

INDEPENDENT EXPERT REPORT

Prepared for the Court

Report Prepared By: Dr Krishnan
Anantharamakrishnan
MBBS, MS, FRCS, MSc,
FEBU

Consultant Urological
Surgeon

Sherwood Forest Hospitals
NHS Foundation Trust

Date of Report: 03-██████

Instructed By: ██████████
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Case Reference: ████████████████████

Claimant: ████████████████

Date of Birth: ████████████

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1 Introduction & My Instructions

- 1.1 I have been instructed by [REDACTED] to provide an independent condition and prognosis report in relation to a clinical negligence claim brought against [REDACTED] by the Claimant, [REDACTED]

2 My Details

- 2.1 A highly trained and experienced Urological Surgeon from the United Kingdom. I believe that I can assist in your aim to provide high-quality urological and surgical services to the people. I am keen on improving patient safety and healthcare standards globally.
- 2.2 I work as a consultant urological surgeon at the Sherwood Forest Hospitals NHS trusts. My special interests are in female urology, neurourology, urodynamics and reconstruction, lower urinary tract dysfunction, urinary stone disease, andrology and paediatric urology. I have used my skills as a team worker to develop my own expertise as well as those around me to introduce new procedures and conduct research in these areas. I have a keen interest in andrology, benign prostate management and urinary incontinence. I've performed on-calls in a busy tertiary trauma centre of Queen's Medical Campus, Nottingham. I am a general urologist with an emphasis on diagnosis and treating urology cancers, prostate biopsies, bladder tumour resection, bladder and kidney stone management, TURPs, vasectomy, vasectomy reversals, urinary tract injuries arising from trauma and surgery.
- 2.3 I have a very busy practice in general urology consisting of scrotal complaints, prostatitis, lower urinary tract symptoms in men and women, peyronies penile bend, erectile dysfunction, ejaculatory disorders, ureteroscopies, stenting, and urethral catheterisations. I emphasise with the team about importance of thorough clinical assessment, record keeping and follow-up as well as informed consent and good communications with the patients.
- 2.4 I have a longstanding interest in the medico-legal issues in urology. I have undergone training in medico-legal report writing. I keep up to date with medico-legal developments. I am aware of the requirements of Part 35 and Practice Direction 35, the Protocol for the Instruction of Experts 3

3 Documents Reviewed

- 3.1 01. Amended claim form
- 3.2 01. Claim Form
- 3.3 01.1 [REDACTED]
[REDACTED] - [REDACTED]
- 3.5 02. Particulars of Claim - Accident at Work DOC
- 3.6 02.1 - [REDACTED]
- 3.7 02.2 - [REDACTED]
- 3.8 03. Draft defence
- 3.9 03.1 - [REDACTED]
[REDACTED] - [REDACTED]
- 3.11 04.1 - [REDACTED]
- 3.12 04.2 - Psych - H [REDACTED]
- 3.13 05.1 - Urology [REDACTED]
- 3.14 06.1 - GP - [REDACTED] - [REDACTED]
- 3.15 07.1 - Physiotherpay report [REDACTED]
- 3.16 08.1 Pain Assessment
- 3.17 08.2 - Fee for Pain Assessment
- 3.18 09.1 Biopsychosocial Assessment
- 3.19 09.2 - Fee for biopsychosocial Assessment
- 3.20 13. Claimants Schedule of Loss [REDACTED]
- 3.21 14. Provisional Counter Schedule of Loss
- 3.22 17. Directions order
- 3.23 415990 p1
- 3.24 415990 p2
- 3.25 415990 p3
- 3.26 Correspondence received from Client CL - [REDACTED]
[REDACTED]
- 3.27 Exchanging Witness Evidence [REDACTED]

3.28 [REDACTED] - 04JUL2018 - AE

3.29 [REDACTED] - 201209 - AE

3.30 [REDACTED] - Ophthalmology Casenotes

3.31 [REDACTED] - Radiology reports

3.32 [REDACTED] GP - [REDACTED] i

3.33 Ophthalmology referral [REDACTED]

3.34 [REDACTED]

3.35 [REDACTED]
[REDACTED]

4 Terminology

4.1 GLOSSARY OF TERMS AND CONCEPTS

- 4.2 IPSS - INTERNATIONAL PROSTATE SYMPTOM SCORE - The International Prostate Symptom Score (IPSS) is a questionnaire used to assess the severity of lower urinary tract symptoms (LUTS) and their impact on quality of life, particularly in men with benign prostatic hyperplasia (BPH)
- 4.3 UI score - urinary index score - The UI score assesses various aspects of urinary incontinence, including leakage related to urgency, physical activity, and small amounts of urine leakage.
- 4.4 OAB score - Overactive bladder score - The OAB-Bladder Assessment Tool (OAB-BAT) was developed with qualitative input from OAB patients and experts to measure symptoms, bother, impacts, and satisfaction with treatment.
- 4.5 SHIM score - Sexual Health Inventory for Men - The SHIM (Sexual Health Inventory for Men) score is a tool used to assess the severity of erectile dysfunction (ED) by calculating a total score from a 5-question questionnaire, with higher scores indicating better erectile function.
- 4.6 Detrusor Overactivity: The occurrence of detrusor contractions during filling cytometry. These contractions, which may be spontaneous or provoked, produce a waveform on the cystometrogram, of variable duration and amplitude. The contractions may be phasic or terminal. They may be suppressed by the patient or uncontrollable.
- 4.7 Overactive Bladder - symptoms experienced by the patient that include urgency, frequent urination and urinating unintentionally.
- 4.8 Urge urinary incontinence - complaint of involuntary loss of urine associated with urgency.

5 Chronology and the Claimant's Relevant Medical History

- 5.1 [REDACTED]
- 5.2 Identified on [REDACTED] via Zoom call - ID - Driving Licence
[REDACTED]
- 5.3 ADDRESS:
- 5.4 [REDACTED]
- 5.5 [REDACTED]
- 5.6 [REDACTED]
- 5.7 DOB: [REDACTED]
- 5.8 Accident Date: [REDACTED]
- 5.9 Type of Case: Employer Liability
- 5.10 The Claimant was at all relevant times employed by an agency to work for the Defendant as a factory worker/butcher at the Defendant's premises situated at
[REDACTED]
[REDACTED]
- 5.11 The Claimant was aged [REDACTED] at the time of the accident.
- 5.12 The Claimant relies on a breach of the Regulations [Management of Health and Safety at Work Regulations [REDACTED] and the Occupiers Liability Act [REDACTED] as evidence of negligence.
- 5.13 [REDACTED] was working on [REDACTED] and he works in a factory where pig meat is processed. He was working on a production line where they put 3 pigs at a time to go to the cutting area. These lines are approximately 4 feet above them. He had pigs fallen onto him from that height and there were 5 pig carcasses instead of 3. They hit his back and neck and head area. The pig's bodies weighed approximately 120 kg. The 5 pig carcasses came off the line and landed on top of him. He felt a lot of pain in his neck, both shoulders, and back and lost the feeling in his toes and both feet at that particular time of the accident.
- 5.14 He was taken to [REDACTED] in an ambulance. There he had a trauma CT scan that was carried out. That was essentially normal and he was discharged home with a safety netting advice.
- 5.15 He subsequently had an MRI scan of his spine and he was treated with painkillers and physiotherapy.

- 5.16 The MRI scan of the whole spine on [REDACTED] provides a report that mentions no obvious injury to the whole spine.
- 5.17 The patient's history suggested that he had lower abdominal pain, mainly associated with increased frequency, urgency and urge incontinence lasting for 6 – 10 weeks.
- 5.18 He also experienced pins and needles in both legs for up to [REDACTED] which seems to have slowly recovered.
- 5.19 He was in a lot of pain in his neck and shoulders, lasting for nearly [REDACTED]
[REDACTED]
[REDACTED]
- 5.20 During and after the time of that particular accident, he suffered from urinary symptoms in that, the symptoms necessitated him to wear pads and he tended to leak urine without knowledge or sometimes getting leakage before getting to the toilet. He described to me that those were embarrassing and distressful. He has no major urinary symptoms now.
- 5.21 During that time he also experienced a degree of dysuria as well as some nocturia which lasted for only [REDACTED] and he is currently free from dysuria or nocturia.
- 5.22 Regarding sexual dysfunction, the patient experienced no early morning erections for about [REDACTED] from the incident. During this period he was finding it very difficult to get full erections and was unable to perform any adequate sexual activity. The period of sexual dysfunction lasted until he had pins and needles in his legs and both feet. His sexual function had returned to normal now.
- 5.23 He has not suffered any kind of fertility issues as recently he has had [REDACTED] His sexual activity has now been restored back now, to normality.
- 5.24 No clinical examination was performed since this was a Zoom call.
- 5.25 The review of the available records reveals the evidence of symptoms recorded historically as below-
- 5.26 General Practitioner Records:

- 5.27 [REDACTED] "head injury when five pigs fell on him from a height. Contusion shoulder area". He appears to have been referred to Community Multidisciplinary Care Team on [REDACTED] with "works as a butcher and sustained a work injury four weeks ago when five pigs fell on hip causing forced flexion through his spine. He had CT scan which confirmed no bony injury. Has had concussion which has been monitored and all symptoms from this have now gone. His main problem is severe spinal pain from neck to lower back. He is struggling to move about and sleep. He tried returning to work on Monday but was sent home and is now off sick. He is not on pain medication but I have asked his GP to prescribe some. He had no symptoms of cauda equina syndrome [CES] or radiculopathy".
- 5.28 He appears to have been seen by the community services on [REDACTED] "six weeks ago traumatic incident five dead pigs landed on him from a butcher's line, knocked unconscious. Blue lighted to [REDACTED]. Full CT scans, same discharge. The following day limited neck and shoulder movement, experiencing shooting pains and pins and needles to feet. Over the following weeks he reports loss of strength, saw FCP last week and prescribed Co-Codamol and Naproxen. He reports over the last three weeks of increasing incontinence. He is unaware of this when this happens and unable to stop it. He feels this is worsening. It happens at night when asleep and he awakens to find that he has passed urine. He is unable to stop the flow. He is able to go when awake and control flow. His movement is limited by pain and he describes increasing weakness".
- 5.29 Seen by General Practitioner on [REDACTED] "ongoing back, shoulder, leg pain. Seen PT twice. Using Co-Codamol for pain, disclosed that he has episodes of urinary incontinence day and night. Gets bladder pain just before pass urine and then too late to get to toilet due to pain. He is able to hold on for bowel opening. Also gets numbness in legs and paraesthesia in both legs on standing which settles as stood for longer. No objective weakness. Can move ankle, knee, hip if needs to but painful". "Back and lower limb neuro exam needed ? objective neuro deficit, possibly needs urgent MRI spine.
- 5.30 [REDACTED] MRI spine whole "normal segmentation has been demonstrated. Appearances in and around whole spine are essentially normal. There is no evidence of significant degenerative change. No sequelae of trauma identified. The thecal sac is of a large calibre throughout and no compromised nerve roots are seen. There is nothing to suggest an intrinsic lesion, cord conus or nerve roots or acute progressive abnormality in the bones or surrounding soft tissues"

5.31 In relation to the history taking I notice the following:

5.32 IMMEDIATE SYMPTOMS:

5.33 [REDACTED] remembers the impact of the first carcass and then his next recollection was people pulling the pig carcasses from him and helping him to be released from under the mound.

5.34 He was immediately aware of feeling shocked.

5.35 He experienced significant pain in the neck and in the upper spine. He felt numb from the level of the lowest ribs down to his toes. Both left and right lower limbs were affected by numbness, particularly the left side.

5.36 A first aider arrived but was unable to assist in the situation. [REDACTED] was helped to the medical bay. An ambulance arrived. He was given morphine for pain. He was [REDACTED]

[REDACTED] [REDACTED] the whole body and spine was performed. No fractures or internal injuries were identified. It was suggested that he stayed in hospital overnight but for various reasons, he had to return home. He took his own discharge. He sought advice the next day from his General Practitioner who gave him a combination of tramadol, naproxen, and gabapentin for pain.

5.38 He was eventually referred to physiotherapy. An MRI scan of the spine was normal.

5.39 SUBSEQUENT AND PRESENT PROBLEMS:

5.40 Following the index injury, [REDACTED] was bruised over his shoulders and back. It took several weeks for the bruising to resolve.

5.41 He continued to experience significant pain in the neck and over the upper back. He experienced sudden sharp pains in the region of the upper abdomen which caused him to suddenly leak urine. On other occasions, he realised that if he wanted to pass urine, he had to get to a toilet very quickly because otherwise, he would lose control of his bladder. Whilst his bladder control has improved it is not perfect. He still experiences a frequent need to empty his bladder and an urgency to empty the bladder as soon as possible to avoid spillage. He now has better and satisfactory control.

5.42 For over 12 months following the index injury, [REDACTED] experienced significant sexual dysfunction. He was unable to either achieve erections or maintain erections and achieve orgasm. Subsequently, his sexual function has returned to total normality.

- 5.43 He continued to experience pins and needles and altered sensations in both lower limbs, particularly in the feet. The left side was more intense. The sensory disturbance in the legs receded over nine months. The symptoms persist in the feet. For the first four months, there was an abnormal sensation from the ribs downwards over the body. Presently if he stands for too long he can experience pins and needles in his feet and pain in the back. When pain occurs, it is usually a short stabbing pain. However, he has totally recovered from these symptoms as of now.
- 5.44 The present situation is that [REDACTED] no longer has any form of constant pain. He can experience pain with certain activities or if he stands for too long. His bladder function has improved and has returned to an acceptable level.
- 5.45 FUNCTIONAL CAPACITY:
- 5.46 At the time of the index injury, [REDACTED] was employed by Karro Foods of Norton. He was fit and well. He was unable to return to his role for this company and subsequently lost his job. He returned to employment three months ago and now has a totally different job working for Kingspan. His present job is more dependent upon operating a computer and overseeing processes rather than robust physical activity, and that which he is totally happy about.
- 5.47 PSYCHOLOGICAL AND EMOTIONAL PROBLEMS:
- 5.48 [REDACTED] claimed that he experienced low mood and frustration. He has been seen by a counsellor and has been treated with antidepressants. He has experienced a series of dreams during which he experiences a falling sensation. His sleep was disrupted both by dreams and pain for the first 12 months after the index injury.
- 5.49 PAST MEDICAL HISTORY:
- 5.50 [REDACTED] has previously experienced several minor injuries in the past but never anything serious affecting his neck or spine. No history of vasectomy or any scrotal surgery.
- 5.51 MEDICATIONS:
- 5.52 Presently [REDACTED] does not require any regular medication.
- 5.53 SOCIAL & FAMILY HISTORY:
- 5.54 [REDACTED] lives with his partner with whom he has a four-year-old daughter and twins. His present job is full-time. He works 39 hours a week. He smokes 5-6 cigarettes per day. He does not drink alcohol. He continues to drive a car.

6 Clinical Examination

- 6.1 This was a Zoom call and no clinical examination took place
- 6.2 However, the following evidence was collected:
- 6.3 Sexual Health Inventory for Men [SHIM] 24/25 i.e. no evidence of impaired sexual health based on this accredited questionnaire study. Sexual health is an important part of an individual's overall physical and emotional health.
- 6.4 International Prostate Symptoms Score IPSS score - 8/35; TOTAL SCORE: 0-7 Mildly Symptomatic; 8-19 Moderately Symptomatic and 20-35 severely symptomatic; [REDACTED] is in the moderately symptomatic category and he scored 2 [less than half the time] in frequency, 3 in the intermittency of urination [About half the time], and 1 [less than 1 in 5 times] in urgency category. He does say that he gets up twice to void urine [2]. The quality of life due to urinary symptoms is 2 [Mostly satisfied] - on a scale of 0-delighted and 6- terrible. The urinary symptoms are not bothering him at all and the score does not reflect the urinary symptoms he described to me.
- 6.5 Urinary Index score [the standard is between 0-21]; [REDACTED] obtained a score of 1/21; Said he never leaks urine and an overall 1/10 score in how much leaking urine interferes with his everyday life. scale of 0 - not at all and 10 is a great deal.
- 6.6 OAB score of 5/16 - passes urine 7-8 times a day [score of 1/4], rush to the toilet - sometimes [score of 2/4], during the night gets up two times [2/4] and never leaks urine before he can get to toilet [0/4]
- 6.7 [REDACTED] did mention to me that he has an epididymal cyst that doesn't bother him much and wishes conservatory management only i.e. leave well alone.

7 Condition and Prognosis

7.1 Nature and progression of the Claimant's injury

7.1.1 For all purposes and intent, I am focussing on the following urological issues suffered:

7.1.2 Overactive Bladder Symptoms - OAB symptoms

7.1.3 Erectile Dysfunction

7.1.4 Epididymal Cyst

7.1.5 Psychological Issues

7.1.6 [REDACTED] mentioned that he has no bladder issues as of now. He stated that if needed to void urine had to go straight away. He finds that a mild nuisance that he has to visit the toilet when needing to pass urine. His thoughts are that he is satisfied with where he is and happy to spend the rest of his life with the current mild urinary nuisance.

7.1.7 Erectile dysfunction: [REDACTED] claims no difficulty in achieving erections and no difficulty in sustaining the erections and undergoes satisfactory penetration.

7.1.8 As far as the epididymal cyst is concerned, according to [REDACTED] the cyst is not big, not huge, not bothering him, and he is not affected by the cyst currently. He had sought advice from GP and [REDACTED] felt that the cyst had appeared after the accident, however, I do not believe that the cyst has any relation to the accident.

7.1.9 Psychological Issues: He did not disclose any psychological issues with me and in fact, [REDACTED] was grateful that following the accident he didn't land in a wheelchair and has returned to full-time work and the work is not the same as before.

7.1.10 [REDACTED] accident he had suffered had not caused him to have any long-standing major residual issues.

7.1.11 In [REDACTED] initial period following the accident, difficulty in walking might have led to urinary urgency and the OAB symptoms he suffered could be in relation to anxiety, stress and mood changes.

7.1.12 [REDACTED] had recovered sufficiently well from [REDACTED] original symptoms and it is difficult to predict whether these symptoms are going to recur or worsen from the current state of affairs.

- 7.1.13 On [REDACTED] balance of probabilities, looking at the various available records, examination findings and investigations, and my interview on [REDACTED] there is a certain element of psychological distress experienced following the traumatic experience and I could say with some certainty that the above-mentioned symptoms are unlikely to recur or get worsened in future.
- 7.1.14 At present [REDACTED] is experiencing mild urinary symptoms and no [REDACTED] symptom of note and these mild urinary symptoms might be totally unrelated to the accident.

7.2 Causation of the same

- 7.2.1 [REDACTED] had recovered well after the accident following a period of distressing symptoms of urinary leakage, erectile dysfunction and psychological issues.
- 7.2.2 [REDACTED] had recovered sufficiently well from the original symptoms and it is difficult to predict whether these symptoms are going to recur or worsen from the current state of affairs.
- 7.2.3 However, on [REDACTED] balance of probabilities, looking at the various available records, examination findings and investigations as well as the ancillary, and my interview on [REDACTED] there is a certain element of psychological distress experienced following the traumatic experience and I could say with some certainty that the above-mentioned symptoms are unlikely to recur or get worsened in future.
- 7.2.4 Overactive Bladder symptoms OAB: [REDACTED] might have been a psychological cause to these symptoms in concurrence with the inability to walk to the toilet at that time. There are no other organic causes to describe his urinary symptoms at that time.
- 7.2.5 [REDACTED] following theory describes bladder dysfunction and spinal cord injury. [REDACTED] had not suffered any documented neurological damage as was reported and confirmed on CT and MRI scans.
- 7.2.6 [REDACTED] bladder function is reliant on both central and peripheral nervous systems for the coordination of storage and voiding phases. The pathophysiology of bladder dysfunction can be described as an alteration in the micturition reflex. It is postulated that a new spinal reflex circuit develops which is mediated by C fibres as a response to the reorganization of synaptic connections in the spinal cord. This is responsible for the development of neurogenic detrusor overactivity (NDO). Various neurotrophic hormones like nerve growth factors affect the morphological and physiological changes of the bladder afferent neurons leading to neuropathic bladder dysfunction. A suprasacral SCI usually results in voiding patterns consistent with NDO and sphincter dyssynergia. Injury to either the sacral cord or cauda equina results in detrusor hypoactivity/areflexia with sphincter weakness.

7.2.7 This Claimant had not suffered any above-mentioned type of injury and [REDACTED] immediate urinary symptoms he had experienced could have been in relation to a degree of spinal shock with dysfunction and leading to the urinary symptoms associated with pins and needles in his extremities as mentioned in his records.

7.3 The recommended treatment and the likely costs of the same

- 7.3.1 [REDACTED] current condition of the Claimant in his own words is that he has recovered in most aspects and has been able to get on with his life
- 7.3.2 He does say that [REDACTED] has some nocturia [2] and some urgency that is not bothering him at all and he is happy to follow conservative management of restricting caffeinated drinks and fizzy pops. And in other words, he is happy to stay as he is and not keen on any further treatment and I believe there is no necessity either.
- 7.3.3 He has gotten a new job that is different [sitting job] from [REDACTED] previous manual work and he recognises that he has lots of family support to get him by.
- 7.3.4 From my point of view, [REDACTED] is no urological condition to deal with at the moment of time and the future urological presentation would have very little bearing on the accident he suffered previously on [REDACTED]
- 7.3.5 [REDACTED] I recommend no urological treatment and so no costs are provided.

7.4 Prognosis taking into account the recommended treatment

- 7.4.1 ■■■■■ current condition of the Claimant in his own words is that he has recovered in most aspects and has been able to get on with his life.
- 7.4.2 He does say that ■■■■■ has some nocturia [2] and some urgency that is not bothering him at all and he is happy to follow conservative management of restricting caffeinated drinks and fizzy pops. In his own words, he is happy to stay as he is and not keen on any further treatment and I believe, as a specialist, that there is no necessity either.
- 7.4.3 He has gotten a new job that is different [sitting job] from ■■■■■ previous manual work and he recognises that he has lots of family support to get him by
- 7.4.4 From my point of view, ■■■■■ is no urological condition to deal with at the moment of time and the future urological presentation would have very little bearing on the accident he suffered previously on ■■■■■■
- 7.4.5 ■■■■■ I recommend no urological treatment and so no costs are provided.

7.5 Whether the Claimant has recovered fully and if so, the likelihood of the Claimant's symptoms returning and what the cause of that would be

- 7.5.1 [REDACTED] current condition of the Claimant in his own words is that he has recovered in most aspects and has been able to get on with his life.
- 7.5.2 [REDACTED] said to me that he had recovered fully well and is able to carry on as normal as he could be.
- 7.5.3 He does say on direct questioning that [REDACTED] has some nocturia [2] and some urgency which is not bothering him at all and he is happy to follow conservative management of restricting caffeinated drinks and fizzy pops. And in other words, he is happy to stay as he is and not keen on any further treatment and I believe there is no necessity either.
- 7.5.4 He has gotten a new job that is different [sitting job] from [REDACTED] previous manual work and he recognises that he has lots of family support to get him by.
- 7.5.5 From my point of view, [REDACTED] is no urological condition to deal with at the moment of time and the future urological presentation would have very little bearing on the accident he suffered previously on [REDACTED]
- 7.5.6 [REDACTED] I recommend no urological treatment and so no costs are provided.
- 7.5.7 The likelihood of any urological symptoms occurring or recurring would be the same as that of the general population and that would have no bearing on the previous accident he had to endure, and so any explanation that would hold good for the general population would apply to [REDACTED]

7.6 Whether psychological factors would likely impact the Claimant's pain/injury

- 7.6.1 I cannot say since I am not a psychology expert and it would be prudent to apply for a psychology report.
- 7.6.2 Only a psychologist would be able to disclose whether [REDACTED] would have or harbours any psychological overlay that might induce or influence any future pain or injury.

7.7 Whether [REDACTED] is Disadvantaged on the Open Labour Market under the Disability Discrimination Act [REDACTED]

- 7.7.1 In my opinion, with [REDACTED] current state of affairs, he is not in any way disadvantaged in the open labour market under the disability discrimination act [REDACTED]

7.8 If the Claimant is capable of his pre-accident employment, the likely restrictions on the same.

- 7.8.1 On his own admissions, [REDACTED] says that he is incapable of his pre-accident employment and that he says that is mainly due to the fact that the previous accident prevented him, in the mindset to undertaking any standing jobs and this is on his own accord since he does not wish to experience any such accidents in future.
- 7.8.2 My assessment is purely urological and his current urological symptoms do not place any restrictions on undertaking his pre-accident employment.

8

- 8.1 [REDACTED] is involved in the food processing industry, notably, they operate pork and fish processing plants.
- 8.2 The accident happened at [REDACTED] formerly known as the Malton Bacon site.
- 8.3 The Claimant was closing a line when another operative pushed five pig carcasses (which were hanging from hooks attached to an elevated conveyor) along the line causing them to fall off and land on [REDACTED]. The carcasses are heavy weighing around 120kg each.
- 8.4 [REDACTED] complained of pain in his lower back with radiation down his thighs being the worst pain. He described that pain as pressure and a sharp sensation. The Claimant admitted that his spinal pain has improved remarkably.
- 8.5 [REDACTED] described shoulder pain as stabbing which was in between the shoulder blade area. The Claimant said that when he lifts heavy objects the pain radiates to the tip of his shoulders. This has largely settled and he does not attempt to lift any heavy objects anyway.
- 8.6 [REDACTED] described an intermittent pins and needles sensation in both feet. All of these he said had settled.
- 8.7 The Claimant claimed that he had lower abdominal pain, mainly associated with increased frequency, urgency and urge incontinence lasting for 6 – 10 weeks. During that time [REDACTED] had urinary symptoms he was wearing pads and tended to leak urine without knowledge or sometimes getting leakage before getting to the toilet. All of these symptoms had improved to a major extent.
- 8.8 During this time [REDACTED] says he also experienced a degree of dysuria as well as some nocturia which lasted for only 4 – 6 weeks. And he said he still has some degree of nocturia twice and he copes well with this.
- 8.9 [REDACTED] experienced no early morning erections for about 1 year from the incident. During this period he was finding it very difficult to get full erections and was unable to perform any adequate sexual activity. The period of sexual dysfunction lasted until he had pins and needles in his legs and both feet. Now he has recovered totally.
- 8.10 [REDACTED] complains of post-traumatic stress and significant symptoms of anxiety with regard to his pain difficulties.

- 8.11 [REDACTED] returned to work in/around [REDACTED]
- 8.12 1. Nature and progression of [REDACTED] injury:
- 8.13 Overactive Bladder Symptoms - OAB symptoms - [REDACTED] admits that he has no suffering in relation to urinary symptoms. There is no likelihood of his urinary symptoms getting any worse than what it is now and he is fitting into the demography of the general population as of now.
- 8.14 Erectile Dysfunction - Although [REDACTED] complained of erectile dysfunction in the initial period, he has no such complaint and he had a twin following the accident and there would be no relation to his future erectile dysfunction and the past accident he had suffered.
- 8.15 Epididymal Cyst: This has no bearing on [REDACTED] accident and would not impinge any future relation to the accident.
- 8.16 Psychological Issues: unable to answer this as this is not in my remit and my general opinion is that as of now that plays no role whatsoever in [REDACTED] current situation and [REDACTED] seemingly is healthy and well now. That would be best to obtain a psychology review if you wish to do so.
- 8.17 In the Claimant's own words:
- 8.18 [REDACTED] mentioned that [REDACTED] has no bladder issues as of now. His thoughts are that he is satisfied with where he is and happy to spend the rest of his life with the current mild urinary nuisance.
- 8.19 Erectile dysfunction: [REDACTED] claims no difficulty in achieving erections and no difficulty in sustaining the erections and undergoes satisfactory penetration.
- 8.20 As far as the epididymal cyst is concerned, according to [REDACTED] the cyst is not big, not huge, not bothering him, and he is not affected by the cyst currently. He had sought advice from GP and [REDACTED] felt that the cyst had appeared after the accident.
- 8.21 Psychological Issues: He did not disclose any psychological issues with me and in fact, [REDACTED] was grateful that following the accident he didn't land in a wheelchair and has returned to full-time work and not the same as before.
- 8.22 [REDACTED] accident he had suffered had not caused him to have any long-standing major residual issues.
- 8.23 In [REDACTED] initial period following the accident, difficulty in walking might have led to urinary urgency and the OAB symptoms he suffered could be in relation to anxiety, stress and mood changes.

- 8.24 [REDACTED] had recovered sufficiently well from the original symptoms and it is difficult to predict whether these symptoms are going to recur or worsen from the current state of affairs.
- 8.25 On [REDACTED] balance of probabilities, looking at the various available records, examination findings and investigations, and my interview on [REDACTED] there is a certain element of psychological distress experienced following the traumatic experience and I could say with some certainty that the above-mentioned symptoms are unlikely to recur or get worsened in future.
- 8.26 At present [REDACTED] is experiencing mild urinary symptoms and no other symptom of note and those urinary symptoms that which might be totally unrelated to the accident.
- 8.27 2. Causation of [REDACTED] same: This Claimant had not suffered any spinal cord type of injury and the immediate urinary symptoms he had experienced could have been in relation to a degree of spinal shock with dysfunction and leading to the urinary symptoms associated with pins and needles in his extremities as mentioned in his records. I believe that the psychological feelings could have contributed to the symptoms he suffered.
- 8.28 3. [REDACTED] recommended treatment and the likely costs of the same: The current condition of the claimant in his own words is that he has recovered in most aspects and has been able to get on with his life and hereby I recommend no urological treatment and so no costs are provided
- 8.29 4. Prognosis taking into account [REDACTED] recommended treatment: The current condition of the claimant in his own words is that he has recovered in most aspects and has been able to get on with his life
- 8.30 5. Whether the Claimant has recovered fully and if so, the likelihood of the Claimant's symptoms returning and what the cause of that would be: The current condition of [REDACTED] in his own words is that he had recovered in most aspects and had been able to get on with his life. [REDACTED] said to me that he had recovered fully well and is able to carry on as normal as he could be. From my point of view, there is no urological condition to deal with at the moment of time and the future urological presentation would have very little bearing on the accident he suffered previously on [REDACTED] The likelihood of any urological symptoms occurring or recurring would be the same as that of the general population and that would have no bearing on the previous accident he had to endure, and so any explanation that would hold good for the general population would apply to [REDACTED]

- 8.31 6. Whether psychological factors would likely impact the Claimant's pain/injury: Cannot say since I am not a psychology expert and would be prudent to apply for a psychology report if you wish to. Only a psychologist would be able to disclose whether [REDACTED] would have or harbours any psychological overlay that might induce or influence any future pain or injury
- 8.32 7. [REDACTED] is Disadvantaged in the Open Labour Market under the Disability Discrimination Act [REDACTED] In my opinion, with the current state of affairs he is not in any way disadvantaged in the Open Labour Market under the disability discrimination act [REDACTED]
- 8.33 8. If [REDACTED] Claimant is capable of his pre-accident employment, the likely restrictions on the same: On his own admissions, the claimant says that he is incapable of his pre-accident employment and that he is mainly due to the fact that the previous accident prevents him, in the mindset to undertake any standing jobs and this is on his own accord sine he does not wish to experience any such accidents in future. My assessment is purely urological and his current urological symptoms do not place any restrictions on undertaking his pre-accident employment.

9 Declaration and Statement of Truth

- 9.1 I have endeavoured in this report and in my opinion to be accurate and to have covered all relevant issues concerning the matters stated which I have been asked to address.
- 9.2 I have endeavoured to include in my report those matters which I have knowledge of, or which I have been made aware, that might adversely affect the validity of my opinion.
- 9.3 I have indicated the sources of all information used. I have not, without forming an independent view, included or excluded anything, which has been suggested to me by others.
- 9.4 I will notify those instructing me immediately and confirm in writing if for any reason my existing report requires any correction or qualification.
- 9.5 I understand that my report will form the evidence to be given under oath or given under oath or affirmation, and that I may be cross-examined on my report by a cross-examiner assisted by an expert. I confirm that I understand my duty to the Court and have complied with and will continue to comply with it.
- 9.6 I also confirm that I am aware of the requirements of CPR Part 35, Practice Direction 35 and the Guidance for the Instruction of Experts in Civil Claims
[REDACTED]
- 9.7 I confirm that I have made clear which facts and matters in this report are within my own knowledge and which are not. Those that are within my knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.
- 9.8 I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Krishnan Anantharamakrishnan

Dr Krishnan Anantharamakrishnan MBBS, MS, FRCS, MSc, FEBU

Consultant Urological Surgeon

Sherwood Forest Hospitals NHS Foundation Trust, Sutton-in-Ashfield - GMC

Report by Dr Krishnan Anantharamakrishnan MBBS, MS, FRCS, MSc, FEBU
Consultant Urological Surgeon, Sherwood Forest Hospitals NHS Foundation Trust

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