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WRIGHTINGTON  
WIGAN & LEIGH

7 JUN 2008

**NHS TRUST HQ**

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Date 16 June 2008  
Your ref DAJ/BM 01153382  
Our ref EVERSOJ/111272-010141  
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Dear David

**Russell Buck Highton - Inquest Outcome**

I am writing to confirm the outcome of the Inquest into the death of Russell Buck Highton which took place before the Assistant Deputy Coroner, Nicola Mundy, on 11 June 2008.

In brief, the Coroner gave a narrative verdict and made no adverse findings against the Trust.

My note of the Coroner's factual summing up is as follows:-

*Mr Highton was referred to Wrightington Hospital by his GP in relation to a right knee problem. He was put on the waiting list for a total knee replacement. He was seen in clinic on 16 November 2007. I am satisfied that, at that time, his history of previous DVT and PE was discussed between the Consultant and Mr Highton and, as a result, a plan for prophylactic treatment was put in place.*

*The operation proceeded on 9 January 2008 without complication. The prophylactic procedures decided upon were followed, including flotron boots. Post-operatively, treatment was Clexane and Warfarin. I am told this is an enhanced treatment for people with a history of DVT and PE. I am satisfied that these cannot eliminate the risk of DVT and PE but are designed to reduce the risk. I am satisfied that Mr Highton was given the first dose of heparin on the day of the operation and that this was continued on a daily basis. He was also given a loading dose of warfarin the next day.*

*In the post-operative period, Mr Highton was suspected to have a chest infection and antibiotics were given. There was no evidence of any complaint of pain by Mr Highton or any evidence documented of signs of DVT. There were some other symptoms including pinprick pupils and reduced consciousness. I accept the evidence that pinprick pupils are a very specific symptom and would not be related to DVT.*

*On the morning of 13 January 2008, Mr Highton collapsed suddenly. At the time the doctor arrived, Mr Highton was in asystole but I was told that, after about 3 minutes of advance life support, pulseless electrical activity (PEA) was noted. Attempts continued for 30-40 minutes when a decision to transfer Mr Highton was*

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