25 Octcober 2023

Dear SBNS Members

Re: Regulation 28

We have recently been informed of the sad death of a patient as a consequence of injuries sustained during a trans-sylvian amygdalohippocampectomy. The coroner has written to the SBNS, the RCS, the GMC, and NHS England under Regulation 28 of the coroners (Investigations) Regulations 2013. The objective of the report is to prevent future deaths. As a recipient body we are required to provide a response to the Coronial service which will be sent to the Chief Coroner and "Properly Interested Persons" and may be published.

On considering the coroner's report, I consider that sharing a précis of the case, as presented to me, is appropriate so that points raised by the coroner can be considered by members performing amygdohippocampectomy.

"The case concerned an elective procedure for the amelioration of epilepsy. During surgery "an incision ... to find the temporal horn ... was made at the wrong trajectory... it is probable that [the patient's] head position ... had moved... The incision was made excessively deep and caused significant damage to [the patient's] brain... Two further attempts were made at different trajectories to locate the temporal horn with the last using a neuro-navigation system to assist. Both were excessively deep... On being woken .... it was immediately apparent that [the patient] had sustained serious brain injury. On the balance of probability, it is likely that [the patient] would have died as a result of the damage caused by the first incision."

The three incisions "from the insular" were measured at postmortem as being 5-6cm, 6-7cm and 5cm in length.

The coroner concluded that the incisions were "far too deep" and that "only the second incision was measured intra-operatively with a cannula and this was after completion of the incision". An expert witness advised the coroner that it was his practice to "measure the length of his incisions intra-operatively as appropriate times". The expert witness reported that he had "aborted an operation after failing to find the temporal horn within expected limits". Post-operatively this was attributed to a change in position in the patient's head. The coroner is concerned that "it is not current and expected practice to measure the incision from the insult to the temporal horn at appropriate times during the operation".

I thank you for reading this e-mail and advise surgeons to reflect upon their surgical techniques, with particular regard to gauging depth, selection of trajectory, considering potential inadvertent movement of the patient's head and the reasonableness of aborting the case when findings are not consistent expectations. If you are the Service Line Lead, please share this information with colleagues who might not be on the SBNS mailing list.

I hope that sharing this knowledge will help avert future morbidity and mortality from similar causes.

Yours sincerely

[redacted]

[redacted] Peter Whitfield
SBNS President