


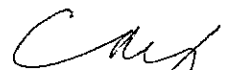
BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF DR KEES NYDAM

1. I, **DR KEES NYDAM**, c/- Bundaberg Base Hospital, Bundaberg in the State of Queensland, acknowledge that this written statement is true to the best of my knowledge and belief.
2. I have made a previous statement to the Commission of Inquiry. Since signing that statement, I have had the opportunity to read the statement of P99 and comment as follows:
3. I recall the case of P99 well. I recall receiving a letter from P99 on 4 October 2004 either in my capacity as Acting Director of Medical Services or in my clinical teaching role. A copy of the letter is attached and marked 'KNI'.
4. In relation to paragraph 24 of the statement P99, I did arrange for P99 to attend a meeting with myself to discuss the matters raised in her letter. I assumed that my secretary would have explained my position. It is also my usual habit to reiterate my position when introducing myself.
5. In relation to paragraph 25 of the statement of P99, I believe that this meeting occurred on 8 October 2004 and not 4 October 2004. I say this because I replied to P99 by correspondence dated 8 October 2004 thanking her for attending the meeting that day. It is my usual practice to invite patients who have complaints regarding the provision of clinical care to come and discuss those complaints with me in cases where I am the person allocated to handle the complaint. It is not my recollection that my manner was abrasive or that I just wanted P99 out of my room as soon as possible.

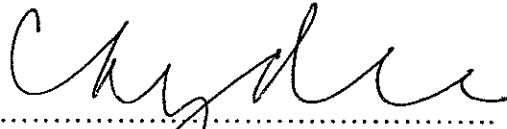


6. There were two issues that P99 raised as being significant. Firstly, that she had experienced significant pain when a procedure had been undertaken on an infected wound by Dr James Boyd. From the information available to me, I had assumed that Dr Boyd had injected local anaesthetic into an infected or inflamed tissue and then proceeded to resuture the wound. It is my experience that when local anaesthetic is injected into an infected/inflamed wound it neutralises the effect of the local anaesthetic. This is the reason why P99 would have felt and complained of pain. This is a common trap for junior doctors who are unaware of this situation.
7. I apologised to P99 and explained to her what had happened. I was happy to own the problem and apologise on behalf of Dr Boyd.
8. The second issue raised by P99 was that she was experiencing an ongoing wound infection. There were a number of factors responsible for the ongoing infection and I was of the view that the best way to deal with this was to refer P99 to the Infection Control Coordinator, Gail Aylmer. I prearranged with Ms Aylmer that I would contact her when P99 arrived. My plan was to hand this issue over to her. Gail arrived with one of the microbiology scientists and I left P99 in their care. I considered this to be the appropriate course.
9. In relation to paragraph 27 of the statement of P99, I did write to P99 on 8 October 2004 apologising for what appeared to be sub-optimal care. A copy of the letter dated 8 October 2004 is attached and marked 'KN2'.
10. Dr Boyd was not at the hospital at that time and I was therefore unable to counsel him in relation to the injecting of local anaesthetic into an infected wound site. I did however use the opportunity to share this practice tip with other medical staff in my continuing education. I made inquiries and was informed that Dr Boyd was on extended leave of absence for an indefinite



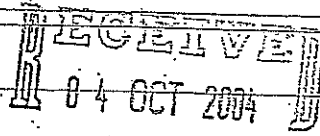
period and had returned to his home in Brisbane. I was not aware as to whether Dr Boyd was returning to the Hospital. Usually, a PHO will only complete a six month rotation at the Hospital.

Signed at Bundaberg on 30 June 2005.

A handwritten signature in black ink, appearing to read 'Kees Nydam', written over a horizontal dotted line.

Kees Nydam
Clinical Director of Alcohol Tobacco and Other Drugs Unit
Bundaberg Base Hospital

Mrs Bondaberg. 4670



BY:.....

On March 15th this year I was a inpatient in your Day Surgery. I went in for an abdominal operation looking for a suspected hernia. I had a previous scar on my (R) side which was re-opened. No hernia was found, but I was informed that scar tissue had been removed, because I had alot of adhesions.

I had 10-12 staples, I cannot remember exactly & I was released on the same day, I was to return days later to have the staples removed.

After having the staples removed on the 21-3-04, my _____ took me home to Burnett Heads, where we lived at that time. We were home only 15min I felt uneasy in the stomach, went to the B/Room & found blood running down my legs. The top of the wound had opened up. We rang BBH & was told to come straight back to the Specialist Centre. I was left sitting in the waiting room for 25min holding a towel on my stomach.

When I finally saw a Doctor, he informed me I only needed the wound to be packed. While laying on the bed awaiting the staff to collect what was needed, I felt a sharp pain & then a unusual sensation, I had then realised

The complete wound had re-opened. I felt frightened & a little sick, by what I saw. I called to the N/staff & she recalled the Doctor, who said it still only need to be packed. After this was completed I was informed I needed to come back the next day, at 9am (as I was having the wound stapled again). My husband & I thought they meant Day Surgery again as I was told to fast from midnight.

On arrival at home again, we found a message had been left with my son saying not to come back until 1pm. At this stage I could hardly move due to all the packing.

I awoke the next morning with a migraine, assuming I was have some sort of surgery. I rang BBH asking if I could take something for my head. I was informed YES. My car took me back to the Specialist Centre as requested by 1pm. I still had a ver. bad headache. We were then informed that only a few holding stitches was all I needed. They would stay in for 14 days. After preparations were made I was injected with anesthetic, the doctor then proceeded. As my head was still thumping, I felt sick then I informed the Doctor that I could feel

everything he was doing. I actually told him a few times. Each time he told me not to worry it would be over soon.

The nurse who was assisting was very caring & went out for a cool cloth for my head, but I could still feel everything that was happening, by which I mean the needle & the stitching going through me.

I was in tears & very distressed & pain was unbearable. Eventually he finally finished & I was given a pethadine injection, & sent home.

That night I awoke with a burning sensation in my stomach, & found my tummy hot & red. My GP took me to my GP the next morning, who directed us back to BBH to be admitted for intravenous antibiotics. We spent almost 5½ hrs in casualty to be sent home with a box of antibiotics. Just before leaving a Doctor returned saying he supposed he should do a swab. We waited for the results, but was told (not worry about it).

The Keftex started making me sick & the burning was increasing, so we went back the next day to my GP. She referred us back to BBH again. They changed the antibiotics & sent me home once again. I was very distressed & feeling a great deal of pain.

Because of the stress, my migraines returned, which my GP was administering Pethadine. On the 3rd day, the infection was worse & so was the burning. The wound was oozing a (green discharge) & I was referred again back to you by my GP. The ooze was smelly & swollen around the wound to the extent that the stitches were splitting. I was not treated with the courtesy I should have been & felt I was just being f'ked off each time.

The pain from the wound was now affecting my walking & I had to hire a toilet chair as I couldn't bend to sit on a toilet. The antibiotics weren't working, but they were continually ordered.

After the 14 days I had 2 & a bit stitches left to be removed.

We returned to have them removed, only to be informed that the Doctor hadn't documented about having them removed so we had to return to the waiting room to wait for a Doctor to give permission to have them removed.

My wound was gapping open, still oozing & I informed the staff that I still had pain. Once again I asked what the

infection was & was informed that the Nursing staff couldn't tell & I wasn't aloud to read my file.

I was told that the wound wouldn't close up, but it would eventually grow over. When we went back for the so called final check, the wound was still oozing from the bottom area & I had sores on my arms, face, legs & one finger.

We asked what these were & we were told that they were 'STAF' sores.

I was never informed what infection I had & should have been. I am also entitled to see my file.

I have had photos taken of the wound from the time the staples came out & I was stitched. It took a very long time for the wound to grow over & it is also very purple & wide.

I still to this day get sores on my legs, arms & stomach which leave purple scars. I have informed the Health Rights Commission & at their suggestion I am writing this letter. The treatment I received needs an explanation. I also have my file & alot of documentation is missing, this needs to be explained. I also need to know what infection I have,

Why I still break out in sores, why I was never restapled & why the staples were removed in only 7 days, when normally abdominal ones, its usually every 2nd staple & the rest a week later.

Rob messenger was informed as to what was occurring, & he had 2 ambulance officers come to our home & give a report on the wound. (At this stage on 6 large) stitches had been put in.

I want the infection treated properly as I have had that many antibiotics & nothing is working. I am asking for answers & solutions & I am informed this is your jurisdiction. I don't want to take this any further, but I will if nothing is done & very soon.

I work in age care, & each time a sore appears I must cover it completely as you know, & its also very embarrassing having to explain why I'm always covered in dressings.

Yours Sincerely
P99



Queensland
Government

Queensland Health

**BUNDABERG HEALTH SERVICE DISTRICT
MEDICAL SERVICES**

Enquiries to: Darren Keating
Telephone: 41502210
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File Ref: DK:jaw

8th October 2004

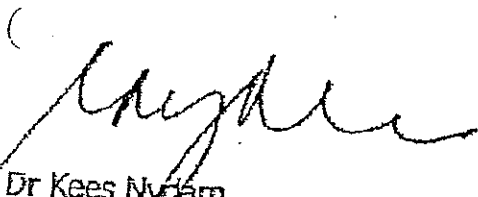
⊖ P99

Dear P99

Thank you for attending the meeting today where discussion took place regarding the concerns raised in your letter of 4th October 2004.

As discussed, I am happy to give you a personal apology for what would appear to be sub-optimal care and I hope that the advice from our infection control staff will be of some use to you.

Yours sincerely


Dr Kees Nydam
A/ Director of Medical Services

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