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Reply to: Surgical Training Department

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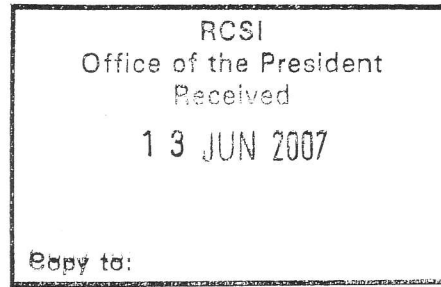
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Royal College of Surgeons in Ireland
Coláiste Ríoga na Máinlia in Éirinn

RCS

Professor Gerry O'Sullivan
President
RCSI
123 St. Stephens Green
Dublin 2



11th June 2007

Dear President,

I am writing to you on a matter of serious concern which I have in relation to a practice of surgery at a particular private clinic in South Dublin.

The clinic in question is the Advanced Cosmetic Surgery Clinic in Fosters Avenue, Co. Dublin and the surgeon in question is a Dr. Jerome Manuceau who is ordinarily resident in Paris but who performs surgery on a contract basis at the Advanced Cosmetic Surgery Clinic. The type of surgery involved is laparoscopic gastric banding for morbid obesity. There were four separate patients who had significantly adverse events following laparoscopic banding for obesity at this clinic under the care of Dr. Jerome Manuceau which have been brought to my attention.

The following are the brief details of the four patients which have been brought to my attention.

1. C

This patient had a laparoscopic gastric band for obesity performed in October 2006. Within a short a period after surgery she became acutely unwell and was transferred to Tallaght Hospital under the care of Professor Kevin Conlon. She clearly had advanced abdominal sepsis and Professor Conlon undertook emergency surgery. At operation he found a perforation of the upper stomach around the gastro-oesophageal junction with defuse advanced peritonitis. He performed a repair of the perforation and the patient eventually made a satisfactory recovery. When she returned to discuss the problem at the Advanced Cosmetic Surgery Clinic she was told that the surgeons in Tallaght had made an incorrect diagnosis and that, in fact, all of her problems were related to respiratory sepsis.

2. C

I was consulted about this patient late one evening in December 2006. The surgeon at the Advanced Cosmetic Surgery Clinic telephoned my Specialist Registrar, Mr. Fiachra Cooke to say that he had injured the spleen during the course of a laparoscopic gastric banding by means of surgicell and other means, he was unhappy to keep the patient in the Advanced Cosmetic

Surgery Clinic overnight and would like to transfer her to under my care. We, of course, accepted transfer of the patient but, in fact, the patient refused to come to a general hospital and, as far as I know, she remained in the Advanced Cosmetic Surgery Clinic and recovered without further incident.

3. S

This patient was admitted to St. Vincent's University Hospital on the 3rd March 2007 with severe pain. She had a laparoscopic gastric band procedure on the 28th February 2007. The gastric band was removed just two days later on the 2nd March 2007, apparently because of severe pain. On arrival to St. Vincent's University Hospital it appeared as if she may have had an aspiration during the second anaesthetic for removal of the gastric band. She was treated accordingly and made a full recovery.

4. G

This patient was also admitted to St. Vincent's University Hospital under the care of Professor Dermot O' Donohue on the 3rd March 2007. He had a laparoscopic gastric band applied on the 1st March 2007. He had a previous history of two renal transplant operations. Postoperatively he had malaise, chest pain and deteriorating renal function. He had respiratory tract infection with atelectasis and he had renal failure. He eventually made a satisfactory recovery.

These four cases illustrate, in my view, a pattern of surgical care which is sub-optimal. Undoubtedly, any one of these adverse events, on their own, do not necessarily indicate malpractice. What concerns me most is that major surgery is being performed in an inappropriate setting by a surgeon who is not resident in this state. The type of patient undergoing surgery for morbid obesity is, by nature, a patient who is likely to have significant co morbidities and is likely to have post-operative problems. As the body which is responsible for maintaining and promoting surgical standards in Ireland, cannot ignore this issue. In my view it is inevitable that there will be a major catastrophe if the current practice continues. It is certain that questions will be asked that this type of inappropriate surgical practice was taking place.

I would be most grateful indeed for your guidance on how we should proceed with this matter. I am firmly of the view that we should not ignore the issue.

With best wishes,



Professor Oscar Traynor
Director, National Surgical Training Centre