The Royal College of Radiologists

Senior Coroner Kevin McLoughlin
The Coroner's Courts
Burgage Square
Wakefield
WF1 2TS

7 November 2025

[redacted]

Dear Mr McLoughlin,

RCR Response to Regulation 28: Prevention of Future Deaths report issued on 1 December 2023 in relation to the death of Samantha Jade Shillito.

I was very sorry to read about the death of Samantha Jade Shillito, and I would like to express my deepest condolences to Samantha's family.

The Royal College of Radiologists (RCR) take the matters raised in your report very seriously and I hope this reply will be helpful in outlining how we are committed to learning from them and supporting our members and Fellows to develop and maintain excellent medical care.

I sincerely apologise for the delay in sending this response. I can confirm that we have put additional measures in place to refine our process when responding to important correspondence such as your report.

The RCR is a charity which works with our members and Fellows to improve medical care across the specialties of Clinical Radiology and Clinical Oncology. We promote excellence in professional practice within our specialties, and we produce a range of publications, including standards for the delivery of high-quality radiology services.

In preparing this response, we sought input from our specialty interest groups most closely aligned with this area of practice, the British Society of Gastrointestinal and Abdominal Radiology (BSGAR) and the British Society of Interventional Radiology (BSIR) to ensure that our comments reflect the breadth of relevant expertise within the specialty. Their feedback has been incorporated into the general observations set out below.

We note that points 1 and 4 in the *matters of concern* section of your report are not directly relevant to the remit or responsibilities of the RCR. Accordingly, our response focuses on matters 2 and 3.

Risks associated with ascitic tap procedures

Ascitic drainage is a frequently performed and generally low-risk procedure. Nevertheless, as the inquest notes, it carries recognised though uncommon risks including bleeding, infection and visceral perforation.

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The British Society of Gastroenterology's 2021 "*Guidelines on the management of ascites in cirrhosis*" are a comprehensive UK reference for this procedure and there are a number of other relevant references including:

1. De Gottardi A, Thévenot T, Spahr L, Morard I, Bresson-Hadni S, Torres F, Giostra E, Hadengue A. Risk of complications after abdominal paracentesis in cirrhotic patients: a prospective study. Clin Gastroenterol Hepatol. 2009 https://doi.org/10.1016/j.cgh.2009.05.004
2. Kaveh Sharzehi, Vishal Jain, Ammara Naveed, Ian Schreibman. Hemorrhagic Complications of Paracentesis: A Systematic Review of the Literature. Gastroenterology Research and Practice 2014 https://doi.org/10.1155/2014/985141
3. Sparks HD, Sue MJ, Saab S, Kim-Saechao S, Lybbert S, Wong J, Lee EW. Incidence and risks of complication following 2,230 image-guided abdominal paracentesis. 2025 Int J Gastrointest Intervention https://doi.org/10.18528/ijgii250002

Our specialist interest groups emphasised that the risks of ascitic tap are well established and widely understood in current radiological practice. The use of ultrasound guidance has become standard and has been shown to further reduce complication rates. We therefore believe that the magnitude and nature of these risks are well defined in the published evidence base and are adequately reflected in existing national guidance.

Consent and patient information

The RCR archived its previous document *Standards for patient consent particular to radiology (Second edition)* in 2021, following the publication of the General Medical Council's (GMC) updated guidance on decision making and consent. We fully endorse the GMC's framework, which provides comprehensive and up-to-date principles for obtaining valid informed consent across all areas of medical practice, including radiology.

Both BSGAR and BSIR have confirmed that they do not produce a specific patient information leaflet for ascitic drainage and the RCR does not produce patient information leaflets for individual procedures. This reflects our role as a professional body that sets and promotes standards of practice, rather than as a direct provider of patient-facing materials. However, BSIR has noted that the Cardiovascular and Interventional Radiological Society of Europe provides a general leaflet on fluid and abscess drainage procedures, which includes information on bleeding risks. BSIR also notes that there are numerous high-quality leaflets freely available through NHS trusts and related professional organisations. These typically include clear, evidence-based descriptions of procedure risks and are suitable for adaptation or local use.

These leaflets typically do not specifically mention the risk of death although would be expected to be used as a supplement to an appropriate discussion with a patient where, in line with the GMC guidance, the information that the patient may wish to know should be explored.

I am grateful to you for bringing these matters of concern to our attention and for giving us the opportunity to respond. Once again, I express my deepest condolences to Ms Shillito's family and loved ones.

Yours sincerely,

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RCR President