

**GETTING PERSONAL:
Contemporary Practice
in
Personal Injury
&
Medical Negligence**

**Wednesday
26 September
2018**

Burnley Football Club

JAMES GRATTON

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ELECTIVE AMPUTATION

&

**OSSEO-
INTEGRATION**

A case study

Client:

JG

Accident:

26 December 2014

Injury:

**Degloving injury to right foot
following running down and over by
a reversing fork lift truck**

- JG was an HGV driver delivering goods for a major supermarket group to a distribution warehouse on the Wirral at time of accident.

- He had previously been a combat medic in the Army having served in Iraq and Afghanistan.
- JG was run over by a FLT when exiting the toilets in the Distribution Centre.

- There was a distance of about 2 paces from the toilet door to where FLTs were moving about and no separation of pedestrians from vehicles. FLTs had no horns or lights.

- Following the accident a barrier was added to keep pedestrians and vehicles apart at a cost of £2K.
- Requirement of the Workplace Regulations 1992 to separate pedestrians from moving vehicles.

- Premises opened in 1998 and D in breach since that date.
- Driver had not appreciated that he had knocked JG down.

- Thus driver reversed over JG initially and then drove forward, back over his right foot.
- Primary liability conceded.

- Contributory negligence at 20% alleged, but without real conviction or indeed likelihood of success.
- Proceedings issued 12 May 2017.

- Consultation in the UK with A/Professor Munjed Al Muderis of the Macquarie Hospital in Sydney, Australia and Mr Norbert Kang of the Royal Free and Mr Fergus Jepson of the Lancashire Teaching Hospital on 15 May 2017.

- A/Professor Al Muderis along with Mr Kang and Dr Jepson advised JG that the foot was not viable.

- A/Professor Al Muderis advised that unusually (it had never been done before) he would agree to perform an elective amputation and osseointegration in Sydney as soon as it could be arranged.

- Previous interim payments of £95K.
- Judgment in default of acknowledgement of service ordered on 5 June 2017.

- Application for interim payment of £900K made on 31 May 2017 with a return date of 6 July 2017.
- £700K agreed at hearing as against no offer until 2 days before IPA when £350K was offered and rejected.

- Moved to rented bungalow with wet room 1 August 2017.
- JG flew to Australia on 5 August 2017.

- Elective amputation and osseointegration undertaken in Australia on 9 August 2017.

- Adapted vehicle – VW Caravelle – supplied September 2017.
- CCMC - 12 September 2017 – Claimant's costs budget approved £1,113,837.60.

**Why elective surgery with
osseointegration and why not a
socket?**

- JG suffered a degloving injury to right foot as can be seen in the following medical photographs taken in surgery and shortly afterwards in December 2014.

Warning!

Some of the following images are

GRUESOME!













































- JG had a free flap transfer whereby skin and muscle tissue was taken from his back with further skin grafts from the thighs.
- Resulting in hypertrophic scarring to the back – likely to require laser revision in due course.



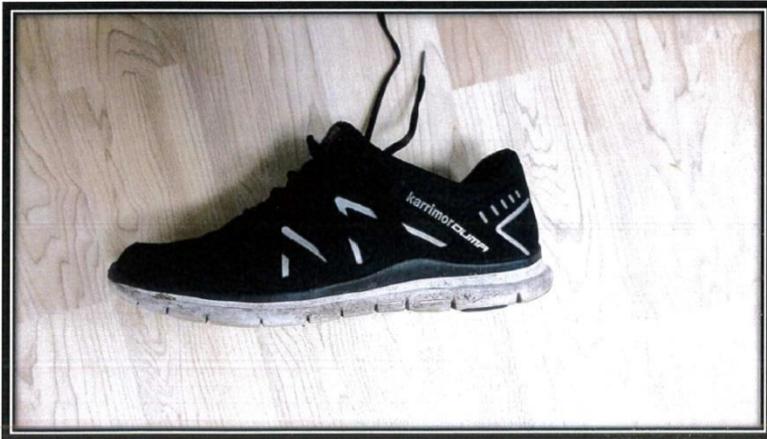


- A number of surgical procedures designed to save and restore function to the foot over the course of the following 2 years – about a dozen all told.

- A second series of revision surgeries in late 2016 required emergency further surgery following the development of a clot.

- JG was for about half of that period of 2 years or so following the accident and surgeries mobilising in a wheelchair and on crutches.

- When walking he had an antalgic gait, walking on the toes and needed a stick and sometimes a wheelchair to mobilise out of doors.



JG'S LEFT TRAINING SHOE



JG'S RIGHT PULMAN BOOT



VIEW INSIDE JG'S PULMAN BOOT
SHOWING WOUND LEAKAGE



JG WEARING PRESSURE GARMENT TO HIS RIGHT FOOT



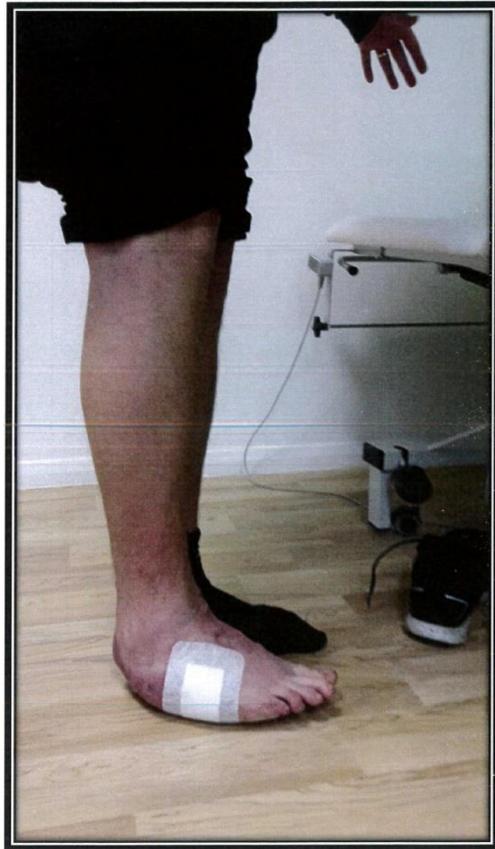
CUT TO JG'S FOOT FOUND UNDER COMPRESSION GARMENT



JG'S RIGHT FOOT – HEEL DOWN



JG STANDING WITH HIS HEEL DOWN
SHOWING THICKNESS OF SKIN GRAFT



JG STANDING WITH HIS
HEEL DOWN SHOWING
RAISED FOREFOOT



JG STANDING
ON HIS TOES



JG STANDING
ON HIS TOES



JG WALKING
SHOWING INITIAL CONTACT ON THE RIGHT SIDE IS ON THE TOES



JG IN MIDSTANCE
SHOWING RIGHT FOOT IS IN PLANTARFLEXION

- JG was in constant pain and taking the maximum dose of Tramadol.

- Required extensive care and assistance.
- Suffered a reactive depression.
- Suffered a loss of employment.
- Unable to drive.

- Foot very swollen and unable to wear anything other than a Pullman boot.
- Always in compression bandage.
- Exudate and foul odour.

- Required a stair lift and assistance to bathe.
- A Momentum off-loading brace was tried and found wanting.

- As former combat medic had some experience of traumatic amputations and socket based prosthetics with injuries to colleagues and was aware of potential socket issues.

- Osseointegrated prosthetics are worn over 100 hours per week by users.

- As against about 50 hours per week by socket users, according to a survey by the German osseointegration team, whose patients of course all came to them with sockets.

Osseointegration

- Comes from work by Brånemark in Sweden.
- Common now in terms of dental implants.

- Same principle but on a larger scale.
- Offered in Sweden, Holland and Germany and Australia.

- Australian team use the most up to date surgical technique and implant device and surgery involves one operation where the stump is refashioned – generally straight across in non-elective cases – and the implant is inserted.

- Weight bearing is started the following day after surgery and mobility is achieved within a couple of weeks or so.

- 1 week as an in-patient and then 2 weeks of out-patient care.
- No high impact activities for at least 12 months post-implantation.

- No smoking for at least 6 weeks prior to surgery and preferably not again post-surgery. Nicotine affects knitting together process so vaping and nicotine replacement not indicated.

- Running and swimming are not advised but patients do and none have come to grief to date.
- Less than 1,000 people worldwide have osseointegration.

- European teams use a 2 stage procedure – refashion stump and insert implant with abutment placed 6 – 8 weeks later in further surgery.

- Mr Norbert Kang at the Royal Free is now doing the Australian method in the UK as from this year, having trained with A/Professor Al Muderis.
- Have done 4 patients – all privately.
Not available on the NHS currently.

- MoD has sent soldiers to Australia for osseointegration.
- Can be for above or below knee patients, even with very short femoral residuum.

- Can also be used for upper limb patients - useful in cases where there is a high trans-humeral amputation where there is insufficient remaining residuum length to support a socket.

- Australian team have done same for at least 2 that I know of, including one UK patient aged 59 with amputation at 18, with TMR and myoelectric prosthesis.

- **Cost of osseointegration in Australia:**

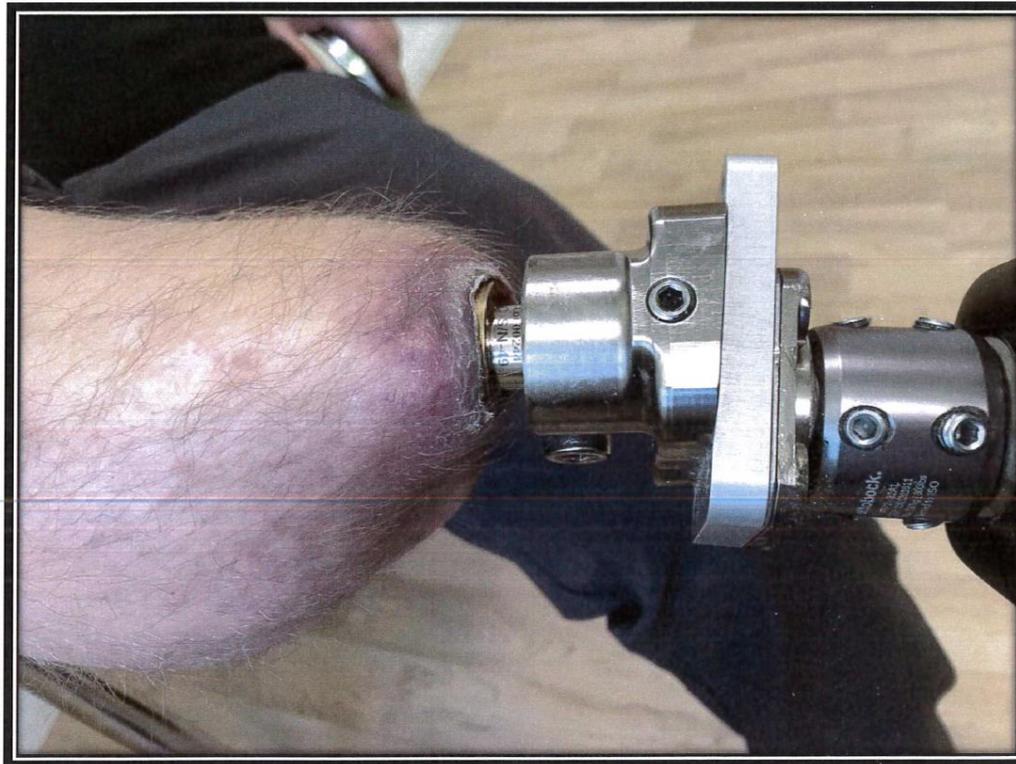
- **Surgery: £70K***

** Includes hospital fees, transfers and studio flat accommodation for patient, but not flights or subsistence once discharged from hospital.*

- **Rehabilitation: £20K**

- **Proflex foot:** £ 6K
- **Aquatic foot:** £10K
- **EmPOWER:** £57K
- **Running blade:** £ 6K

- JG has had successful surgery.



JG'S OSSEOINTEGRATION SITE
ANTERIOR VIEW



JG'S OSSEOINTEGRATION SITE
CLOSE VIEW



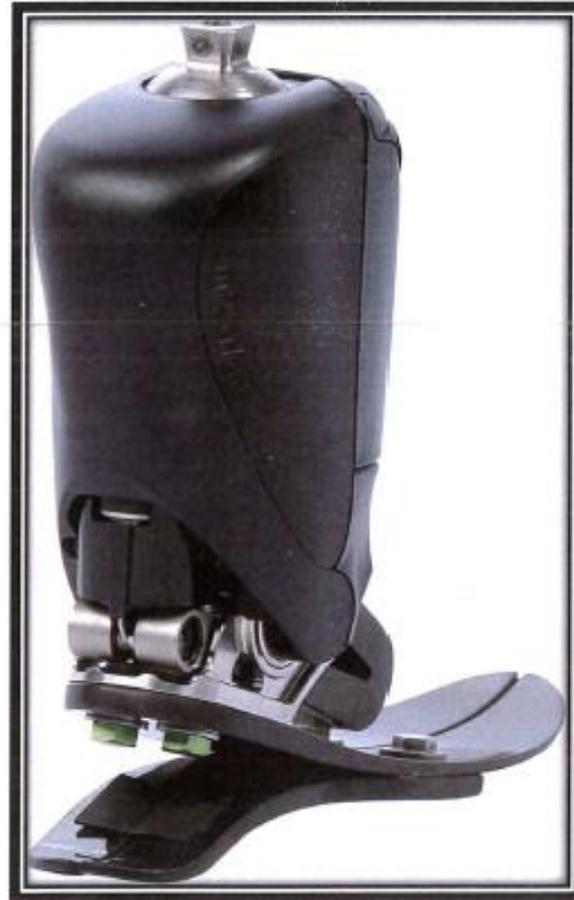
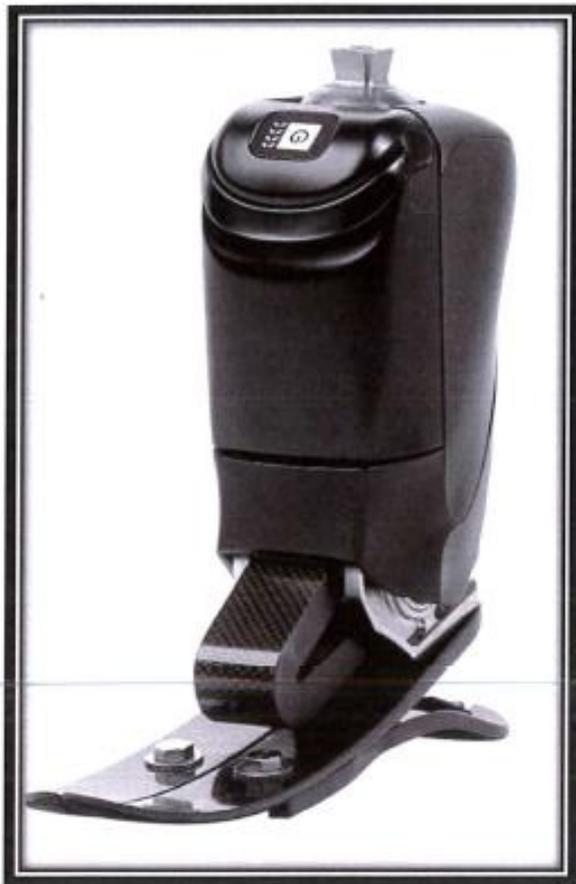
JG'S OSSEOINTEGRATION SITE
LATERAL VIEW



EXAMPLE OF PROFLEX XC TORSION FOOT



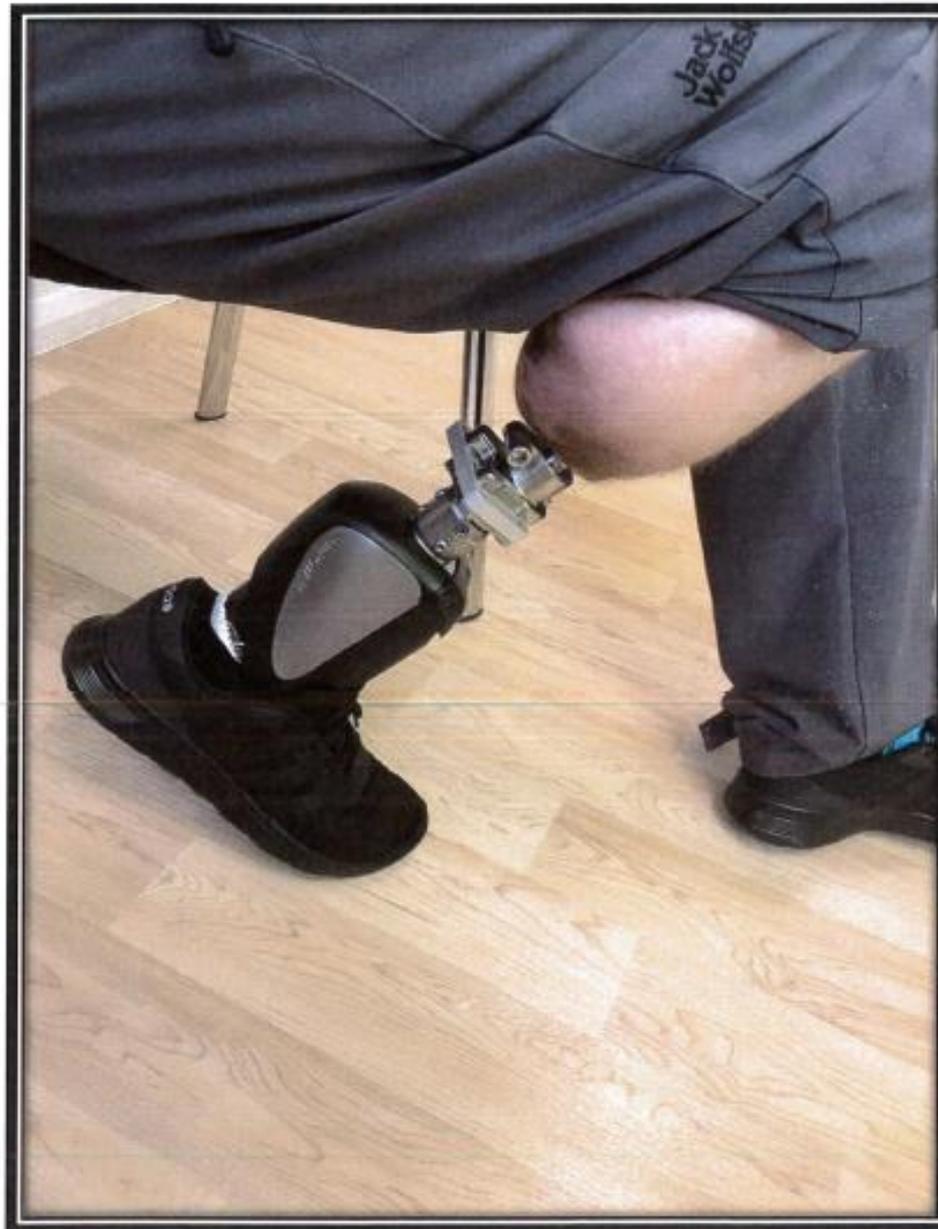
JG'S SILICONE WATER ACTIVITY PROSTHESIS



EXAMPLE OF emPOWER FOOT



JG WEARING HIS emPOWER PROSTHESIS



JG DEMONSTRATING HIS UNRESTRICTED
KNEE FLEXION POSITION



JG RELAXED SITTING POSITION
WITH THE emPOWER PROsthesis

- Minor infection 6 weeks' post-surgery managed with antibiotics.
- 3 further minor infections but no further problems.

- About to try snowboarding on a dry slope for the first time since the accident.

- Effects the whole family and
no doubt difficult
conversations need to be
had ...



E N D