

CONFIDENTIAL MEDICAL REPORT

PREPARED FOR THE COURT

CLAIMANT

MR. XXXX XXXXXX

ADDRESS

DATE OF BIRTH: ----- (AGE 40)

DATE OF ACCIDENT: 11 OCTOBER 2011

DATE OF EXAMINATION: 2 MAY 2012

DATE OF REPORT: 4 MAY 2012

PREPARED BY

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REQUESTED BY:

XXXXXXXXX LIMITED
(FOR Xxxxx Xxxxx SOLICITORS)

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1. INTRODUCTION

- 1.1. This report is entirely independent and has been prepared for the court on the instructions provided by Xxxxxxxx Ltd, (Address) (Reference: XYZ123456) for Xxxxxx Solicitors of (Address), following an injury sustained by Mr. Xxxx Xxxxxx on 11 October 2011. The report details his treatment, current complaints and prognosis.
- 1.2. This report is based on interview and examination of Mr. Xxxx Xxxxxx carried out on 2 May 2012 at Sandwell General Hospital, West Bromwich, West Midlands. He showed his British Passport (no. 106078653) and Driving Licence (no. ABCD711261P99XB) for identification. At the time of the interview I had access to Mr. Xxxxxx's hospital records and X-rays.
- 1.3. Mr Xxxxxx is 40 years old and right handed. At the time of the injury, he was working as a supervisor in an engineering firm. His current employment remains the same. His main hobby is playing football. He smokes 3 to 4 cigarettes a day and lives with his partner and two children.

2. SUMMARY OF CONCLUSIONS

Six months ago, Mr. Xxxx Xxxxxx sustained a crush injury accompanied by an electric shock to his right middle fingertip. This took approximately six weeks to heal. He was off work for two weeks and followed this with light duties for approximately six months. His main problems are pain in the fingertip if knocked and occasional shooting pain.

The fingertip has healed well with conservative treatment, leaving a 5 x 1 mm scar at the fingertip. The sensation is very slightly reduced at the fingertip and he has mild bony tenderness.

I would not recommend any further treatment.

3. SUMMARY OF INSTRUCTIONS

- 3.1. I have received the following instructions from the XXXXXXXX Medical Group on behalf of Horwich Cohen Coghlan Solicitors. I have been asked to examine Mr. XXXX XXXXXX and prepare a full and detailed written report. The report should deal with relevant pre-accident medical history, the injury sustained, treatment received and the current condition dealing in particular with his capacity for work and giving a definitive prognosis.

4. HISTORY AS GIVEN BY THE CLAIMANT

- 4.1. On 11 October 2011 at about 2.00 pm, Mr. XXXX XXXXXX was working with a spot welding machine. He placed a bolt on a plaque and as he was moving his hand away, a colleague pressed the button of the machine. He received an electric shock as well as a crush injury to his right middle fingertip. He managed to pull his finger out straight away, but felt a tingling sensation pass from his finger to his arm to his chest. He had a cut at the tip of his right middle finger with some skin loss and he passed out immediately. He was told later that he was unconscious for about two minutes.
- 4.2. He received some first aid at the site and then attended the Accident & Emergency Department at Alexander Hospital, Redditch. He had an X-ray of the finger and was told that there was a fracture at the tip of the finger. He also

had a cardiac tracing (electrocardiogram or ECG) and was told that the ECG was normal. He was discharged with a dressing and was asked to return the following day.

- 4.3. The following day in the Accident & Emergency Department, the fingertip was cleaned under a local anaesthetic. Some of the damaged skin was trimmed back and a dressing was put on. He was also given a course of antibiotics to take.
- 4.4. He attended the Accident & Emergency Department of Alexander Hospital, Redditch for a further two times for dressing changes.
- 4.5. He also attended his own General Practitioner's surgery for dressing changes for approximately three times.
- 4.6. He had to take antibiotics and regular pain killers for one week.
- 4.7. He required regular dressing changes for four to five weeks and the fingertip healed within six weeks.
- 4.8. Later on, he had four course of physiotherapy with desensitisation exercises for the fingertip.
- 4.9. He was off work for two weeks and subsequently performed light duties only for approximately six months. He has been managing well since going back to full duty.

- 4.10. At home, for the first two months after injury, he had difficulty using his right hand and had to do most things with his left hand. There was no major effect with his hobby of playing football.

5. CURRENT COMPLAINTS

- 5.1. Pain at the tip of the right middle finger, if the finger is knocked.
- 5.2. Occasional shooting pain in the finger.
- 5.3. Some reduced sensation at the tip of the right middle finger.

6. PAST MEDICAL HISTORY AS GIVEN BY THE CLAIMANT

- 6.1. There is nothing in Mr. Xxxxxx's past medical history that is relevant to either the mode of injury or the subsequent outcome.

7. EXAMINATION OF THE CLAIMANT

- 7.1. The examination performed was specifically for preparing this report and was confined to an assessment Mr. Xxxxxx's right middle finger.

7.2. Mr. Xxxxxx has a 5 mm x 1 mm transverse scar at the tip of the right middle finger. The scar has settled well, but is painful on pressure. He describes a pain of 5 out of 10 on a subjective scale on direct pressure of the tip of the finger.

7.3. Mr. Xxxxxx has some stiffness of his right middle fingers metacarpophalangeal joints. The range of movement in the joints of his left hand are

| RIGHT HAND | Index Finger | Middle Finger | Ring Finger | Little Finger |
|--------------------------------|--------------|---------------|-------------|---------------|
| METACARPOPHALANGEAL JOINT | 0° / 50° | 0° / 65° | 0° / 80° | 0° / 90° |
| PROXIMAL INTERPHALANGEAL JOINT | 0° / 110° | 0° / 105° | 0° / 110° | 0° / 95° |
| DISTAL INTERPHALANGEAL JOINT | 0° / 70° | 0° / 75° | 0° / 85° | 0° / 65° |

For comparison the range of movements in the right hand fingers were approximately:

| LEFT HAND | Index Finger |
|--------------------------------|--------------|
| METACARPOPHALANGEAL JOINT | 0° / 90° |
| PROXIMAL INTERPHALANGEAL JOINT | 0° / 105° |
| DISTAL INTERPHALANGEAL JOINT | 0° / 85° |

7.4. Mr. Xxxxxx has slightly diminished sensation at the tip of the right middle finger. The static two point discrimination at the tip of the right middle finger was 6 mm.

For comparison, static two point discrimination at the tip of the other fingers was 4 mm.

- 7.5. Mr. Xxxxxx has slightly reduced strength in the right hand. The power in his hands are as follows:

| | Right Hand (injured hand) | Left Hand (for comparison) |
|-------------|------------------------------|-------------------------------|
| GRIP POWER | 40 lbs | 50 lbs |
| PINCH POWER | 20 lbs | 20 lbs |

8. REVIEW OF MEDICAL RECORDS

8A. HOSPITAL RECORDS FROM ALEXANDER HOSPITAL, REDDITCH

- 8A.1. Mr. Xxxxxx attended the Accident and Emergency department at 14:21 hours on 11 October 2011 with a crush injury to his right middle finger. It was documented that he had a small piece of skin missing from the fingertip and there was a small haematoma (blood collection) under the nail of the same finger. He had good sensation and movement in the finger. The wound was cleaned and dressed with antiseptic dressing. He also had a small abrasion on his nose as a result of the fall.
- 8A.2. Mr. Xxxxxx was reviewed in the A&E review clinic on 14 October 2011. It was recorded that there was some protruding fat from the fingertip wound. This fat was trimmed and the wound was dressed.

8A.3. On 18 October 2011, Mr. Xxxxxx was reviewed again in the clinic. It was documented that the wound was healing well and he was discharged with advice to see the Practice Nurse at his GP surgery for further dressings.

8B. X-RAY FROM ALEXANDER HOSPITAL, REDDITCH

8B.1. X-rays supplied on compact disk were reviewed. These X-rays were taken on 11 October 2011 and show a very small fracture at the tip of the bone of the right middle finger. The X-rays also show soft tissue shadow suggesting injury at the tip of the finger.

9. COMMENTS AND PROGNOSIS

9.1. SUMMARY:

Six months ago, Mr. Xxxx Xxxxxx sustained a crush injury accompanied by an electric shock to his right middle fingertip. This took approximately six weeks to heal. He was off work for two weeks and followed this with light duties for approximately six months. His main problems are pain in the fingertip if knocked and occasional shooting pain.

9.2. COMMENTS REGARDING HIS INJURY:

Mr. Xxxx Xxxxxx sustained a crush injury to the tip of his right middle finger and lost a small amount of skin from the fingertip. He also had a very small fracture of the tuft of the distal phalanx of the bone of the finger. There were no associated injuries to his tendons or nerves.

This has healed well with conservative treatment. Currently, the fingertip has settled well with a 5 x 1 mm scar at the fingertip. The sensation is very slightly

reduced at the fingertip and his strength in the right hand is slightly reduced compared to the left hand. He has mild bony tenderness at the tip of the finger.

9.3. COMMENTS REGARDING PROGNOSIS

Mr. Xxxxxx's symptoms of pain and slight numbness at the fingertip should improve over the next six to twelve months. I would not expect him to have any long term problem with movement or function of his hand.

9.4. COMMENTS REGARDING EMPLOYMENT PROSPECT AND HOBBIES:

Mr. Xxxx Xxxxxx was unable to return to work for two weeks following the injury. He was kept on light duties for several months after this. Currently, he is managing well in the same capacity. If he were to lose his job today, I would not expect him to have any disadvantage in the labour market because of this injury.

Mr. Xxxxxx had some difficulty looking after himself following the injury for approximately two months, as he could not use his right hand much and had to use the left hand. He does not report any problem with his hobby of playing football.

9.5. RECOMMENDATION FOR FURTHER TREATMENT:

Mr. Xxxxxx should continue to massage the fingertip to desensitise the scar. Otherwise, he should use the hand fully and as normally as possible. I would not recommend any surgical treatment.

10. EXPERT'S DECLARATION

1. I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.
2. I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert are required.
3. I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.
4. I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.
5. Wherever I have no personal knowledge, I have indicated the source of factual information.
6. I have not included anything in this report which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.
7. Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.
8. At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.
9. I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.
10. I have attached to this report a statement setting out the substance of all facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

11. That I know of no conflict of interest of any kind, other than any which I have disclosed in my report.
12. That I do not consider that any interest which I have disclosed affects my suitability as an expert witness on any issues on which I have given evidence.
13. That I will advise the party by whom I am instructed if, between the date of my report and the trial, there is any change in circumstances which affect my answers to either of the above two points.

11. STATEMENT OF TRUTH

I confirm that I have made clear 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 confirm that I am aware of the requirements of CPR Part 35 and PD35, the protocol for the instruction of experts to give evidence in civil claims (supplementing PD 35 para 13.5) and the PD on pre-action conduct and confirm that I have complied with them.

Signature: _____

Mr Anindya Lahiri MBBS MS FRCS DiplHandSurg FRCS (Plast)
CONSULTANT PLASTIC, HAND AND RECONSTRUCTIVE SURGEON
GMC Number: 4620594

Date: _____ 4 May 2012 _____

MR. ANINDYA LAHIRI: PERSONAL DETAILS

Training: I qualified in 1989 and trained in General Surgery from 1990 to 1997. I commenced training in plastic, reconstructive and hand surgery in 1998. My further training includes Specialist Registrar training rotation in the West Midlands
Hand Surgery Fellowship
Breast and Microsurgery Fellowship
Aesthetic Surgery Fellowship
Pulvertaft Travelling Fellowship

Summary of surgical experience

| | |
|------------------------|----------|
| Plastic Surgery | 13 years |
| General Surgery | 7 years |
| Orthopaedics | 1 year |

Current post: Consultant Plastic and Hand Surgeon at Sandwell General Hospital and Walsall Manor Hospital in West Midlands.

As a consultant Plastic and Hand Surgeon, my practice consists of general plastic surgery including aesthetic surgery (breast reduction, breast augmentation, mastopexy, abdominoplasty, rhinoplasty, liposuction); skin cancer surgery and reconstructive surgery including free flaps. In hand surgery I perform a large number of operations covering all aspects of elective and emergency hand surgery, including carpal tunnel surgery, Dupuytren's contracture, joint replacements in hand, tendon transfers and reconstructions. I perform and supervise treatment of all aspects of soft tissue and hand trauma including fractures and major limb trauma, burns and facial injuries.

I treat approximately 600-700 new patients a year.

Qualifications:

| | | |
|---|---|------|
| Cardiff University Bond Solon Expert Witness Diploma | | 2010 |
| Diploma in Hand Surgery | British Society for Surgery of the Hand and Manchester University | 2008 |
| FRCS (Plastic Surgery) | Intercollegiate Board of Examinations | 2007 |
| FRCS | Royal College of Physicians and Surgeons, Glasgow | 1997 |
| MS (General Surgery) | Bhopal University, Bhopal, India | 1995 |
| MB BS | Medical College, Calcutta, India | 1989 |

GMC registration number 4620594. (On specialist register for Plastic Surgery)

Professional Memberships:

British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
British Association of Aesthetic Plastic Surgery (BAAPS)
British Society for Surgery of the Hand (BSSH)
British Medical Association (BMA)
Medical Defence Union (MDU)
Society of Expert Witnesses
Birmingham Medico-Legal Society