

MEDICAL REPORT

ON

“MR SMITH”

OF

ADDRESS

DATE OF BIRTH:

PREPARED BY

**Mr Atul Khanna MBA MBBS FRCS FICS Dip Eur B (Plast) FRCS (Plast)
CONSULTANT PLASTIC, RECONSTRUCTIVE & HAND SURGEON**

Date

REPORT NO. AK/JP/Report No.

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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 *Solicitors Name and Address* following an injury sustained by Mr Smith on the 23.1.2000 and details his treatment, condition and prognosis. Mr Smith was 45 years old at the time of the injury and now is 46 years old. His occupation at the time of the injury was that of an extrusion operator. His occupation now remains the same. His hobbies at the time of the injury were playing golf. His hobbies remain the same. Mr Smith is right handed.

1.2 This report is based on interview and examination of Mr Smith carried out on 7.5.2002 at Sandwell Healthcare NHS Trust, Lyndon, West Bromwich, West Midlands B71 4HJ. No one was present at the time of the interview. For the purpose of this report I did have access to Mr Smith's medical notes at the time of the interview. Mr Smith's general practitioner's notes were provided at the time of the interview. His x-rays from Bridgnorth Hospital were provided as well. Unfortunately the accident and emergency notes from the same hospital were not provided.

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2 SUMMARY OF INSTRUCTIONS

- 2.1 I have received the following written instructions from *Solicitors names*. I have been asked to examine Mr Smith and prepare a full and detailed written report. This should deal with relevant pre accident medical history, the injury sustained, treatment received and the present condition, dealing in particular with the capacity for work and giving a definitive prognosis.

3 HISTORY

- 3.1 On the 23.1.2000, while working as an extrusion operator, Mr Smith sustained an injury to his left middle finger. He was loading a shaft onto a machine. As he was in the process of putting the shaft into place, the same started to turn in his fingers. He felt a sharp pain in his left hand and suffered a crush injury to the tip of his left middle finger. He then went to the Accident & Emergency Department at Bridgnorth Hospital in Shropshire. The area was assessed and an x-ray was performed. This revealed a comminuted fracture of the tip of the left finger. The area was treated conservatively with dressings. He was discharged with analgesia and was reviewed on an alternate day basis for two to three weeks for dressings. He was reviewed in his general practitioners surgery on the 17.2.2000. It was noted that his left middle finger was still somewhat swollen and there was some bruising beneath the finger

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nail and scabbing around the border. It was felt that he would be fit for work in another week. He was reviewed again in the same surgery on the 23.10.2001. It was noted at this stage that he still had problems with paraesthesia/diminished sensation affecting the tip of his finger.

- 3.2 Mr Smith required five weeks off work. He had regular analgesia for six weeks following the injury. He could not partake in his hobbies for two months following the injury.

4 CURRENT COMPLAINTS

- 4.1 Pins and needles, left middle finger in the cold.
- 4.2 Left middle finger extends significantly.
- 4.3 Concerned about appearance of left middle finger tip and nail bed.

5 PAST MEDICAL HISTORY

- 5.1 There is nothing relevant in Mr Smith's past medical history either to the mode of injury or to the subsequent healing process.

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6 EXAMINATION

- 6.1 This examination is specifically for this report and is confined to an assessment of the scars and deformity that Mr Smith has following the injury he sustained on the 23.1.2000. There is a ridge on the nail bed of Mr Smith's left middle finger. This is vertical and is on the radial side of the nail bed. There is no tenderness of the nail bed itself. There is a degree of hyper extension at the distal interphalangeal joint of the left middle finger.

MOVEMENTS OF THE LEFT MIDDLE FINGER DISTAL INTER PHALANGEAL JOINT	
ACTIVE	-10 to 50 ⁰
PASSIVE	-15 to 50 ⁰

MOVEMENTS OF THE LEFT MIDDLE FINGER PROXIMAL INTER PHALANGEAL JOINT	
ACTIVE	0 to 110 ⁰
PASSIVE	-0 to 110 ⁰

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- 6.2 There is slight radial deviation of the tip of the left middle finger and this is somewhat swollen. Mr Smith can make a fist fully and has got an adequate grip of his left hand. Two point discrimination of the tip of Mr Smith's left middle finger is 5 mm both on the ulnar and radial borders.

7 COMMENTS AND PROGNOSIS

- 7.1 **Summary** One year four months ago Mr Smith sustained an injury to his left middle finger while at work. This was a crush communitated injury affecting the distal phalanx and the nail bed. This was treated with dressings for four weeks following the injury. He was off work for five weeks following the injury. He required regular analgesia for six weeks following the injury and not partake in his hobbies for two months following the injury. Currently he has problems with pins and needs while in the cold. He is concerned about the appearance of his left middle finger and has hyper extension of his left middle finger.

- 7.2 **Comments regarding injury to left middle finger and treatment recommendations** Mr Smith sustained a significant crush injury to his left middle finger. This resulted in a communitated fractured of the distal phalanx and an injury to the nail bed as well. This was treated with dressings.

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He currently has a somewhat swollen tip of his left middle finger with hyper extension of the DIP joint and some radial deviation. He also has a ridge of the nail bed. I would not recommend any surgical procedure to improve the problems with ridging of his nail bed. Although he has hyper extension of his distal inter phalangeal joint he otherwise has got adequate range of movement at this joint. I would not recommend any surgery to improve the extra mobility he has of his joint. Unfortunately this may lead to more stiffness. Similarly I would be reticent to recommend surgery to improve the appearance of his finger. Such surgery again may lead to further stiffness. It is likely that with the injury there has been damage to the ligaments surrounding the distal inter phalangeal joint. It is likely that Mr Smith is at a higher risk of developing arthritic problems in this finger as compared to the other fingers of his hands. Mr Smith has problems with cold intolerance of his left middle finger. It is unfortunately difficult to predict the long term outcome of such problems. It is possible that this problem will persist over a period of time.

- 7.3 **Comments regarding employment prospects and hobbies** Mr Smith was unable to return to work for five weeks following the injury. He currently manages in the same capacity. If he were to lose his current job he would not be at a disadvantage on the labour market unless he had early progression of arthritis in his finger. Mr Smith is an avid golfer. He manages to play golf but

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following a game has pain in his left middle finger. He does however manage to soldier on and this injury has not yet affected his handicap.

- 7.4 There is a body of medical evidence/opinion with respect to the prognosis of injuries of this nature and my views expressed in this report reflect that body of medical evidence/opinion.
- 7.5 I understand that my duty to the Court is to provide independent assistance to help the Court on the matters within my expertise and I have complied with that duty. I understand that this duty overrides any obligations to those by whom I have been instructed or by whom I am paid. 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.
- 7.6 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.
- 7.7 I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.

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7.8 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.

7.9 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.

7.10 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.

7.11 I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and that options I have expressed represent my true and complete professional opinion.

7.12 I believe that the facts within my own knowledge which I have stated in this report are true and that the opinions I have expressed are correct.

..... *DATE*

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**Sandwell Healthcare NHS Trust
Lyndon
West Bromwich
West Midlands B71 4HJ**

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APPENDIX 1

MR ATUL KHANNA - PERSONAL DETAILS

I qualified in 1983 and trained in surgery in general from 1983 to 1989. I commenced training in plastic, reconstructive and hand surgery in 1989. I have been in Consultant practice since 1998 and I have been a Consultant Plastic Surgeon at Sandwell General Hospital since June 1999. My works involves the treatment of all types of hand injuries, burns, facial and soft tissue injuries, elective hand surgery, breast surgery, scars and deformities, skin cancer and cosmetic surgery. I am a member of the Society of Expert Witnesses. I am a member of the British Association of Plastic Surgeons, British Association of Aesthetic Plastic Surgeons and the British Burns Association. I have written a chapter for the Encyclopaedia of Forensic & Legal Medicine entitled "Medical Malpractice in Cosmetic and Plastic Surgery"

My qualifications are as follows:

M.B.B.S

Osmania University

July 1983

F.R.C.S.

Royal College of Physicians and Surgeons of Glasgow

November 1989

F.I.C.S.

International College of Surgeons

June 1994

M.B.A.

Open Business School, Open University

December 1994

F.R.C.S.(Plast)

Intercollegiate Board in Plastic Surgery

March 1997

Dip. Eur. B(Plast)

European Board of Plastic Reconstructive and Aesthetic Surgery

(EBOPRAS)

November 1998



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