

URGENT and CONFIDENTIAL.

There was a problem yesterday evening involving the new locum consultant (Dr Y) that I thought you should know about. I wanted to talk to you directly but I won't see you until Monday because I will be in London for exams. So I'm sorry to have to write like this.

A 20 year old lady (Jemma Sinclair) came in with a spontaneous pneumothorax. The SHO who saw her asked Dr Y. I was busy with an arrest in Resus and only saw part of what happened, but I saw Dr Y put a chest drain in using the trocar. This clearly caused a lot of pain and there was blood and lots of bubbling in the bottle. This patient went up to the chest ward while I was taking to the arrest patient's relatives, so I didn't see her X-ray films. He said they had had to involve Thoracics and the pt had a thoracotomy for bleeding and a large air leak, and there was a round hole in the lung opposite the chest drain site. The SpR said the pt didn't need a chest drain and he wouldn't even have aspirated the pneumothorax because it was so small. I agree. Now the pt has a large thoracotomy scar and is on ICU.

I haven't seen Dr Y yet and he may not know about the outcome of his chest drain. Someone will have to tell him. I'm afraid it may be awkward sorting all this out.

Regards

James

SpR in Emergency Medicine.