

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF19

GF19

P53

RECEIVED
26 MAY 2003
REGISTRY

27/5/03
200/15

Mr Peter Lecke
District Health Manager
Dear Sir,

It has taken me some time to be able to write this letter as I needed time to collect my thoughts and to regain some semblance of emotional stability. I don't know how much of the general day to day problems hit your office before the complaints do but you may already know about me.

for resident
2/2/03

left reply

On Thursday 10th April I entered theatre late in the afternoon for the insertion of a Permacath as temporary access for dialysis. I woke in intensive care with the news that they mistakenly inserted it into my carotid artery and I was then flown to Brisbane for repair and new catheter.

Emailed Draft 14/6/03

Apart from the obvious medical problems this may have caused there are numerous emotional demons I have been fighting ever since. To begin with this occurred the day before we were due to leave for a holiday with our only daughter near Mackay. I also kept thinking of how close she came to losing me and never seeing each other again. I still have many tearful hours when I think of it.

My 2nd cause for complaint is that my husband found out when he came to visit me in the ward and was told I was in intensive care. No phones in



15 APR 2005 10:37

EXECUTIVE SERVICES

NO. 582 P. 15/29

intensive care?

Thirdly where do you find some of your anaesthetists? That afternoon the gentleman, and i use that word advisedly, must have been in a foul mood and chose to take it out on me. I was in tears before I entered theatre. I am aware that my veins are less than ideal.....medical experts have whinged about me for years.....but he was insufferable. he threw his hands up several times and made complaints about how difficult it would be so the whole procedure was doomed from the start.

I have now been home over 5 weeks and it amazes me that everyone walks around me as though I'm surrounded by eggshells. One Renal sister arranged for me to see the social worker but noone else has asked me how I feel, how I'm coping or even mentioned it at all I realise that you all have to protect your own but you can't pretend it didn't happen and that my life was put in danger. I know the names of the doctor and anaesthetist and I have X-ray evidence to back my claims. Brisbane Royal surgeons are also well aware of the incompetence involved.

I have no idea what I intend to do from here as i am still an emotional wreck and need more time to get some normality back in my life. I would love to sleep at night but as soon as all is quiet it all floods back and I lay awake for hours. Several renal patients have died in the past 12 months

and I can't help feeling you have me lined up as next so there are more vacancies.

The next step will be a complaint to the Health Rights commission but I will await your response before acting further.

Yours Faithfully

P53

p53

06 37 51

Aug 24
8
11/10/05

Patients on chronic hemodialysis have difficult iv access because of previous multiple accesses for the dialysis. Having multiple attempts to start a drip is a very common problem

Patient also had a neck incision from the previous dialysis access making identification of Internal Jugular difficult from the scar tissue. It is quite apparent that after surgically identifying the vein there was no blood return, indicating the vein was thrombosed, also a common problem with previous multiple accesses. This required further manipulation and accidental entry into the Carotid artery which is lying next to the vein. Accidental injuries to the surrounding structures including the artery, thoracic duct, pleura, lungs, etc is well known complications of the procedure. Unfortunately, this was not well documented in the chart or the consent form. The complication was identified immediately and was taken care of appropriately without any long term complications, even though it required transfer to Brisbane. Heparin was being continuously infused during her transfer to Brisbane and this had prevented the thrombosis of the artery.

Some of the issues with the complaints would have been prevented if we would have fixed the problem locally without transferring her to Brisbane. It always looks right if we do the procedures where we also are capable of dealing with the complications

J. Patel.

EXECUTIVE SERVICES

15 APR 2005 10:38
QHB.0003.0002.00071

EXECUTIVE SERVICES

NO. 582 P. 18/29

. Get J. Parler - *ALV* ✓ *Don get history*
 . Get Dr. Macch } *Interview*
 Drs
 Muscat
 It best
 was
 never
 written to
 them
 Dr. Lind, Roseanne
 + Executive
 What does she want?

FILE COPY



Queensland
Government

Queensland Health

**BUNDABERG HEALTH SERVICE DISTRICT
EXECUTIVE SERVICES**

Enquiries to: Peter Leck, District Manager
Telephone: 4150 2020
Facsimile: 4150 2029
Our Ref:

P53

BUNDABERG QLD 4670

Dear P53

Thank-you for your letter received on 27 May 2003 detailing your concerns about your hospital admission to Bundaberg Base Hospital in April 2003.

Upon reading your letter, I rapidly appreciated that the whole episode was very upsetting and daunting leading to significant distress for your family and yourself. Please allow me to apologise on behalf of Bundaberg Base Hospital for this incident and I sincerely hope that your recovery will continue

An investigation of this incident was undertaken by senior staff at Bundaberg Base Hospital in order to gain increased understanding of the context in which this incident happened and to reduce the likelihood of it happening again. I provide the following information in relation to the concerns that you noted in your letter. The anaesthetist who attended you on 10 April has been spoken to and counselled about the lack of empathy that he displayed prior to your anaesthetic. He is aware that his manner heightened your anxiety and apologises for this event.

Unfortunately your husband was not informed prior to his arrival at Bundaberg Base Hospital of your admission to the Intensive Care Unit. The staff's major focus was related to providing a high standard of care to you and organising your transfer to Brisbane, while continuing to care for the other patients in the unit. Where possible, staff will contact the next-of-kin as soon as possible to inform them of any major changes in the condition of a patient.

As you will remember, you required venous access to continue haemodialysis and allow you to take your holiday, after your fistula clotted and the operation to open it up was not successful. The qualified surgeon performed the procedure as per accepted technique. He noted that previous surgery in your neck had created scar tissue making the procedure more difficult to perform. The appropriate vein was identified however during the insertion of the catheter, it accidentally entered the carotid artery. This complication was immediately identified and the appropriate care undertaken, including seeking further specialist advice, the infusion of heparin (a blood thinning agent) and transfer to Brisbane. Accidental injury to surrounding tissues, when undertaking this procedure is a well-known complication, although relatively infrequent. Rarely are these complications life threatening, especially when recognised early as happened in your case.

Office
Queensland Health
Bundaberg Health Service District
Beurbong Street
BUNDABERG 4670

Postal
PO Box 34
BUNDABERG 4670

Phone
4150 2020

Fax
4150 2029

EXECUTIVE SERVICES
EXECUTIVE SERVICES

15. APR. 2005 18:37
QHB.0003.0002.00073

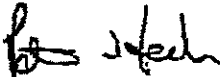
Unfortunately, this complication occurred to you leading significant distress on your behalf. Please be aware that there are a number of medical procedures, which intentionally enter major arteries with little risk to the patient.

The medical staff and I remain available to discuss this matter with you at a meeting at a time of your convenience, should you wish. I understand that you declined an initial offer to such, in a telephone call with Dr Keating, Director of Medical Services at Bundaberg Base Hospital, but the offer remains. We would be willing to arrange counselling with a psychologist, should you wish to help you recover from this incident.

I have spoken to the staff of the Renal Dialysis Unit to ensure that you are treated in a similar manner to other patients in the unit, so as to reduce the feeling of isolation and apparent lack of concern displayed by the staff. This unit aims to provide continuing high quality treatment to those patients attending for dialysis.

I hope that this information is of assistance to you and should you wish to discuss this matter further, I can be contacted on 07 4150 2020.

Yours sincerely



Peter Leck
District Manager
18/06/2003

QHB.0003.0002.00074

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EXECUTIVE SERVICES

EXECUTIVE SERVICES

15 APR 2005 10:37

NO. 582 P. 14/29

The C.E.O.
Bundaberg Base Hospital
01.06.03

RECEIVED
02 JUN 2003

24/03

→ SMS for removal
hand reply

Dear Sir / Madam

I write to advise the performing of an operation for which I did not give written consent.

In April this year I had a consultation with Dr Patel for the removal of cancer on the inside upper section of my ear above the ear lobe.

This had been excised by my local G.P. twice to no avail.

Dr Patel was shown the position by myself & had notes to work from. He agreed at the time that the ear had "rolled" at the edge & this had hidden the cancer from view even though scar tissue & a scab was visible at the time of my visit.

I subsequently was attended by the same Dr Patel on the morning of Tuesday the 20th of May this year to remove such cancer.

When after the operation I was able to see in the mirror (outside of the hospital) I was not amused to find that the Dr had in fact cut tissue from behind the face of the ear which appeared to me to be completely wrong.

I was given an appointment on Tuesday the 27th of May for advisement of results and the removal of stitches.

The Dr who removed these (a female) advised " there was no cancer found ". When I pointed out to her that the operation was from behind the ear & on closer examination was in fact some distance above the previous operation , she agreed this was the reason " NO " cancer showed up in the report. In fact the wrong area had been operated on.

Now,..... Have you ever had your ear operated on ? more than once ? Let alone in the wrong place altogether?

To say it is painful would be an understatement indeed.

This not just at the time, but even now it is still very sore at times.

I now have to consider having the operation again because what I gave written consent to have done has as yet not been done. The cancer is still there. The professional advise I have received is that I should sue for incorrect procedure. As I'm sure is not what you would want to hear and I respectfully await your reply.

Yours Sincerely

P157

U. R. No 121526

[Handwritten notes on right margin, including arrows and names like 'Dr Patel', 'Mrs', 'Theresa']

EXECUTIVE SERVICES
02614530 5410025
02614530 0002 00059

Theresa 3/6/03
Advisee sue
note to be made

BUNDABERG HOSPITAL SEX UR NO
M 121526

P151

BUNDABERG 4670 M
Ph (H)
Ph (B)
Jeho MANAGER

Tobe see in km

4159 1348



**Queensland
Government**
Queensland Health

Bundaberg Health Service District
COMPLAINT REGISTRATION FORM

This form is to be completed the staff member who is registering the complaint.

Complaint Identifier: 0704.03.
Office Use Only

Type of Complaint: Written Verbal Telephone

Name of person handling complaint: Dr Darren Keating
Name and Designation of staff handling the complaint

Facility: Bundaberg Childers Gin Gin Mt. Perry

Source of Complaint: Patient/Client Relative/Carer Friend/Advocate
 Staff Member Volunteer Anonymous
 Other - Please specify

Complainant Details: Name: P131 UR: 028486
Election Status: _____ Admission Status: _____
Gender: F DOB: _____ Post Code: 4670
Complainant Name (if different to above): _____

Complaint referred by: Ministerial Local MLA Other QH Department
 HRC MP Staff Referral
 Response to Survey Other Not Known

Complaint Handling Details: Complaint submitted: 02.07.04 Complaint registered: 27.07.04
Acknowledgment: _____ First progress report: _____
Date of Resolution/Closure: 02/08/04

Complaint Issue: Use Complaint Categories and Description
Category: 1. Access to Services 2. Communication 3. Consent 4. Corporate Services 5. Cost 6. Grievances 7. Privacy/discrimination 8. Professional Conduct 9. Treatment
Description: 9 - believes she should have had a biopsy on breast instead of cream given to her by Dr Patel. She has since had surgery and believes that this may have been prevented if she had had the biopsy.

Service Type: _____ Location of Incident: _____
Staff Category: _____ Staff involved in the complaint: Dr Patel

Severity of Complaint: Level One: trivial, unperceived, subject matter not warranting acceptance for investigation
 Level Two: complaining could have resolved complaint easily with support from staff involved
 Level Three: Legitimate consumer complaints, especially about communication or process management, but not involving damages
 Level Four: Significant issue of standards, quality of care, or breach of rights, complaints with clear quality assurance implications
 Level Five: Long-term or severe damage, including death, serious adverse outcomes, professional misconduct

QHB.0003.0002.00061

EXECUTIVE SERVICES

15. APR. 2005 10:39

EXECUTIVE SERVICES

Complainant Objective <small>What does the complainant want to happen?</small>	<input type="checkbox"/> Register concern	<input checked="" type="checkbox"/> Receive explanation	<input type="checkbox"/> Obtain apology
	<input type="checkbox"/> Obtain refund	<input type="checkbox"/> Access service	<input type="checkbox"/> Change procedure
	<input type="checkbox"/> Change policy	<input type="checkbox"/> Compensation	<input type="checkbox"/> Disciplinary action
Please provide details: DMS to investigate			

Resolution Mechanism/ Outcome <small>By what means was the complaint resolved?</small>	<input type="checkbox"/> Concern registered	<input checked="" type="checkbox"/> Explanation given	<input type="checkbox"/> Apology provided
	<input type="checkbox"/> Costs refunded	<input type="checkbox"/> Services provided	<input type="checkbox"/> Procedure/practice change
	<input type="checkbox"/> Policy change	<input type="checkbox"/> Compensation received	<input type="checkbox"/> Disciplinary action taken
	<input type="checkbox"/> No action taken		
Please provide details: Letter from DMS to P131 explaining procedures			

Recommendation/ Action taken <small>What action has been taken as a result of this complaint?</small>	<input type="checkbox"/> Staff member/contractor counselled	<input type="checkbox"/> Training/education of staff provided
	<input type="checkbox"/> Duties changed	<input type="checkbox"/> Dismissal/ termination of contract
	<input type="checkbox"/> Quality improvement activity initiated	<input checked="" type="checkbox"/> No action taken
Please provide details:		

Adverse Outcome	
-----------------	--

Narrative	Please provide a brief summary of the complaint

Office Use Only Performance indicators	Assigned - 1 day	Planned - 1 day	Assigned - 1 day
Reported by track analyst			

15. APR. 2005 10:39
 QHR.0003.0002.00062
 EXECUTIVE SERVICES

EXECUTIVE SERVICES

RECEIVED
12 JUN 2003

C.E.O.
Bundaberg Base Hospital
Bourbong Street
11.06.03

Dear Sir,

Further to my last advice and subsequent appearance (at your direction) to attend a clinic with Dr Patel on the 10.06.03 I advise as follows.

I met with a different Dr who advised (correctly) that, yes the procedure had been done in the wrong place on the ear, and yes that's why the report came back "no cancer". At that point I was offered another appointment to go through the process again in late July 2003, to have this excision done correctly.

The above being the case. Where does that leave the Hospital and its Staff in relation to my action against the Base Hospital as previously advised?

Only that the above Dr (not Patel I note) has agreed the previous operation was incorrect contrary to your advise to me over the phone.

There is a simple solution. (This at no cost.) If you wish to contact me by phone so that I do not proceed further then feel free to do so. Obviously for me time is important.

Yours truly

P151

Bundaberg
11.06.03

Ph
Ph
Ph

16/6/03
Michael -

17/6/03
Daren - would
be interested -
you thought a
bit. Please note
Ato's consent on
10/6/03.

Please urgently obtain this patient medical
don't e return

710
5

13-APR-2005 18:35
EXECUTIVE SERVICES
750003.0002.0007

- I spoke to this gentleman after 1st visit + discussion w/ Jay Patel.
- Offered appointment so Jay could confirm/deny wrong incision.
- Explained to pt that Dr Patel didn't believe wrong area excised, but he wished to know ~~more~~ of the patient to discuss concerns.
- Had appt - w/ JHO! 10/6/03. + had long disc! NO CONSULT w/ JP
- This letter's tone is problematic, but need to hear his proposed solution (I presume he wants early quote ASAP).
- Offer now + decision by Dr Patel or Dr Gaffield - Patient's experience of

Diana
DMS
11/6/03.

17/4/03 D/w w P151. He was considering legal action. Will not proceed now.

He has appointment ~~on~~ with on 22 July
for op by Dr Patel
D.P.

028486.



Queensland Government
Queensland Health

Bundaberg Health Service District NOTIFICATION OF COMPLAINT

This form is to be completed by either a staff member or the person lodging the complaint.

Date: 2 July 2004 Time: 1:15 pm

Name of Facility: [redacted] Childers Gaa Gaa Mt. Perry

Complainant: [redacted] Visitor Other (please state) _____

Name: P131 UR Number: 028486

Address: _____ Phone: _____

Details of Complaint (attach additional information if necessary):

P131 was suffering from an itchy breast. She presented for an appointment at BreastScreen where she saw Lynn. Lynn called Dr Gaffield in who advised that she should have a biopsy done. When she came in for the biopsy she saw Dr Patel who she said looked at her breast and then said that she didn't need a biopsy as nothing was wrong with her. He then gave her some hydrocortisone cream and sent her home. She said the cream did not work.

Some months later she came in to the hospital for something else. On this occasion she saw Dr Towsey who noticed a biopsy had been requested previously. He asked her what the results had been. When she told him that one hadn't been done he arranged for one immediately. After the results were received she then underwent an operation to remove part of her breast. She was then told that she had a Pagets tumor and cancer under that. Rather than have another operation she didn't want to risk it so opted for a double mastectomy which was done on 22/06/04. She will be back on Monday (05/07/04) for the results of the mastectomy

She said she is not the type to sue but believes Dr Patel is at fault. She wants to bring this to our attention as she doesn't want other women going around thinking they just have a rash when they might have breast cancer. She also said that Drs Towsey and Gaffield were really good throughout the whole process.

Needs a "Briefing Note" from Jay Keen

askin Dr Patel for notes by 19/7.

Signature: Kristeen Baggettto
(of person documenting the complaint)

Date: 02/07/04

Designation: AO
(if staff member)

EXECUTIVE SERVICES

EXECUTIVE SERVICES
GHB.0003.0002.0063

15 APR 2005 10:40

028486.

Bundaberg Health Service District
NOTIFICATION OF COMPLAINT

Queensland Government
 Queensland Health

This form is to be completed by either a staff member or the person lodging the complaint.

Date: 2 July 2004 Time: 1:15 pm

Name of Facility: Bundaberg Childers Gin Gin Mt. Perry

Complainant: Patient Visitor Other (please state) _____

Name: P131 UR Number: 028486

Address: _____ Phone: _____

Details of Complaint (attach additional information if necessary):

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Needs as a "Briefing note" from Jay. Keen

*Dr Patel.
 Could you pls prepare some notes for Darren's return on 19/7.
 Jale
 7/7*



**Executive Services
Bundaberg Health Service District**

Enquiries to: Dr Darren Keating
Telephone: 4150 2210
Facsimile: 4150 2029
Our Ref: DK:jaw

2nd August 2004

P131

BUNDABERG QLD 4670

Dear Mrs Roach

Thank you for your telephone call of 2 July 2004 concerning your treatment by Dr Patel in relation to your breast cancer.

I have reviewed your medical records plus discussed your care and associated concerns with Dr Patel. On behalf of Bundaberg Health Service District and Dr Patel, I wish to apologise for the distress and associated anxiety that you have suffered in relation to your treatment.

When you initially presented to Dr Patel in July 2003 after your normal mammogram at BreastScreen, he diagnosed the itchy area around your right nipple as eczema and prescribed a simple steroid cream. A follow-up appointment was booked in September 2003 which unfortunately you were unable to attend, although you attended an appointment in October 2003 at which time an operation for your haemorrhoids was booked and your breast complaint was reviewed by Dr Gaffield. He recommended a further review in three months.

Eczema and Paget's Disease (early cancer) can be very hard to differentiate and based upon your normal breast examination and mammogram, conservative treatment was begun with a review due in three months. This course of management was appropriate; unfortunately a lack of thoroughness at initial review appointment prolonged the time until definitive diagnosis and treatment in 2004.

./2

Office
Bundaberg Health Service District
Bourbon Street
BUNDABERG 4670

Postal
P O Box 34
BUNDABERG 4670

Phone
4150 2210

Fax
4150 2029

EXECUTIVE SERVICES
EXECUTIVE SERVICES

98000200020003000
QHE 0003 0002 00066

15 APR 2005 10:48

Thereafter Dr Towsey reviewed you and arranged for further mammograms and biopsies to determine your final diagnosis. All the treating surgical team were very surprised when the biopsy showed evidence of early cancer in your breast. As you will remember, all treatment options were discussed with you at length and your recent double mastectomy will have definitively cured you of this cancer.

Thank you for your feedback which helps to inform all staff involved in your care about areas of improvement, in order that all patients attending Bundaberg Base Hospital receive the highest quality of care possible.

I hope this information is of assistance.

Yours sincerely



DK

Dr Darren Keating
Director of Medical Services

QHB.0003.0002.00067

2

EXECUTIVE SERVICES

EXECUTIVE SERVICES

15 APR 2005 10:41

NO. 582 P. 29/29

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF20

JAYANI (JAY) PATIL MD, FACS

- Address**
- C/O Bundaberg Base Hospital
267 Bourbong Street
Bundaberg QLD 4670
Phone
Mobile
- Education**
- MB,BS - 1973
M P Shah Medical College and Irwin Group of Hospitals
Saurashtra University, India
June 1967 to December 1972
 - MS (General Surgery) 1976
M P Shah Medical College and Irwin Group of Hospitals
Saurashtra University, India
January 1973 to December 1973 House man in Surgery
January 1974 to December 1975 - Registrar in Surgery
January 1976 to December 1976 - Senior Registrar in Surgery
 - Diplomate of American Board of Surgery
1988 Recertified 1996
 - Surgery Residency 1978-1984
University of Rochester, Rochester, N. Y - 7/79 to 12/81
SUNY at Buffalo, Buffalo, N. Y 7/82 to 6/84
- Positions Held**
- Director of Surgery
Bundaberg base Hospital
Bundaberg, QLD Australia
April 1, 2003 - present

Associate Professor in Surgery, School of Medicine
Rural Clinical Division- Central Queensland Region
Academic Co-ordinator Surgery
January 1 2004 - present
 - Staff Surgeon
Kaiser Permanente, Portland Oregon
October 1989 to September 2002
 - Clinical Associate Professor
Department of Surgery
Oregon Health Science University
1992 to present
 - Surgery Residency Program Director
Kaiser Permanente, Portland, Oregon
July 1990 to April 1998
 - Surgery Residency Program Director
Immanuel Hospital/Bess Kaiser Integrated Surgery Program
Portland, Oregon
June 1992 to June 1996

Professional
Organization &
Committee
Membership

- Clinical Assistant Professor of Surgery
State University of New York at Buffalo
1984 to 1989
- Director of Surgical Education
Millard Fillmore Hospital, Buffalo, New York
July 1984 to August 1989
- American College of Surgeons (Fellow) FACS
- Educational Club of American College of Surgeons
- Association of Program Directors in Surgery
- Portland Surgical Society
- Surgery Education Committee
Emanuel Hospital & Health Center
1992-1996
- Graduate Medical Education Committee
Legacy Portland Hospitals
1992-1996
- Residency Review Committee
Oregon Health Science University
- CQI Project Team, OHSU/KP Trauma Project
- CQI Project Co-leader, Emanuel/KP Trauma Project
- Providence Health System/KP Transition Team for GME and CMI
- Medical Staff Committee, Doernbecher Children's Hospital
- Critical Care Committee, Bess Kaiser Hospital
1991-1996
- Pharmacy & therapeutic Committee, Bess Kaiser Hospital
1990-1991

Awards:

- 5/81 Pennwalt Award Rochester Academy of Medicine
- 6/81 House Staff Competition Award Rochester General Hospital
- 6/83 House Staff Competition Award Erie County Medical Center
- 6/91 Teacher of the Year, Emanuel/Kaiser Surgery Program

- 6/92 Teacher of the Year Emanuel/Kaiser Surgery Program
- 11/92 Excellence in Quality Management Kaiser Permanente
- 11/95 Distinguished Physician Award Kaiser Permanente

QUALIFICATIONS.

- Educational**
 - Actively involved in Surgery Resident and Medical Student Education.
 - Member of Educational Club of American College of Surgeons
 - Recipient of the Teacher of the Year Award Given by the surgery residents 1991 & 1992
- Academic**
 - Academic appointments at the University since Completing the residency training
 - Examiner for the Certifying examination given By the American College of Surgeons 1996
 - Several publications in peer review journals and Book chapters
 - Several presentations at local, national and International meetings
- Administrative**
 - Surgery Residency Program Director Achieved an ACGME accreditation without Citation of Emanuel/Bess Kaiser Integrated Residency program which was on Probationary Accreditation
 - Invited to give a presentation at Association of Program Directors in Surgery meeting on "Effect of Managed Health Care on Surgery Education"
 - CQI Facilitator Training
 - Award of Excellence in Quality Management, 1992

Publications

- 1 SC Kukreti, PS Trivedi, JM Patel Hydatid Disease Report of Two Unusual Cases
The Quarterly Journal of Surgical Sciences 11 136, 1975
- 2 Jayant M Patel, James S Williams, John O Naim, J. Raymond Hinshaw Protection Against
Pneumococcal Sepsis in Splenectomized Rats by Autotransplantation of Splenic Tissue into
an Omental Pouch Current Surgery 38 323-325, 1981.
- 3 Jayant M Patel, James S Williams, Boris Shmigel, J Raymond Hinshaw. Preservation of
Splenic Function by Autotransplantation of Traumatized Spleen in Man Surgery 90-683-688,
1981
- 4 Jayant M Patel, James S Williams, J Raymond Hinshaw Preservation of Splenic Function
By Autotransplantation of Splenic Tissue in Human World Journal of Surgery 5 426. 1981
- 5 Jayant M Patel, James S Williams, John O Naim, J Raymond Hinshaw Protection Against
Pneumococcal Sepsis in Splenectomized Rats by Implantation of Splenic Tissue into an
Omental Pouch Surgery 91 638-641, 1982
- 6 Jayant M Patel, Ermimo Rizzolo, J Raymond Hinshaw Spontaneous Subcapsular Splenic
Hematoma as the Only Manifestation of Infectious Mononucleosis
JAMA 247 3243-3244, 1982 (English) JAMA 23 111-113, 1983 (Japanese)
- 7 James S Williams, Jayant M Patel, J Raymond Hinshaw Omental Pouch Technique for
Reimplantation of Spleen Surg Gynecol Obstetr 155 730-731, 1982
- 8 JM Patel, RJ Lanzafame, JS Williams, B Mullen, JR Hinshaw The Effect of Bupivacaine
on Pulmonary Functions, Atelectasis and Narcotic Need Following Cholecystectomy
World Journal of surgery 6 656, 1982
- 9 Jayant M Patel, Raymond J Lanzafame, James S Williams, Beth V Mullen, J Raymond
Hinshaw The Effect of Bupivacaine on Pulmonary Functions, Atelectasis and Narcotic Need
Following Cholecystectomy Surg Gynecol Obstetr 157 3380340, 1983
- 10 Jayant M Patel, David P Rigan, Camille Rataczak, James S Cosgriff, John R Border, James
S Williams. Experience with Splenic Salvage in a Large Community J Trauma 24 676, 1984
- 11 Jayant M Patel, James S Williams, J Raymond Hinshaw Splenic Tissue Implantation in
Humans An Update J Trauma 24 677, 1984
- 12 Jayant M Patel, James S Williams, John O Naim, J Raymond Hinshaw The Effect of Site
and Technique of Splenic Tissue Reimplantation on Pneumococcal Clearance from the
Blood J Pediat Surg 21 877-880, 1986
- 13 Gennaro Salvadio, Jayant M Patel, Neal Niesen, Jan Brentjens, Giuseppe Andres, Felix
Milgrom Glomerulonephritis in Parental Kidney Graft During Chronic GVH in F1 Mice
Transplantation 47 1083-1085, 1989

- 14 A Fukatsu, Y. Yuzawa, I. Olson, J Miller, M Milgrom, M Zamalauski-Tucker, A Campagnari, N Niesen, J Patel, T Doi, L Striker, F Milgrom, G Andres. Interaction of Antibodies with Human Glomerular Epithelial Cells. *Lab Invest* 61:389-403, 1989

Chapters

- 1 J M Patel, J S Williams, J R Hinshaw. Neue Hinweise für einen Schutz gegen Pneumokokkensepsis durch Replantation von Milzgewebe. In *Die Splenektomie und Alternativen*. Michael Durg, Felix Harder (editors). Verlag Hans Huber (Bern) 1985 pp 82-89.
- 2 J Raymond Hinshaw, James S Williams, Jayant M Patel. Immunological Functions of Spleen. In *Blunt Multiple Trauma. Comprehensive Pathophysiology and Care*. John R Border, Martin Allgower, Sigvard T Hansen Jr., Thomas P Ruedi (editors). Marcel Dekker (New York and Basel) 1990 pp 151-154.
- 3 James S Williams, J Raymond Hinshaw, Jayant M Patel. Splenic Injuries and Splenic Conservation. In *Blunt Multiple Trauma. Comprehensive Pathophysiology and Care*. John R Border, Martin Allgower, Sigvard T Hansen Jr., Thomas P Ruedi (editors). Marcel Dekker (New York and Basel) 1990 pp 483-488.

Presentations:

- 1 Protection Against Pneumococcal Sepsis in Splenectomized Rats by Implantation of Splenic Tissue into an Omental Pouch
Society of University Surgeons - Residents Session Hershey, PA February 1981
- 2 Preservation of Splenic Function by Autotransplantation of Traumatized Spleen in Man
Central Surgical Association, Dearborn, Michigan March 1981
- 3 Preservation of Splenic Function in Human by Autotransplantation of Splenic Tissue
Societe Internationale de Chirurgie Montreux, Switzerland September 1981
- 4 Preservation of Splenic Function in Human by Autotransplantation of Splenic Tissue
American College of Surgeons (Scientific Exhibit) San Francisco October 1981
- 5 The Effect of Incisional Infiltration of Bupivacaine on Pulmonary Functions, Atelectasis and Narcotic need following Cholecystectomy.
Collegium Internationale Chirurgie Digestive Tokyo, Japan September 1982
- 6 Reimplantation of Human Spleen. An Alternative to Incidental Splenectomy
Collegium Internationale Chirurgie Digestive Tokyo, Japan September 1982
- 7 The Effect of Incisional Infiltration of Bupivacaine on Pulmonary Functions, Atelectasis and Narcotic need following Cholecystectomy
American College of Surgeons (Scientific Exhibit) Chicago, October 1982
- 8 Splenic Tissue Implantation in Humans. An Update
Societe Internationale de Chirurgie Hamburg, Germany September 1983
- 9 The Effect of Site and Technique of Splenic Tissue Reimplantation on Clearance of Pneumococci from the Blood Stream

Societe Internationale de Chirurgie Hamburg, Germany September 1983

10. Evidence of Protection Against Pneumococcal Sepsis by Splenic Autotransplantation
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Basel, Switzerland May 1984
11. Splenic Tissue Implantation in Humans: An Update
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12. Experience with Splenic Salvage in a large Community.
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13. Prognostic Factors in Intra-abdominal Sepsis
Societe Internationale de Chirurgie Paris, France September 1985
14. Effect of Splenectomy, Hemisplenectomy, Splenic Artery Ligation and Splenic Tissue
Reimplantation on Antibody Response to a T-dependent Antigen
The American Association of the Surgery for Trauma Montreal, Canada September
1987
15. Glomerulonephritis in Chronic GVH in Parental Kidney Grafts in F1 Mice
Federation of American Societies for Experimental Biology New Orleans March 1989
16. Experience with Major Hepatic Resection
Portland Surgical Society May 1993
17. The Effect of Managed Care on Graduate Medical Education in Surgery.
The Association of Program Directors in Surgery New Orleans October 1995

Bundaberg Hospital Commission of Inquiry

Statement of Gerard FitzGerald

Attachment GF21



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1030450	Patel, Jayant	Special Purpose - Section 135	Current	No	No	No	c/- Bundaberg Base Hospital Bourbong Street BUNDABERG QLD 4670

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Medical Practitioners Register Registrant Details

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Name: Dr Jayant Patel
Registrant Number: 1030450
Gender: M

Registration Category: Special Purpose - Section 135
Registration Status: Current
Registration From: 1/04/2004
Registration To: 31/03/2005

Special Purpose Activity: To fill an area of need at Bundaberg Base Hospital, or any other public hospital authorised by the Medical Superintendent on a temporary basis.

Address

c/- Bundaberg Base Hospital
 Bourbong Street
 BUNDABERG
 QLD 4670

Qualifications

Qualification	Institute	Year	Country
MB BS SAURASHTRA	Saurashtra University	1973	India

Conditions imposed on this registration

There are no conditions imposed on this registrant