

# Bundaberg Hospital *Commission of Inquiry*

## STATEMENT OF IAN RODNEY VOWLES

I, **IAN RODNEY VOWLES** make oath and say as follows:-

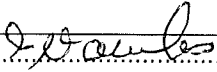

1. I was born on 14 February 1947. I reside in the Bundaberg district at an address I have provided to the Commission. I am a cabinet maker.
2. In 1999 I had been feeling sick with symptoms of wind and diahorrea. I visited my then GP at the Linden Clinic who arranged for a barium X-Ray. He said the X-Ray had picked up a malignant growth in my bowel. He referred me to Doctor Nankerville at the Bundaberg Base Hospital ("the Hospital"), who operated on me to remove the growth on 26 May 1999. Since then, in accordance with advice of Doctor Nankerville I have had routine colonoscopies at regular intervals to monitor my bowel. At the beginning of 2003 I was overdue for one such colonoscopy. Accordingly, my wife telephoned the Hospital to enquire why that was the case. She was advised that the delay was due to understaffing at the Hospital.
3. In August or September 2003 I attended the Hospital for a routine check-up. About 6 weeks prior to this I had undergone blood tests that indicated I had low iron levels. It was not until I attended at the Hospital that I was advised as to the details of the blood test results. I do not recall the name of the

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Signed..... *Ian Rodney Vowles* ..... Taken by:..... *Chalby* .....  
Deponent Solicitor/Justice of the Peace

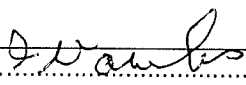
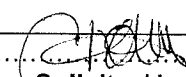
Doctor who I consulted at that time at the Hospital. He advised me that there was a possibility that I had cancer in the liver, kidney or bowel. I was admitted to the Hospital immediately and administered blood transfusions. Around this time Doctor Patel became involved in my care. When I first met Doctor Patel he introduced himself. Also at this time CT scans of my liver and kidney were arranged. Doctor Patel advised me that the results of those scans indicated that I did not have cancer in my liver or kidney.

4. Doctor Patel then performed a colonoscopy which he told me was to check for cancer in my bowel. He advised me that he had found a cancerous tumour in my bowel and that he would book me for surgery to remove the tumour.
5. On 8 December 2003, Doctor Patel operated to remove the cancerous growth. After the operation, he told me everything was fine and that I did not need chemotherapy treatment. Thereafter I felt fine and was back to work in mid January 2004.
6. On 14 September 2004, Doctor Patel performed another routine colonoscopy on me. He said that the results of the colonoscopy indicated that I had a benign cyst in my bowel. He advised me I needed a total bowel removal. My understanding at that time, based on previous medical advice and from my general knowledge, was at that time that a benign cyst is not cancerous. I asked him why I needed a total bowel removal when the cyst was benign. He explained that the cyst was attached to the wall of the bowel and he could not see what was behind and he wanted to see. I recall

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him using the words, "your bowel does not like your body. We will whip it out."

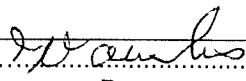

- 7. On 4 October 2004, Doctor Patel undertook the total removal of my bowel. I do not recall signing a consent form for the operation but I think it is likely that I did. I agreed to the operation, despite my misgivings, because I thought it imprudent to go against a Doctor's advice. During the operation Doctor Patel also constructed on me a stoma collection bag. Prior to that time I had had some experience with stoma collection bags. My wife's Uncle had had one. My understanding was that they are a bag attached to the stomach which collects waste instead of the bowel. I also understood that a stoma is the part of the small intestine that hangs out from the body after the collection bag has been attached. After the operation Doctor Patel did not advise me whether he found anything behind the benign cyst.
- 8. Shortly after the operation I visited the stoma nurse at the Hospital, Sister Logan. She explained to me how to look after my stoma collection bag. For example, she explained to me that I should be careful with what I eat and not eat foods unlikely to dissolve in my system. She said that such foods might block my stoma. I recall that she looked at my stoma and said, "what a mess". She said, "things don't look quite right". She commented that the stoma was misshapen and the skin around it was red raw. I was discharged from the Base Hospital approximately eight days after I was admitted.
- 9. On 4 October 2004 within a few days of being discharged, I visited Sister Logan who examined me and said that my stoma was not looking as it

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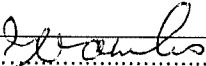
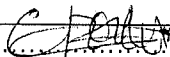
should. She said the stoma was going black and dying. She advised me that complications had set in. She also said she would contact Doctor Patel and that I would probably have to be re-admitted for reconstruction surgery.

10. I was re-admitted on 25 October 2004. Doctor Patel told me that I would have to have corrective surgery. He said the first operation did not work and it will have to be re-done. He performed the surgery. I remained in hospital for four days. After this second operation Doctor Patel said he could not improve on same because I had too much scar tissue.
11. In 2005 I was advised by staff of the Hospital that former patients of Doctor Patel could obtain second opinions. Accordingly, I attended the patient liaison office there where I was referred to Doctor Barry O'Loughlin.
12. I was examined at the Hospital by Doctor O'Loughlin on 4 May 2005. After he examined my stoma he commented, "what a mess." After he had read my medical records he advised me that the bowel removal was totally unnecessary. He drew a diagram and explained to me that the cyst that Doctor Patel had removed was not attached to the wall of the bowel as Doctor Patel had advised me. Rather, he said, it was attached to one of the stems of the wall. He said that Doctor Patel should have snipped the stem off, removed the cyst and monitored the bowel regularly to see if another growth appeared. I believe that advice was consistent with the previous advice of Doctor Nankeville that I should receive regular colonoscopies to monitor my system.
13. I told Doctor O'Loughlin that Doctor Patel had said that the second operation

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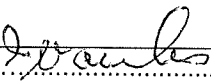
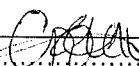
could not be improved upon. Doctor O'Loughlin agreed with that advice, however, he said the second operation could not be improved upon because that operation had been performed too soon.

14. Doctor O'Loughlin advised me that I needed a new stoma constructed on the other side of my stomach. He said the old one needed to be closed off. Doctor O'Loughlin told me that it needed to be done or it would become an ulcer. The operation was arranged to be performed by Doctor O'Loughlin at the Royal Brisbane Hospital. I was advised by the patient liaison officer at the Hospital that, accommodation, flights and taxis, would be paid for. The operation was performed on Wednesday, 8 June 2005.
15. After my total bowel removal I had the following symptoms:
- a) The flesh that surrounded my stoma was red raw and infected;
  - b) I suffered constant lethargy, light-headedness and tiredness;
  - c) In order to stay awake I relied on electrolyte supplements;
  - d) I lost 8kgs in three to four weeks;
16. Largely because of the symptoms described in paragraph 15(b) above my life was affected in the following ways:
- a) I started renovating the kitchen before the surgery. I have been unable to continue with the renovations;
  - b) I am unable to take care of my garden and I let it grow;
  - c) We also have a pool which I maintained regularly and I swam in every day. I have had to give that up;

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- d) I used to go fishing occasionally, now I cannot lift the boat and the boat stays in front of the house;
- e) My wife is disabled and cannot walk without a walking frame. I used to do everything around the house. Since my total bowel removal it takes the two of us much longer to do anything; and
- f) After the total bowel removal I was off work for five months. Prior to the total bowel removal I had worked full time earning approximately \$600.00 per week. Following the period of time I was unable to work following the removal of the bowel I returned to work on a part time basis performing light duties. Initially I worked 15 hours per week and this gradually increased to 27.5 hours per week - still on light duties. After undergoing the further surgery under Dr O'Loughlin, I returned to work on 4 July 2005. I am working on a part time basis performing light duties. I am able to work a maximum of 5.5 hours per day. I am only able to work until around 12.30pm each day – after that I am too sick and too tired to continue to work. At this stage I do not know if and when I will be able to return to full time employment. My income is now substantially reduced and I have lost considerable income as a result of the various operations I have undergone.

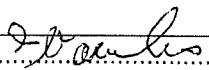
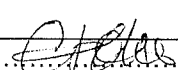
16. Further, in accordance with the advice given to me by Sister Logan when she first explained to me how to care for my stoma I have had to adapt my diet. I used to eat loads of fresh fruit and vegetables. I can no longer eat raw carrots, peas or potatoes. Whatever I eat, I have to make sure I chew it

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up properly.

17. Although I am not back to full fitness I have noticed some improvement in my strength, energy levels and general health. I attribute this largely to the fact that I am now managing my stoma bag better. I hope that my fitness and general health will continue to improve however this is uncertain at this time. I am still recovering from Doctor O'Loughlin's surgery. I have noticed that the stoma constructed by Doctor O'Loughlin looks the way I understand it should look. I have noticed that there is no redness in the skin around it.

Signed.....  ..... Taken by.....  .....  
**Deponent** **Solicitor/Justice of the Peace**

Affidavit sworn on *7<sup>TH</sup> JULY 2005*  
at *BUNDABERG*, in the presence of:

.....  
*J. Paul*

Deponent

.....  
*[Signature]*

Solicitor/Justice of the Peace