

IN THE HIGH COURT OF JUSTICE IN NORTHERN IRELAND QUEEN'S BENCH  
DIVISION

**B E T W E E N:**

[REDACTED]

**Plaintiff**

and

BELFAST HEALTH AND SOCIAL CARE TRUST

and

SOUTHERN HEALTH AND SOCIAL CARE TRUST

**Defendants**

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JOINT MEMORANDUM FOLLOWING A MEETING OF VASCULAR EXPERTS  
MR RN BAIRD (RB) AND MR ZS MZIMBA (ZM) ON 29 MAY 2015

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[REDACTED]

- (a) *Was the discontinuance of Clexane on 28<sup>th</sup> April 2008 a practice which would be approved by a competent body of medical opinion?*

We agree that prior to stopping Clexane on 28 April there should have been repeat imaging by way of ultrasound. Clexane should then have been stopped only if adequate views of the deep venous structures revealed no clot, given the leg pain, the equivocal ultrasound examination on 28 April, along with uncertainties expressed by the radiologist in her report of the ultrasound scan

- (b) *Was the discontinuance of Clexane therapy and the advice to return for review a practice which would be approved by a competent body of medical opinion?*

We agree that it was wrong to stop heparin, which should have been continued pending further imaging

- (c) *Would a competent body of medical opinion have placed reliance upon the written report of the ultrasound scan published on 28<sup>th</sup> April 2008?*

We would not have relied on the report, given the equivocal ultrasound examination and the caveats in the radiologist's report

- (d) *Given the content of the report of 28<sup>th</sup> April would a competent body of medical opinion have recommended discontinuance of Clexane and return for review?*

We agree that the resolving groin pain was falsely reassuring, as it was caused by bed rest and 2 days of heparin, whilst the iliac vein thrombosis (DVT) remained undiagnosed

- (e) *Would a competent body of medical opinion have arranged for further scanning to be undertaken on 28<sup>th</sup> April 2008?*

Yes, we agree.

- (f) *On the balance of probabilities, would further imaging on 28<sup>th</sup> April 2008 have uncovered a DVT?*

**RB** – Yes.

**ZM** – Not necessarily

- (g) *What are the contra indications for continuing Clexane therapy with a heavily pregnant patient imminent to delivery?*

We agree there was no contra-indication to continuing Clexane therapy for a major DVT in the claimant's late pregnancy. Her expected date of delivery was three weeks away, with no sign of the onset of labour.

- (h) *If a DVT had been diagnosed as established on 28<sup>th</sup> April, what treatment should have been provided to the Plaintiff?*

We agree, therapeutic anticoagulation by daily heparin injections.

- (i) *If a DVT had been established between 28<sup>th</sup> April and 1<sup>st</sup> May 2008, what treatment should have been provided to the Plaintiff?*

We agree, therapeutic anticoagulation by daily heparin injections.

- (j) *Was insertion of an IVC filter indicated on 1<sup>st</sup> May 2008?*

**RB** - Probably not.

**ZM** – Yes.

- (k) *Was the Plaintiff advised of the risk and consequences of inability to retrieve a filter?*

We agree that the claimant's written consent included being aware of the risk that later removal of the filter might not be possible, leading to the need for lifelong anticoagulation.

- (l) *Did the Plaintiff sign a consent form acknowledging these risks?*

Yes, we agree.

(m) *What are the lasting effects of the placement of the IVC filter?*

We agree that an IVC filter had the beneficial effect of preventing distal venous thrombus from embolising via the IVC to her pulmonary veins (PE). As an implanted metallic foreign body, a filter carries the risks of bleeding, infection, IVC thrombosis and inability to be retrieved later leading to the need for lifelong anticoagulation.

(n) *Could any of the effects listed at (m) above have been prevented?*

We agree that PE was prevented. There was no haemorrhage or infection. The filter could not be removed, leading to the need for permanent anticoagulation.



Signed:.....Date: 29 May 2015

**MR RN BAIRD**  
**CONSULTANT VASCULAR SURGEON**



Signed:.....Date: 29 May 2015

**MR ZS MZIMBA**  
**CONSULTANT VASCULAR SURGEON**