



**IN THE GRAND COURT OF THE CAYMAN ISLANDS**

**CAUSE NO.            OF 2020**

**BETWEEN:**

**ALASTA BROWN**

**PLAINTIFF**

**AND:**

**DAVIS ANDREW PARSONS**

**RESPONDENT**

**WRIT OF SUMMONS**

**TO:** Davis Andrew Parson  
Grand Cayman, Cayman Islands

**And To:** Saxon Motor & General Insurance Company Ltd.  
14 Saturn Close, Eastern Avenue,  
P.O Box 1094  
Grand Cayman KY1-1102, Cayman Islands

THIS WRIT OF SUMMONS has been issued against you by the above-named Plaintiffs in respect of the claim set out on the next page.

Within 28 days after the service of the Writ on you, counting the day of service, you must either satisfy the claim or return to the Court Office, P.O. Box 495, George Town, Grand Cayman, Cayman Islands, the accompanying Acknowledgement of Service stating therein whether you intend to contest these proceedings.

If you fail to satisfy the claim or to return the Acknowledgement within the time stated, or if you return the Acknowledgement without stating therein an intention to contest the proceedings, the Plaintiff may proceed with the action and judgement may be entered against you forthwith without further notice.

Issued this \_\_\_ **day** of \_\_\_\_\_ 2020.

NOTE: - This Writ may not be served later than 4 calendar months (or, if leave is required to effect service out of the jurisdiction, 6 months) beginning with the date of issue renewed by order of the Court.

**IMPORTANT**

Directions for Acknowledgment of Service are given with the accompanying form.

## **STATEMENT OF CLAIM**

1. The Plaintiff was at all material times the owner and driver of a 1999 BMW 520i with vehicle registration 142 343. The Respondent was at all material times owner and driver of a Subura Forester with vehicle registration 168 248.
  
2. On or about the 21<sup>st</sup> day of June, 2019 the Plaintiff was driving within the speed limit along North Sound Road which is a four lane multi-direction thoroughfare with a centre lane for turning. The Plaintiff was in the vicinity of the Compass Building and Kirk Office Limited traveling towards the Butterfield Road about when the Respondent, who was travelling in the opposite direction turn across several lanes towards the turn off for Compass drive. The Respondent car collided with the right front of the Plaintiff's car.
  
3. The accident was caused by negligence of the Respondent.

## PARTICULARS OF NEGLIGENCE

- I. Driving too fast in all the circumstances;
- II. Entering the opposite side of the road when it was not safe to do so;
- III. Failed to give sufficient or any indication of his approach;
- IV. Failed to keep any or any proper lookout;
- V. Failed to stop, slow down, steer or otherwise control his vehicle so as to avoid colliding with the Plaintiff's vehicle;
- VI. Failing in time or at all to observe or heed the presence of the Plaintiff's motor vehicle;
- VII. Operating his motor vehicle in a negligent and/or inattentive manner so as to expose other motorists and in particular the Plaintiff to the risk of harm, loss and damage;.
- VIII. Driving without due care and attention
- IX. Driving the said motor vehicle without reasonable concern for the safety of other road users, and in particular the Plaintiff.

4. The Plaintiff avers that the Respondent accepted liability expressly and by conduct in that he through his insurers agreed to and have paid the cost of replacement for the Plaintiff's motor vehicle.
5. As a result of the accident the Plaintiff suffered pain and injury and sustained loss and damage.

#### PARTICULARS OF INJURIES

- I. Traumatic Neck pain,
- II. Traumatic Chest Pain, basal subpleural atelectasis
- III. Lower back pain. Loss of normal lumbar lordosis likely due to paravertebral muscle spasm
- IV. Traumatic pain to right wrist and thumb
- V. dorsal right wrist ganglion
- VI. Right thumb carpometacarpal (CMC) joint effusion/capsular sprain
- VII. Joint effusion first carpometacarpal joint and sprain
- VIII. Triangular Fibrocartilage Complex (TFCC) tear.
- IX. Right Extensor carpi ulnaris (ECU) tendonitis
- X. Sprain of dorsal distal radial ulnar ligament of triangular fibrocartilage
- XI. Sudeck's osteodystrophy
- XII. Peripheral neuropathy

The Plaintiff, born 16<sup>th</sup> April 1994, was 25 years of age at the date of the accident. He was taken to hospital by ambulance to the accident and emergency. The Plaintiff has undergone 2 surgeries to his hand and physiotherapy. The traumatic pain to his lower back, chest and neck has resolved. However, the injuries to his wrist has not healed satisfactory. He has to date not been able to return to pre-accident employment.

Further particulars of the Plaintiff's injuries are set out in medical notes of Dr. Hesham Sida.

*The Plaintiff recently underwent Brevium Sympathetic Block together with right wrist denervation plus local anesthetic and steroid injection in right thumb carpometacarpal*

joint and wrist along with Manipulation under anaesthesia (MUA) of right thumb and wrist. The result of these treatment on the Plaintiff prognosis is not yet known *therefore the Plaintiff reserve to amend the Particulars of Claim accordingly when this is known.*

PARTICULARS OF SPECIAL DAMAGE

6. The Special damages claimed by the Plaintiff are set out in the schedule of past and future expense and losses attached.
  
7. Further, the Plaintiff claims interest upon such damages and amount found due pursuant to Section 34 of the Judicature Law 2017 or otherwise at such rate as this Honourable Court deems fit.

**AND** the Plaintiff claims:

- (a) Damages;
- (b) Loss of wages;
- (c) Future loss of earning;
- (d) Interest;
- (e) Costs;
- (f) Such further or other relief.

CP Attorneys

**CP Attorneys**

Attorneys for the Plaintiff

DIRECTIONS FOR ACKNOWLEDGMENT OF SERVICES  
OF WRIT OF SUMMONS

1. The accompanying form of acknowledgment of Service should be completed by an Attorney acting on behalf of the Defendant or by the Defendant if acting in person.

After completion it must be delivered or sent by post to the Law Courts, P.O. Box 495G, George Town, Grand Cayman.

2. A Defendant who states in his Acknowledgment of Service that he intends to contest the proceedings must also serve a defence on the Attorney for the Plaintiff (or on the Plaintiff if acting in person).

If a Statement of Claim is indorsed on the Writ (i.e. the words "Statements of Claim" appear on the top of page 2) the Defence must be served within 28 days after the time for acknowledging service of the Writ, unless in the meantime a summons for judgement is served on the Defendant.

If the Statement of Claim is not indorsed on the Writ, the Defence need not be served until 28 days after a Statement of Claim has been served on the Defendant.

If the Defendant fails to serve his defence within the appropriate time, the Plaintiff may enter judgement against him without further notice.

3. A Stay of Execution against the Defendant's goods may be applied for where the Defendant is unable to pay the money for which any judgment is entered. If a Defendant to an action for a debt or liquidated demand (i.e. a fixed sum) who does not intend to contest the proceedings states, in answer to Question 3 in the Acknowledgment of Service, that he intends to apply for a stay, execution will be stayed for 14 days after his Acknowledgment, but he must, within that time, issue a Summons for a stay of execution, supported by an affidavit of his means. The affidavit should state any offer which the Defendant desires to make for payment of the money by instalments or otherwise.

## Notes for Guidance

1. Each Defendant (if there is more than one) is required to complete an Acknowledgment of Service and return it to the Courts Office.
2. For the purpose of calculating the period of 28 days for acknowledging service, a writ served on the Defendant personally is treated as having been served on the day it was delivered to him.
3. Where the Defendant is sued in a name different from his own, the form must be completed by him with the addition in paragraph 1 of the words “sued as (the name stated on the Writ of Summons)”
4. Where the Defendant is a FIRM and an attorney is not instructed, the form must be completed by a PARTNER by name, with the addition in paragraph 1 of the description “Partner in the firm of (.....) after his name.
5. Where the Defendant is sued as an individual TRADING IN A NAME OTHER THAN HIS OWN, the form must be completed by him with the addition in paragraph 1 of the description “trading as (.....)” his name.
6. Where the Defendant is a LIMITED COMPANY the form must be completed by an Attorney or by someone authorized to act on behalf of the Company, but the Company can take no further step in the proceedings without an Attorney acting on its behalf.
7. Where the Defendant is a MINOR or a MENTAL PATIENT, the form must be completed by an Attorney acting for a guardian ad litem.
8. A Defendant acting in person may obtain help in completing the form at the Courts Office.



Notes on address for service

Attorney: where the Defendant is represented by an attorney, state the attorney's place of business in the Cayman Islands. A Defendant may not act by a foreign attorney.

Defendant in person: where the Defendant is acting in person, he must give his post office box number and the physical address of his residence or, if he does not reside in the Cayman Islands, he must give an address in Grand Cayman where communication for him should be sent. In the case of a limited company, "residence" means its registered or principal office.

Indorsement by Plaintiffs Attorney (or by Plaintiffs if suing in person) of his name, address and reference, if any, in the box below.

CP Attorneys  
325 Owen Roberts Drive,  
2<sup>nd</sup> Floor Andy's Rental Car Bldg.  
P.O. Box 561  
Grand Cayman, KY1-1602  
Cayman Islands.

Indorsement by Defendant's Attorney (or by Defendant if suing in person) of his name, address and reference, if any, in the box below.

**Dr. Hesham Sida**

FRCS Ed, MSc Orth, BMSc, MBBCh  
Consultant Trauma & Orthopaedic Surgeon  
P.O. Box: 12428  
Grand Cayman, KY1-1011  
Tel.: (345) 939-2500

November 03<sup>rd</sup> 2020

Re- Alasta Brown

Date of Birth: 16/04 /1994

**Diagnosis:**

1. Dorsal ganglion right wrist.
2. Pain right wrist.
3. Right thumb CMC arthritis.
4. Sudeck's osteodystrophy.
5. S.I.J. re-rupture.
6. Right wrist arthritis.
7. ?Peripheral Neuropathy

**Date of injury:** 21/06/2019

**Mechanism of injury:** Car accident (driver).

**Date of recent surgery:** 10/09/2020.

**Surgical procedures performed:**

1. Arthroscopic debridement right wrist.
2. Arthroscopic removal of dorsal ganglion right wrist.
3. RASI. Procedure right wrist.
4. LA wrist block.
5. Application of below elbow Scotch Cast.
6. Application of Special Sling.

**Date of surgery:** 10/07/2020.

**Surgical procedures performed:**

1. Right wrist denervation.
2. LA & Steroid injection right wrist.
3. LA & Steroid injection right thumb.
4. Bretylium Sympathetic Bier's Block.
5. MUA right wrist.
6. MUA right thumb.
7. Application of Special Sling.

**Date of surgery:** 11/12/2019.

**Surgical procedures performed:**

1. Arthroscopic debridement right wrist.
2. Thermoshrinkage TFCC tear right wrist.
3. Thermoshrinkage partial SLL tear right wrist.
4. UCL repair right thumb.
5. I.A wrist block.
6. Application of below elbow Scotch Cast.
7. Application of Special Sling.

Dear Dr. Pekko,

Mr. Brown was reviewed today at the Cayman Hand Centre. He has complained of a foul smell and burning sensation from his cast. He has had episodes of postoperative shivering and Sudeck's Osteodystrophy and was reviewed by Dr. Gay. Dr. Gay has recommended a referral to the Neurologists. His right wrist pain is down to 2/10. The cast has been removed and the wounds cleansed. There was no evidence of pressure sores. The wounds have healed nicely with no evidence of infection or inflammation. There was altered sensation in relation to the right little and ulnar aspect of his right ring finger. There was no ulnar clawing and no wasting of the small muscles of the hand. Tenderness was localized to the right anatomical snuffbox.

**Treatment plan:**

1. He has been advised to keep his hand highly elevated and fingers and thumb exercising.
2. He has been referred for X-rays of his right wrist.
3. He was fitted with a stockinette and a Futuro splint.
4. He has been referred to Dr. Starkmann, Consultant Neurologist.

Follow up: with the results of his X-rays right wrist.

Sincerely,



**Dr. Hesham Sida**

Consultant Trauma & Orthopaedic Surgeon  
Cayman Hand Centre

## **Dr. Hesham Sida**

**FRCS Ed, MSc Orth, BMSc, MBBCh**  
**Consultant Trauma & Orthopaedic Surgeon**

P.O. Box: 12428

Grand Cayman, KY1-1011

Tel.: (345) 939-2500

September 30<sup>th</sup> 2019

Re- Alasta Brown

Date of Birth: 16/04 /1994

### Diagnosis:

1. Right wrist and thumb pain.
2. ?Ulnar Collateral ligament tear right thumb.
3. ? Dorsal right wrist ganglion.
4. ? Right thumb CMC joint effusion / capsular sprain.

Date of injury: 21/06/2019.

Mechanism of injury: Car accident (driver).

Dear Dr. Pekko,

Thank you for the courtesy of the request for Consult.

This 25 year old right handed Plumber Apprentice at LK Mills was reviewed today at the Cayman Hand Centre. He is a non-smoker and drinks alcohol socially. He plays the drums and keyboard and enjoys gardening. He does not play any sports and is not involved in Arts & Crafts.

He has been having problems with pain in relation to the dorsal and ulnar aspect of his right thumb and wrist since June 2019. He was a driver involved in a car accident on 21/06/2019. He was taken by Ambulance to HSA Government Hospital together with his passenger. The airbag was deployed during the injury. He was seen in the A&E and underwent CT Scans and X-rays of his right hand. He was provided with a removable thumb spica and given analgesics. There was a history of altered sensation on and off. He was referred to Dr. Pekko and hand MRI Scans were ordered. The radiological investigations failed to identify any fractures. The hand MRI scans were suggestive of a dorsal wrist ganglion and right thumb CMC joint effusion / capsular sprain. The Consultant Radiologist suggested that a right wrist MRI Scan was warranted.

Mr. Brown underwent Physiotherapy which resulted in short term pain relief with recurrent swelling of his wrist. He was seen by Dr. Pekko and was subsequently asked to see me today in the Cayman Hand Centre.

The pain is currently 7/10. The pain can reach 9/10 when he bumps his thumb or does certain manoeuvres. Night pain is around 6-7/10 and can wake him up. Pain is made better by wearing his thumb spica, icing his hand and taking analgesics. He gives no history of previous injury or trauma to his thumbs. He has no problems picking up fine objects and he has problems with holding on to a mug. He has problems opening jars and with cutting his food.

Mr. Brown has no past history of any similar problems. He has no past history of previous surgery. There is no past history of any previous fractures. He is currently not on any medication other than pain killers. He is otherwise fit and healthy. He has no known allergies. He is not known to suffer from Epileptic fits, Diabetes, rheumatoid arthritis or gout.

On examination today he was found to weight 228 lbs. and was 5' 7.6" tall with a BMI of 35.1. There was no torticollis. There was no restriction of the Cervical Spine movements. There was a full range of movement of both shoulders. Right elbow flexion was restricted in the final 5 degrees. Extension, supination and pronation were full. There was restriction of the final 15 degrees of right wrist dorsiflexion. Remaining wrist movements were full.

Examination has revealed of the right thumb revealed swelling in relation to the right UCL. There were no other swellings elsewhere. There was tenderness on palpation of the right thumb UCL. There was noticeable laxity on valgus stressing of the right thumb MCP joint in both extension and 30 degrees flexion suggestive of a right UCL tear. There was no hyperextension of the joint. Sensation was intact to light touch and temperature. Pinch grip on the right was 7 lbs force as compared to 20 lbs force on the left. Power grip on the right was 45 lbs force as compared to 120 lbs force on the left. There was restriction of thumb opposition on the right to the base of the right ring finger as compared to the base of the distal palmar crease left little finger on the left. Watson's test resulted in discomfort on the right. There was tenderness in the right ulnar snuffbox. Provocative tests for carpal instability, Piano key test and Linscheid's test were bilaterally negative.

There was no clawing of the fingers. There was no thenar muscle wasting. Phalen's test and peripheral circulation were intact.

Treatment Plan:

1. Patient was advised of the differential diagnosis and management plan.
2. The plan is for him to undergo MRI scans of his right wrist as recommended by Dr. Rado, consultant Radiologist.

Follow up: with the results of his right wrist MRI Scans.

Sincerely,



**Dr. Hesham Sida**

Consultant Trauma & Orthopaedic Surgeon  
Cayman Hand Centre

NB:

A Quick DASH Score was completed today.

## **Dr. Hesham Sida**

**FRCS Ed, MSc Orth, BMSc, MBBCh  
Consultant Trauma & Orthopaedic Surgeon**

P.O. Box: 12428

Grand Cayman, KY1-1011

Tel.: (345) 939-2500

November 15<sup>th</sup> 2019

Re- Alasta Brown

Date of Birth: 16/04 /1994

### Diagnosis:

1. Right wrist and thumb pain.
2. Ulnar Collateral ligament tear right thumb.
3. Dorsal right wrist ganglion.
4. Right thumb CMC joint effusion / capsular sprain.
5. TFCC tear right wrist.
6. Right ECU tendinosis

Date of injury: 21/06/2019.

Mechanism of injury: Car accident (driver).

Dear Dr. Pekko,

Mr. Brown was reviewed today at the Cayman Hand Centre accompanied by his wife. He continues having problems with pain in relation to the dorsal and ulnar aspect of his right thumb and wrist since. The EMG & NCS Report has come back as normal.

The MRI scans have been reported as;

1. Sprain sigmoid and styloid attachments of triangular fibrocartilage complex.
2. Sprain distal radial ulnar ligament if triangular fibrocartilage complex.
3. Extensor carpi ulnas tendinosis.
4. First carpometacarpal joint capsule sprain with joint effusion.
5. Dorsal wrist ganglion.

His Quick DASH Score was completed today and this has revealed minor improvement from 81.8 to 72.7 .

**Dr. Hesham Sida**

FRCS Ed, MSc Orth, BMSc, MBCh  
Consultant Trauma & Orthopaedic Surgeon

P.O. Box: 12428

Grand Cayman, KY1-1011

Tel.: (345) 939-2500

December 13<sup>th</sup> 2019

Re- Alasta Brown

Date of Birth: 16/04 /1994

Diagnosis:

1. S/P right wrist arthroscopy.
2. Orthopaedic after care.

Date of injury: 21/06/2019.

Mechanism of injury: Car accident (driver).

Date of surgery: 11/12/2019.

Surgical procedures performed:

1. Arthroscopic debridement right wrist.
2. Thermoshrinkage TFCC tear right wrist.
3. Thermoshrinkage partial SLL tear right wrist.
4. UCL repair right thumb.
5. LA wrist block.
6. Application of below elbow Scotch Cast.
7. Application of Special Sling.

Dear Dr. Pekko,

Mr. Brown was reviewed today at the Cayman Hand Centre accompanied by his wife. He has had an uneventful postoperative recovery following his surgical procedures. He is pain free.

The cast has been removed and the wounds cleansed and redressed. There was no evidence of infection or inflammation. The wounds appeared to be healing nicely. A below elbow Scotch Cast with a thumb extension has been applied.

**Dr. Hesham Sida**

**FRCS Ed, MSc Orth, BMSc, MBBCh  
Consultant Trauma & Orthopaedic Surgeon**

P.O. Box: 12428

Grand Cayman, KY1-1011

Tel.: (345) 939-2500

**TO WHOM IT MAY CONCERN**

December 23<sup>rd</sup> 2019

Re- Alasta Brown

Date of Birth: 16/04 /1994

**Diagnosis:**

1. S/P right wrist arthroscopy.
2. Orthopaedic after care.

**Date of injury:** 21/06/2019.

**Mechanism of injury:** Car accident (driver).

**Date of surgery:** 11/12/2019.

**Surgical procedures performed:**

1. Arthroscopic debridement right wrist.
2. Thermoshrinkage TFCC tear right wrist.
3. Thermoshrinkage partial SLL tear right wrist.
4. UCL repair right thumb.
5. LA wrist block.
6. Application of below elbow Scotch Cast.
7. Application of Special Sling.

**Mr. Brown is undergoing his postoperative recovery following his surgical procedures. He is currently in a below elbow Scotch Cast with a thumb extension and is expected to have the cast removed on 07/01/2020. His treatment plan requires him to be reviewed at the Cayman Hand Centre, Grand Pavillion, and undergo Hand Therapy for a further 3 months in the Cayman Islands.**

Sincerely,



**Dr. Hesham Sida**

Consultant Trauma & Orthopaedic Surgeon

Cayman Hand Centre



**Dr. Hesham Sida**  
Cayman Hand Centre  
Grand Pavillion (Main Entrance)  
West Bay Road  
Office: 946-2500 Cell: 939-2500

**Dr. Hesham Sida**

FRCS Ed, MSc Orth, BMSc, MBBCh  
Consultant Trauma & Orthopaedic Surgeon

P.O. Box: 12428

Grand Cayman, KY1-1011

Tel.: (345) 939-2500

January 07<sup>th</sup> 2020

Re- Alasta Brown

Date of Birth: 16/04 /1994

**Diagnosis:**

1. S/P right wrist arthroscopy.
2. Orthopaedic after care.

**Date of injury:** 21/06/2019.

**Mechanism of injury:** Car accident (driver).

**Date of surgery:** 11/12/2019.

**Surgical procedures performed:**

1. Arthroscopic debridement right wrist.
2. Thermoshrinkage TFCC tear right wrist.
3. Thermoshrinkage partial SLL tear right wrist.
4. UCL repair right thumb.
5. LA wrist block.
6. Application of below elbow Scotch Cast.
7. Application of Special Sling.

Mr. Brown was reviewed today at the Cayman Hand Centre. The Scotch Cast has been removed today. The wounds have been thoroughly cleansed. They have healed nicely with no evidence of infection or inflammation. There was altered sensation in relation to the right little finger.

**Treatment plan:**

1. A Wrist and Thumb Stabilizer have been fitted.
2. He was referred to the Hand Therapist.

Follow up: 3 weeks for reassessment.

Sincerely,



**Dr. Hesham Sida**

Consultant Trauma & Orthopaedic Surgeon  
Cayman Hand Centre

## **Dr. Hesham Sida**

**FRCS Ed, MSc Orth, BMSc, MBBCh**  
**Consultant Trauma & Orthopaedic Surgeon**

P.O. Box: 12428

Grand Cayman, KY1-1011

Tel.: (345) 939-2500

June 30<sup>th</sup> 2020

Re- Alasta Brown

Date of Birth: 16/04 /1994

### **Diagnosis:**

1. ? TFCC re-rupture.
2. Pain right wrist and thumb.
3. Right thumb CMC arthritis.
4. Sudeck's osteodystrophy.

**Date of injury:** 21/06/2019

**Mechanism of injury:** Car accident (driver).

**Date of surgery:** 11/12/2019.

### **Surgical procedures performed:**

1. Arthroscopic debridement right wrist.
2. Thermoshrinkage TFCC tear right wrist.
3. Thermoshrinkage partial SLL tear right wrist.
4. UCL repair right thumb.
5. LA wrist block.
6. Application of below elbow Scotch Cast.
7. Application of Special Sling.

Dear Dr. Pekko,

Mr. Brown was reviewed today at the Cayman Hand Centre. The results of his Carpal Instability Series X-rays has failed to reveal any acute wrist fractures or dislocations. There were signs of joint space narrowing of the right thumb CMC joint suggestive of early arthritis. He has been assessed by both the Occupational Therapist and the Hand Therapist and is currently undergoing Hand Therapy.

Despite the Hand Therapy and wearing the Copper Fit Glove and increasing his exercises, he feels that he is getting worse instead of getting better. He has not been able to return to work. Pain in his right wrist and thumb is currently 6/10 from the previous 3/10 of 28<sup>th</sup> February 2020. This is made worse by the cold weather and AC. Pain last night was 7/10 up from the previous 4/10 and he needed to take an analgesic. He

Result type: Private Physician Operative Notes  
Result date: 11 December 2019 16:07 EST  
Result status: Auth (Verified)  
Performed by: SIDA , HESHAM on 11 December 2019 16:08 EST  
Verified by: SIDA , HESHAM on 12 December 2019 12:58 EST  
Encounter info: 0005366494, GC, Day Cases, 11/Dec/2019 - 11/Dec/2019

**OPERATIVE RECORD**

**DATE OF OPERATION:** \_11/12/2019

**SURGEON:** \_Dr. Sida

**ASSISTANT:** \_Dr. Taylor

**ANAESTHETIST:** \_Dr. Davis

**ANAESTHETIC:** \_GA

**PREOPERATIVE DIAGNOSIS:** \_

1. Pain right wrst.
2. TFCC tear right wrist.
3. Dorsal ganglion right wrist.
4. UCL Tear right thumb.
5. ??SLL Tear right wrist.

**POSTOPERATIVE DIAGNOSIS:** \_

1. Pain right wrist.
2. TFCC tear right wrist.
3. Partial SLL tear right wrist
4. UCL Tear right thumb.

**OPERATION:** \_

1. Arthroscopic debridement right wrist. CPT-4 29846
2. Thermoshrinkage partial SLL tear right wrist. CPT-4 29999
3. Thermoshrinkage TFCC tear right wrist. CPT-4 29999
4. UCL Repair right thumb. CPT-4 26540
5. LA wrist block. CPT-4 64450
6. Application of Scotch Cast. CPT-4 29085
7. Application of special sling. CPT-4 29260

Printed by: SIDA , HESHAM  
Printed on: 12/Dec/2019 14:49 EST

**PROCEDURE: \_**

**Right wrist arthroscopy:**

Bony landmarks and arthroscopic portholes marked with skin marker.  
Thumb and fingers suspended using Chinese Finger Traps.  
Local 0.5% Bupivacaine injection right wrist.  
Special wrist arthroscope and arthroscopic instruments used  
Arthroscopic examination carried out using 3/4 and 5R radiocarpal portholes and radial and ulnar midcarpal portholes:  
Partial tear SLL identified not sufficient to allow passage of arthroscope or arthrowand into SL gap.  
Partial SLL tear treated satisfactorily with arthroscopic thermoshrinkage using Radiofrequency Arthrowand.  
TFCC tear identified through ulnar attachment with loss of normal trampoline effect.  
TFCC tear treated satisfactorily with arthroscopic thermoshrinkage using Radiofrequency Arthrowand.  
Return of normal trampoline effect of TFCC.  
4/0 undyed Vicryl Rapide sutures for skin.

**Ulnar Collateral Ligament Repair:**

Redraping. 3 5X Magnifying Surgical Loupes used throughout procedure  
Ulnar S shaped incision right thumb centered over MCP joint.  
Extensor hood and Adductor aponeurosis tagged and split longitudinally  
MCP joint Capsule noted to be expanded: tagged, split and released from underlying UCL torn ends.  
UCL noted to be detached from distal insertion into base proximal phalanx.  
Exposure of insertion site with Insertion of Tacit Quick Anchor  
Secure repair of UCL achieved  
Capsule repaired with double breasting using 3/0 Vicryl sutures.  
Repair of extensor hood and adductor aponeurosis.  
Satisfactory repair confirmed both clinically and on X-ray C-arm fluoroscopy  
Skin closure with 4/0 Undyed Vicryl Rapide sutures.  
Local Anaesthetic 0.5% block.  
Dressings.  
Webril.  
Scotch cast applied.  
Application of Special Sling.

**COMPLICATIONS: \_none**

**ESTIMATED BLOOD LOSS: \_less than 50 mls**

**INSTRUMENT, SWAB AND NEEDLE COUNT: \_correct**

**POSTOPERATIVE ORDERS:**

(lab, rad and treatment orders must be placed on the orders tab; medication orders on the Med Record)

High elevation in special sling.  
Monitoring of neurovascular status.  
Active exercises.  
Home today when comfortable.  
Discharge analgesics.  
Sick note.

Follow up: Cayman Hand Centre 13/12/2019

**Completed Action List:**

- \* Perform by SIDA , HESHAM on 11 December 2019 16:08 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 16:13 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:17 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:17 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:24 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:24 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:26 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:27 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:39 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:39 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 20:40 EST
- \* Sign by SIDA , HESHAM on 12 December 2019 12:58 EST Requested by SIDA , HESHAM on 11 December 2019 20:33 EST
- \* VERIFY by SIDA , HESHAM on 12 December 2019 12:58 EST

Result type: Private Physician Notes  
Result date: 11 December 2019 12:46 EST  
Result status: Modified  
Performed by: SIDA , HESHAM on 11 December 2019 12:51 EST  
Verified by: SIDA , HESHAM on 11 December 2019 19:42 EST  
Encounter info: 0005366494, GC, Day Cases, 11/Dec/2019 - 11/Dec/2019

### Document Contains Addenda

#### Diagnosis:

1. Pain right wrist
2. TFCC tear right wrist.
3. Dorsal ganglion right wrist.
4. UCL Tear right thumb.
5. ?? SLL tear right wrist.

Private patient seen at the Cayman Hand Centre and reviewed today on ACU  
Booked for right wrist arthroscopy and proceed +/- TFCC repair +/- excision of dorsal ganglion +/-  
SLL reconstruction + UCL repair / reconstruction right thumb + LA Block + application of Scotch Cast  
+ application of sling.

Patient advised of risks, limitations, complications and prognosis of surgery  
Informed Consent Form signed  
Limb marked.  
Patient keen to proceed.  
Patient seen by Dr. Davis, Consultant Anaesthetist.  
OR booked

Addendum by SIDA , HESHAM on 11 December 2019 19:48 (Verified)

#### Postoperative instructions:

High elevation in special sling.  
Monitoring of neurovascular status.  
Active fingers, elbow and shoulder exercises.  
Home today when comfortable.  
Post cast instructions.  
Discharge medications  
Sick note.

Printed by: SIDA , HESHAM  
Printed on: 12/Dec/2019 14:49 EST

Follow up: 13/12/2019 at the Cayman Hand Centre at 11 am

Completed Action List:

- \* Perform by SIDA , HESHAM on 11 December 2019 12:51 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 19:42 EST
- \* Sign by SIDA , HESHAM on 11 December 2019 19:43 EST Requested by SIDA , HESHAM on 11 December 2019 19:40 EST
- \* VERIFY by SIDA , HESHAM on 11 December 2019 19:42 EST
- \* Modify by SIDA , HESHAM on 11 December 2019 19:43 EST
- \* Sign by SIDA , HESHAM on 11 December 2019 19:43 EST

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO. OF 2020

BETWEEN:

ALASTA BROWN

PLAINTIFF

AND:

DAVIS ANDREW PARSONS

RESPONDENT

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**SCHEDULE OF PAST AND FUTURE EXPENSES AND LOSSES**

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Plaintiff's date of birth: 16<sup>th</sup> April 1994

Date of Injury: 21<sup>st</sup> June 2019

Date Proceedings Issued:

Date of Service:

Date of Schedule: 13<sup>th</sup> July 2020

**General Damages**

**1. Pain, suffering and loss of amenity: To be assessed.**

- (a) Traumatic Neck pain, (b) Traumatic Chest Pain, basal subpleural atelectasis
- (c) Lower back pain. Loss of normal lumbar lordosis likely due to paravertebral muscle spasm
- (d) Traumatic pain to right wrist and thumb, (e) dorsal right wrist ganglion
- (f) Right thumb carpometacarpal (CMC) joint effusion/capsular sprain
- (g) Joint effusion first carpometacarpal joint and sprain,
- (h) (h) Triangular Fibrocartilage Complex (TFCC) tear.
- (i) Right Extensor carpi ulnaris (ECU) tendonitis
- (j) Sprain of dorsal distal radial ulnar ligament of triangular fibrocartilage
- (k) Sudeck's osteodystrophy, (l) arthritis (k) peripheral neuropathy

The Plaintiff has undergone 3 surgeries to his hand and physiotherapy. His injuries to his wrist has not healed satisfactory. He has to date not been able to return to pre-accident employment.

The Plaintiff recently underwent Bretylium Sympathetic Block together with right wrist denervation plus local anesthetic and steroid injection in right thumb carpometacarpal joint and wrist along with Manipulation under anaesthesia (MUA) of right thumb and wrist. The result of these treatment on the Plaintiff prognosis is not yet known.

## 2. Past Loss of Earnings

DATE	DESCRIPTION	ACCOUNT BALANCE
21 <sup>st</sup> June 2019 to 12 November 2020	511 work days @ CI\$116.38 average	59,470.18
Payment to date		(35,243.25)
Balance		\$24,226.93

## 3. Loss of Pension earning

DATE	DESCRIPTION	ACCOUNT BALANCE
21 <sup>st</sup> June 2019 to 10 <sup>th</sup> July 2020	The Plaintiff would have contributed 5% and his employers contributed matching 5%. His loss earning is \$59,470.18. Therefore, he has loss 5% employer contribution to this.	CI\$2,973.51
<b>Total</b>		<b>CI\$2,973.51</b>

## 4. Past Care

DATE	DESCRIPTION	ACCOUNT BALANCE
22 June 2019	Plaintiff was hospitalized for 1 day. He was visited by wife, family and friends.	CI\$20.00

	2 hours per day x \$10/hour	
22 June 2019 to 13 <sup>th</sup> July 2019	After the required care and assistant for approximately 4 hours per day for 3 weeks after the incident. 3x7x4xCi\$10/hour	<b>CI\$840.00</b>
11 November 2019 to 2 <sup>nd</sup> December 2019	Required care and assistant for approximately 4 hours per day for 3 weeks after surgery (11 November 2019) 3x7x4xCi\$10/hour.	<b>CI\$840.00</b>
11 December 2019 – 1 <sup>st</sup> January 2020	Required Care and assistance for approximately 4 hours per day for 3 weeks after surgery (11 December 2019)	<b>CI\$840.00</b>
10 July 2020-31 <sup>st</sup> July 2020	Required Care and assistance for approximately 4 hours per day for 3 weeks after surgery (10 <sup>th</sup> July 2020)	<b>CI\$840.00</b>
10 <sup>th</sup> September 2020-1 <sup>st</sup> October 2020	Required Care and assistance for approximately 4 hours per day for 3 weeks after surgery (10 <sup>th</sup> July 2020)	<b>Ci\$840.00</b>
<b>Total</b>		<b>CI\$4220.00</b>

#### 5. Past Health Service Authority Medical expense

DATE	DESCRIPTION	ACCOUNT BALANCE
11 <sup>th</sup> July 2020- Present	Health Service Authority	<b>4355.58</b>
<b>Total</b>		<b><u>CI\$4,355.58</u></b>

#### 6. Past Consultant and Specialist Care Medical Expenses

DATE	DESCRIPTION	ACCOUNT BALANCE
10 <sup>th</sup> Sept. 2020	Surgery Cost Dr. Gray (10/09/2020)	<b>CI\$2,200.00</b>

10 <sup>th</sup> Sept 2020	Surgery Cost Dr. Sida (10/09/2020)	CI\$8,072.93
15 <sup>th</sup> Sept 2020	Outpatient Cost related to surgery (15/09/2020)	CI\$1,572.87
10th July 2020	Dr. Stephen Gray cost 10/07/2020	CI\$1,600.00
11 Dec. 2019	Dr Cleon Davis (11/12/2019)	CI\$1,736.00
11 Dec 2019	Dr. Nyali Taylor (11/12/2019)	CI\$8,507.20
<b>Balance</b>		<b>CI\$23,689.00</b>

**7. TRAVEL**

	Reliance on friends to take around at \$15/day x (3 days/week x 68 weeks) 204	CI\$3060.00
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**8. FUTURE LOSS**

**to be assessed**

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Sub-Total (Special Damages)

**CI\$62,525.02**

**9. LOSS OF CONGENIAL EMPLOYMENT**

**to be assessed**

**10. INTEREST**

- (1) On general damages at 2 3/8 % p.a from date of service of writ;
- (2) On Special damages at 0.5% p.a from date of accident to date of trial or settlement.

*CP Attorneys*

CP Attorneys, Attorneys for the Plaintiff