT. (Deep Vein Thrombosis)

DVT and Chest infections are the two most important post operative complications.

Therefore checks are conducted.

I note that the patient was on Erythromycin an antibiotic which was commenced on 27/08/99.

I had no further dealings with this patient after this date.

To summarise this patient- She was an elderly lady who had a routine right Dynamic Hip Screw operation with no serious complications.

She stayed in the hospital for approximately 2 weeks during which she was mobilised with the help of a physiotherapist.

She was given precautionary treatment for DVT and chest infection.

Her medical records show that she was transferred to the Gosport War Memorial hospital on the 03/09/99 as planned.

Signed: P S MISRA
2004(1)

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