

# Bundaberg Hospital *Commission of Inquiry*

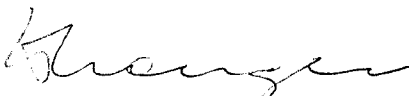
## STATEMENT OF BARRY STEPHEN O'LOUGHLIN

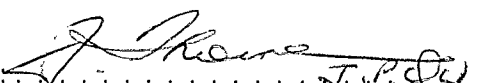
Barry Stephen O'Loughlin makes oath and says as follows:

1. I was born on 29 April 1951. I reside in Brisbane.
2. I graduated from the University of Queensland in 1976 with the degree of MBBS. I have been a fellow of the Royal Australasian College of Surgeons since 1984. I have been a fellow of the Royal College of Surgeons (England) since 1985.
3. I have worked at the Royal Brisbane Hospital since 1987. Presently I am the Director of Surgery at that hospital. I have held that post for about ten years. Before I was Director of Surgery there I was a staff specialist general surgeon. I underwent post-graduate training in the United Kingdom between 1984 and 1985. I was a senior lecturer at the University of Queensland, Department of Surgery between 1985 and 1987.
4. I have perused the statement of Ian Rodney Vowles sworn on 7 July 2005 ("the statement"). Now produced and shown to me and marked "BSO1" is a true copy of the statement. I set out hereinafter my comments in relation to the statement.
5. In relation to paragraph 12 of the statement I say that I would not have said "what a mess" after I examined Mr Vowles stoma. I would have said words to the effect that the stoma was unsatisfactory or that it would not do. It was unsatisfactory because the ileostomy (the part of the bowel that protrudes from

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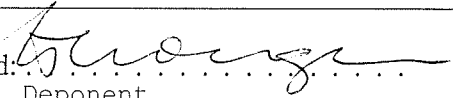
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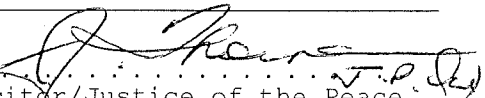
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the skin) was ~~on the right side of the abdomen and the opening of the abdomen~~ was narrowed. *and retracted.*

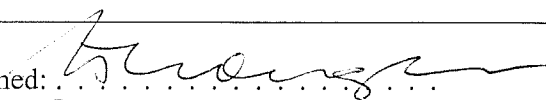
- 6. Further, an ileostomy should sit above the level of the skin, whereas Mr Vowles' ileostomy was not even flush with his skin. Indeed you might say it had retracted below the level of his skin. When an ileostomy is in such a state it creates problems for the fitting of the stoma collection bag. Further, the material that comes out of the ileostomy is very irritable to the skin (the material is full of enzymes). That is why the end of a properly constructed ileostomy should look like a spout device so that the effluent that comes out of it does not contact the skin. In its then state, Mr Vowles' stoma was causing his skin to be burnt by his small bowel content.
- 7. Further, in relation to paragraph 12 of the statement I say that I would not have said Mr Vowles' total bowel removal was *totally* unnecessary. However, in my opinion the total bowel removal was unnecessary. Mr Vowles did not have a cyst as he alleges. It is my recollection that he had a polyp in his bowel. A polyp is a fleshy growth that in his case had arisen from the lining of his bowel. In some cases polyps develop into cancer. The conventional management of a polyp is to remove part thereof and analyse it. My recollection, based on Mr Vowles' medical records, is that Doctor Patel biopsied a sample of Mr Vowles' polyp. That biopsy did not show any malignancy. As such, Doctor Patel had no proof of malignancy. His advice to Mr Vowles was based on speculation.
- 8. Had I of been Mr Vowles' treating doctor at the relevant time I would have

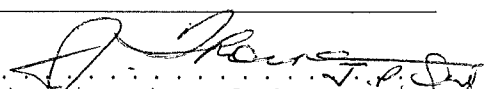
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recommended that his polyp be removed in total with the use of a colonoscope. I would then submit that polyp for pathological examination. Such a removal procedure could be performed by an experienced colonoscopist, <sup>for example</sup> such as Doctor Mark Appleyard from the Royal Brisbane Hospital who regularly visits the Hospital and performs work there. Even if Doctor Appleyard had not been able to treat Mr Vowles at the relevant time at the Hospital he could have been referred to the Royal Brisbane Hospital, ~~and Doctor Appleyard could have done it there.~~ <sup>it there.</sup>

9. In relation to paragraph 13 of the statement I say that Doctor Patel's first attempt at fashioning an ileostomy was clearly unsatisfactory. I understand that accordingly Doctor Patel advised Mr Vowles that it had to be revised. The statement states that the second attempt was done three weeks after the first. Operating so soon after the first attempt would have made it very difficult for someone to improve on it. I recall saying to Mr Vowles that I wasn't surprised Doctor Patel could not have made much progress with the second operation.
10. In relation to paragraph 14 of the statement I say that I advised Mr Vowles that he needed a revision of his stoma and I offered to do that for him at the Royal Brisbane Hospital if he agreed. I told him that I felt that it needed to be done because of the unsatisfactory state of his stoma. He already had ulcers present on his skin as a result of that state. I did not say the reconstructed stoma had to be on the other side of Mr Vowles' stomach, although that is in fact where I ultimately placed it. I can't recall the date that I performed the corrective

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Deponent

Taken by:   
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surgery, however I know that I did perform it.

Affidavit sworn on 11th July 2005.  
at Bundaberg. in the presence of:

*[Handwritten signature]*  
.....

Deponent

*[Handwritten signature]*  
.....  
J.P. (J.P.)

Solicitor/Justice of the Peace

Signed: .....  
Deponent

Taken by: .....  
Solicitor/Justice of the Peace