

IN THE GRAND COURT OF THE CAYMAN ISLANDS

**CAUSE NO: 156OF 2021
LACV0205 of 2018**

BETWEEN:

JULIE REYNOLDS

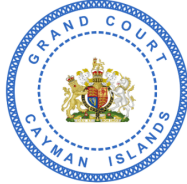
PLAINTIFF

AND:

DR ANDREW ROBINSON

1st DEFENDANT

AND:



CTMH HOLDINGS LTD.

2nd DEFENDANT

WRIT OF SUMMONS

TO: The 1st Defendant
Dr Andrew Robinson

and To: The 2nd Defendant
CTMH Holdings Ltd.

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

Within 14 days after the service of this 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, the accompanying Acknowledgment of Service stating therein whether you intend to contest these proceedings.

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

Issued this day of July 2021.

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 unless renewed by order of the Court.

IMPORTANT

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

STATEMENT OF CLAIM

1. The Plaintiff, whose date of birth is 7th June 1969, resides in the Cayman Islands at 42 Powery Road, West Bay, PO Box 553, KY1-1303, West Bay, Grand Cayman.
2. At all material times the Plaintiff was a patient under the care of the 2nd Defendant's servants or agents at its hospital known as Chrissie Tomlinson Memorial Hospital (now known as Doctors Hospital) ("Hospital"). At all material times the 2nd Defendant was charged with responsibility for the operation, management and administration of the Hospital, and was at all material times the employer of medical, nursing, and other staff at the Hospital.
3. The 1st Defendant was, at all material times, a doctor employed by the 2nd Defendant, who was responsible for the care of the Plaintiff upon her presentation at the Hospital on 22 July 2018, and until her initial discharge from the Hospital on 23 July 2018.
4. At all material times, the doctors, nurses and other staff were servants or agents of the 2nd Defendant, acting in the course of their employment in the management, treatment and care of the Plaintiff throughout the events more particularised hereafter.
5. At around 2000 hours on 22 July 2018 the Plaintiff presented at the Hospital with progressively severe abdominal pain, associated with vomiting, nausea, and anorexia.
6. The significant events in the management, treatment and care of the Plaintiff were as follows:
 - 6.1 The Plaintiff had an initial consultation with the 1st Defendant upon arrival at the Hospital and had blood drawn for analysis;
 - 6.2 At 0145 hours on 23 July 2018 the 1st Defendant reviewed the results of blood tests and observed a marked elevation of the inflammatory markers (White Blood Cell Count at 16.7 and a neutrophil count at 82%) indicating infection;
 - 6.3 Upon the instructions of the 1st Defendant:
 - 6.3.1 The Plaintiff was given morphine 5% infusion intravenously over around 2 hours;

- 6.3.2 A dipstick test was performed on the Plaintiff's urine, which was negative for bacteria;
- 6.3.3 The Plaintiff continued to report ongoing pain in her lower right abdomen and was discharged home.
- 6.4 At or around 1900 on 23 July 2018, the Plaintiff re-presented at the Hospital as an emergency, reporting continued pain, and was seen by Dr Sidney Ebanks ("Dr Ebanks") who assessed the Plaintiff as having acute appendicitis and dehydration. Dr Ebanks ordered further blood tests, a CT scan, IV fluids and IV analgesia;
- 6.5 Upon receipt of the blood test results, Dr Ebanks noted that they confirmed elevated inflammatory markers indicating infection;
- 6.6 At 1930 hours on 23 July 2018, a CT examination was performed which was confirmatory of acute appendicitis. Fat stranding around a thickened appendix was observed. There was no suggestion of any fluid accumulation and adjacent small bowel loops were largely normal, indicating that the appendix had not yet perforated;
- 6.7 At 2245 hours on 23 July 2018 the Plaintiff was admitted to a ward;
- 6.8 At 0845 hours on 24 July 2018 a surgeon, Dr Darley Solomon ("Dr Solomon"), consulted with the Plaintiff;
- 6.9 At 1100 hours on 24 July 2018 anaesthesia was commenced in preparation for surgery for an appendicectomy;
- 6.10 Upon subsequent laproscopic inspection of the peritoneal cavity, pus was discovered in the lower right quadrant with a densely adherent omentum. It was decided to convert the laproscopic procedure into an open operation through a lower midline incision;
- 6.11 Upon open operation, a gangrenous appendix was observed, with a significant perforation, which was releasing copious amounts of pus into the peritoneal cavity;
- 6.12 An appendicectomy and thorough peritoneal lavage ("Surgery") was performed. Drains were placed and the abdomen was closed;

- 6.13 At 1115 hours on 24 July 2018, during the Surgery, the Plaintiff received her first antibiotics, Flagyl IV. At 1200 hours on 24 July 2018, the Plaintiff received Cephalosporin IV;
- 6.14 Following the Surgery, the Plaintiff received heavy antibiotic treatment and received a central line insertion with intropo support;
- 6.15 The Plaintiff developed an infected wound ("Wound").
- 6.16 On 29 July 2018 the Wound was dehisced.
- 6.17 The Plaintiff remained as an in-patient at the Hospital until her discharge on 6 August 2018;
- 6.18 On 21 August 2018, the Plaintiff again attended the Hospital with an infected Wound with pseudomonas. The Wound was debrided by Dr Solomon.
- 6.19 Subsequent to the Plaintiff's discharge, the Wound was treated using vacuum dressing and was reasonably consolidated in late September 2018;
- 6.20 On 26 September 2018, the Plaintiff attended the Hospital for revision of the Wound by Dr Solomon. The Plaintiff was discharged from the Hospital at around 7pm.
- 6.21 Later on 26 September 2018 the Plaintiff attended the Cayman Islands Hospital, the Health Services Authority's facility in George Town, as an emergency due to complications with the earlier surgery at the Hospital, and received treatment. She was in shock and was found to have a large subcutaneous haematoma, and a likely combination of hypovolaemia and sepsis.
- 6.22 On 27 September 2018, the Plaintiff was transferred from the Cayman Islands Hospital to the Hospital for surgical management of post-operative haematoma/abscess by Dr Solomon.
- 6.23 On 9 October 2018, a further dehiscence of the Wound was performed at the Hospital;
- 6.24 On or around the end of December 2018, the Wound healed, following a further long period of vacuum dressings;

- 6.25 In or before February 2020, the Plaintiff developed a complex lower abdominal ventral hernia in the centre of her scar area;
- 6.26 On 27 August 2020, Doctor Zoltan Szucs performed a ventral hernia repair and abdominoplasty, upon which he discovered an epigastric hernia, and intestinal, peritoneal, and omental adhesions. This surgery was complicated by significant lower abdominal skin and subcutaneous tissue scarring resulting from the Wound;
- 6.27 On or around 25 November 2020, the Plaintiff's further wound from the hernia repair healed. She continues to suffer abdominal pain.
- 7 In breach of the Defendants' duty to exercise reasonable care, skill and diligence in the performance of their duties, the care of the Plaintiff was undertaken negligently by the 1st Defendant and/or other servants or agents of the 2nd Defendant.
- 8 As a consequence of the Defendants' negligence, the Plaintiff suffered a gangrenous, perforated appendix, which required an open surgery appendicectomy rather than a laproscopic procedure, and significant post-operative complications. The Plaintiff suffered pain, injury, loss, and damage.

Particulars of Negligence of the 1st Defendant

- 8.1 Failure to factor in the result of the dipstick test when attempting diagnosis of the Plaintiff and failure to attempt differential diagnosis;
- 8.2 Failure to reassess the Plaintiff after administration of morphine when the Plaintiff called attention to pain in her right iliac fossa;
- 8.3 Failure to order a CT scan;
- 8.4 Failure to suspect the possibility of appendicitis on clinical grounds;
- 8.5 Failure to assess, reassess, investigate, and treat the Plaintiff appropriately;
- 8.6 Discharge of the Plaintiff despite clear indications of serious septic illness;
- 8.7 Failure to provide antibiotic cover.

Particulars of Negligence of the 2nd Defendant

9. The 2nd Defendant is vicariously liable to the Plaintiff for any injury, loss or damage caused to the Plaintiff as a result of the negligence of its employees who:
 - 9.1 Mismanaged the treatment of the Plaintiff upon her first presentation at Hospital;
 - 9.2 Failed promptly to admit the Plaintiff to a ward following confirmation of acute appendicitis by CT scan;
 - 9.3 Failed promptly to refer the Plaintiff for surgical consult following confirmation of acute appendicitis by CT scan, and/or failed promptly to make a surgeon available to the Plaintiff;
 - 9.4 Failed promptly to prepare the Plaintiff for surgery;
 - 9.5 Failed promptly to perform surgery;
 - 9.6 Failed to administer antibiotic cover prior to commencement of surgery.

10. The Plaintiff repeats the particulars of negligence against the 1st Defendant above, as against the 2nd Defendant.

Particulars of Injury

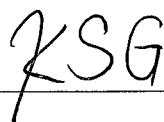
11. By reason of the aforesaid, the Plaintiff was caused injury, pain, suffering, and loss of amenity:
 - 11.1 A perforated, gangrenous appendix;
 - 11.2 Pus and organisms in the peritoneal cavity and a state of generalised peritonitis;
 - 11.3 Need for laproscopic surgery to be converted to open surgery;
 - 11.4 Resulting repeated Wound infection;
 - 11.5 Wound dehiscence;
 - 11.6 Need for 3 further surgeries on the Wound;
 - 11.7 Delayed recovery period;
 - 11.8 A long period of vacuum dressing;
 - 11.9 A lower abdominal ventral hernia and epigastric hernia;
 - 11.10 Further surgery to repair the ventral hernia with a recovery period of more than eight weeks;
 - 11.11 Continued abdominal pain.

Particulars of Special Damages

12. The Plaintiff's particulars of special damages will be supplied at a later date by way of a schedule of loss including but not limited to past and future claims for the cost of medical treatment, loss of earnings, travel and gratuitous care.

AND THE PLAINTIFF CLAIMS:

- (a) General damages;
- (b) Special damages;
- (c) Interest on general damages and special damages pursuant to the provisions of the Judicature Law (2017) Revision;
- (d) Such further or other relief as this Honourable Court deems just;
- (e) Costs.



KSG

Attorneys for the Plaintiff

**DIRECTIONS FOR ACKNOWLEDGMENT OF SERVICE
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 "Statement of Claim" appear on the top of page 2), the Defence must be served within 14 days after the time for acknowledging service of the Writ, unless in the meantime a summons for judgment is served on the Defendant.

If the Statement of Claim is not indorsed on the Writ, the Defence need not be served until 14 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 judgment 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 installments or otherwise.

See over for notes for guidance

Please complete overleaf

Notes for Guidance

1. Each Defendant (if there are 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 14 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 (.....)" after his name.
6. Where the Defendant is a LIMITED COMPANY the form must be completed by an Attorney or by someone authorised 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 communications for him should be sent. In the case of a limited company, "residence" means its registered or principal office.

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

KSG
Attorneys at Law
4th Floor Harbour Centre
42 North Church Street
PO Box 2255 KY1-1107
George Town
Grand Cayman

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

[Empty box for defendant's Attorney endorsement]