CURRICULUM VITAE

P S VEITCH MB.BS., B.Med.Sci., FRCS

Summary

I have been an NHS consultant in general surgery and renal transplantation for 31 years. My work in the field of renal transplantation led to a Silver Award by Advisory Committee on Clinical Excellence.

I graduated with honours from Newcastle University and obtained my FRCS in 1977. In 1978 I obtained a Welcome Surgical Fellowship. The majority of my surgical training was then completed in the North East of England. I was appointed as a Senior Lecturer in Surgery in Leicester in 1982 then as an NHS consultant surgeon there in 1986.

During 19 years of consultant practice in Leicester I developed an interest in laparoscopic and upper GI surgery as well as renal transplantation. I was on call for the general surgical take in the Leicester General Hospital for 15 years.

I moved as a consultant to the Royal Free Hospital in London in 2005 to help set up the laparoscopic unit there as well as to develop the renal transplant program. I also continued with my upper GI practice.

I was invited to move to my current position as a consultant surgeon at the City Hospital in Belfast to help develop their live donor renal transplant program.

I have wide experience of mentoring consultant surgical colleagues in laparoscopic, renal, upper GI and endocrine procedures both within and outside of the UK.

I have published widely in peer-reviewed journals on topics related to general surgery, laparoscopic surgery, upper GI surgery and renal transplantation. I am an invited author on the general principles of laparoscopic surgery in the current edition of Kirk's Textbook of Operative Surgery and have contributed a number of other book chapters on aspects of renal failure surgery.

I have occupied positions as Head of Service in two major NHS Trusts. I was Associate Director of Clinical Studies at the University of Leicester.

I am a member of the Association of Surgeons of Great Britain and Ireland, the Association of Laparoscopic Surgeons, the Association of Upper GI surgeons and the British and International Transplantation Societies.

I am a past President of the Midland Gastroenterological Society and have served on the Council of the British Transplantation Society and the Chapter of Surgeons of that Society.

I have approximately 10 years experience of medico-legal work. My current practice split is approximately 70/30 Claimant to Defendant respectively.

I produce approximately 30 reports per year. I have appeared at the Royal Courts of Justice to give expert evidence on a number of occasions.

I am aware of my responsibilities to the court under Rule 35 of the Civil Procedure Rules and the relevant Practice Direction. I am also aware of the tests of proof necessary to succeed in a claim for breach of duty.

My medico-legal practice is based in both London and Belfast.

CURRICULUM VITAE

Name:	Mr Peter Scott Veitch
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Date of Birth:	19.05.1948
Nationality:	British
Telephone:	Mobile: 0044 781 794 5198
E-Mail Address:	peter.veitch@nhs.net
Qualifications:	MBBS.,B.Med.Sci.,FRCS
GMC Registration No.	1552625 – Date of Registration 1st August 1973 Revalidation – August 2016
Protection Society:	Medical Defence Union
Medical School:	University of Newcastle Upon Tyne Bachelor of Medicine, Bachelor of Surgery 1972 Bachelor of Medical Science 1972 Fellowship of The Royal College of Surgeons, England 1977

Academic Distinctions and Awards:	Advisory Committee on Clinical Excellence Awards – Silver Award - October 2004
	President of the Midlands Gastroenterological Society – 2001/02
	Welcome Surgical Fellow – 1978
	Bachelor of Medical Science – Honours Class II – Division I - 1972
University Appointments:	Honorary Senior Lecturer in Surgery 1986 Associate Director of Clinical Studies 1993
Membership of Learned Societies:	Member of the Transplantation Society Member of the International Transplantation Society Council member of the Chapter of Surgeons Member of the Association of Laparoscopic Surgeons Member of the Association of Surgeons of Great Britain and Ireland Member of the Association of Upper Gastro-Intestinal Surgeons
Present Appointment	Consultant General Surgeon with an interest in Renal Failure Surgery and Transplantation – Belfast City Hospital Appointed April 2012
Immediate Previous Appointment	Consultant General Surgeon with an interest in Laparoscopic surgery and Renal Failure Surgery – Royal Free Hampstead NHS Trust. Appointed June 2005.
Accredited Specialities	Renal Transplantation and Upper GI Surgery
Previous Appointments:	
House Officer Posts:	
August 1972 – July 1973	House Physician to Dr D M Davies Shotley Bridge General Hospital
	House Surgeon to Mr G H Dunstone Dryburn Hospital – Durham
Demonstrator In Anatomy	
August 1973 – July 1974	Department of Anatomy Professor J J Owen University of Newcastle Upon Tyne
Senior House Officer Rotation	
August 1974 – January 1975	Professorial Surgical Unit & Intensive Therapy Unit Royal Victoria Infirmary Newcastle Upon Tyne

Registrar Rotation

February 1975– January 1978	Accident Room – Mr M A Leonard Royal Victoria Infirmary – Newcastle Upon Tyne
	Orthopaedic Surgery – Mr G D Stainsby Royal Victoria Infirmary – Newcastle Upon Tyne
	Urology – Professor W K Yeates Newcastle General Hospital
	Plastic Surgery – Mr T A Piggott Newcastle General Hospital
	General Surgery – Mr L B Fleming Royal Victoria Infirmary – Newcastle Upon Tyne

Senior Research Associate & Welcome Fellow

February 1978 – January 1980	Department of Surgery – Professor I J Johnston University of Newcastle Upon Tyne

General Surgical Senior Registrar rotating through First Assistantship in Transplantation

February 1980 – December 1981	Professorial Surgical Unit and Transplant Unit – Mr R M R Taylor Royal Victoria Infirmary – Newcastle Upon Tyne

Consultant Appointments

January 1982 – December 1986	Senior Lecturer in Surgery and Honorary Consultant Surgeon – University of Leicester – Leicester General Hospital
December 1986 – May 2005	Consultant Surgeon with an interest in Transplantation and Upper Gastrointestinal Surgery – University Hospital of Leicester NHS Trust

CLINICAL EXPERIENCE:

Renal Transplantation

I have personally performed over 800 operations for renal transplantation and I have been involved in the management of over 1,200 renal transplant recipients. I am fully conversant with the evaluation of potential renal transplant recipients.

Operatively, I have experienced a very low level of graft loss either due to vascular thrombosis (<1%) or ureteric complications (<1%). This data is based on audited results.

I have a good working knowledge of the theory and practice of clinical immunosuppression and I am fully conversant with the safe use of a wide variety of immunosuppressive drugs in both rejection prophylaxis and in the treatment of acute and chronic rejection.

I have experience of re-operations particularly for vascular and ureteric problems. Although re-operative surgery is technically difficult, I have established a good track record in this area. I am able to perform graft nephrectomy safely in acute and chronic situations.

Organ Donation

I am fully familiar with the management of potential organ donors.

I have performed over 250 retrievals for organ donation both from multi-organ donors and kidney only donors. I have a very low incidence of organ damage during retrieval and I am fully familiar with bench surgery for the repair of vascular damage in retrieved organs.

In 1991 I initiated a programme for the retrieval of organs from non-heart beating organ donors. These were mainly from the Accident & Emergency Department.

Initially the results of transplantation from non-heart beating donors were treated with a degree of scepticism within the transplant community. However published work from my own unit and other units has lead to the widespread adoption of this technique.

This now figures in the forefront of the Department of Health's Strategy for expanding the potential organ donor pool.

More recently I have been involved in the development of Laparoscopic Nephrectomy for living kidney donors and I was the first surgeon in the UK to use this technique.

The concept behind offering the laparoscopic approach is to try to reduce disincentives to organ donation amongst potential recipient families. This work was conducted collaboratively.

The initial Leicester programme was extremely successful performing over 100 laparoscopic living related donor nephrectomies with only one conversion.

In a randomised controlled trial, we have demonstrated a reduction in hospital stay, a reduction in postoperative pain and an early return to work for laparoscopic donors.

I have now established similar programmes at the Royal Free Hospital and at Belfast City Hospital. Our results from these two units continue to be successful.

Surgical Support to the Renal Failure Programme

I have a major commitment to renal failure surgery. This includes the provision of a vascular access service and a laparoscopic peritoneal access service.

I am fully competent in all forms of fistula formation including the use of prosthetic grafts. I am also able to provide a service for the laparoscopic insertion of CAPD catheters.

Renal failure patients also present with a number of other surgical challenges. I have wide experience in parathyroidectomy for tertiary hyperparathyroidism. I have also performed a large number of general surgical procedures in the renal failure population.

Service Development

I was heavily involved with the development of surgical services for the renal failure population in Leicester and I have had spells as Head of Service for that transplant unit. The specific service developments that I had a major role in leading included:

- 1982 Initiated a multidisciplinary team approach to increase the number of patients eligible for transplantation.

- 1991 Initiated Non-Heart Beating Organ Donor Programme

- 1991 Developed Purpose Built Transplant Laboratory for tissue typing, cytotoixc cross matching and drug level monitoring.

- 1996 Member of a Three Man Working Party of the British Transplantation Society looking into problems in organ donation across the UK.

- 1998 Co-Developed Laparoscopic living donor service with Professor Mike Nicholson.

- 2002 Co-Developed Purpose built Transplant Unit for the Leicester General Hospital

- 2003 Contributed to Expert Reference Group for Renal National Service Framework

Upon moving to the Royal Free I was initially appointed as Head of Service for both the renal and liver transplant units. During my last 5 years there I was responsible for the following developments.

- Laparoscopic donor nephrectomy programme – designed to reduce disincentives for donors by reducing length of stay, time off work and post-operative pain – Over 200 laparoscopic nephrectomies performed with minimal morbidity.

- Commissioned the first Royal Free "State of the Art" integrated laparoscopic theatre – designed to bring the Royal Free into the laparoscopic age.

- Expansion of both the live donor and cadaver donor renal transplant programmes, running from 40 to 50 grafts per year upon appointment. Increased to 90 to 100 grafts per annum.

- Introduction of ABO mismatched renal transplants. Conventionally transplantation across an ABO blood group mismatch has always been viewed as a major contraindication. With the ABO mismatch programme we were successful in transplanting a number of mismatched pairs.

- Improving vascular access service. Vascular access is vital for haemodialysis patients. Inefficiencies in this area increase inpatient episodes and compromise patient safety. The improved access service provided an effective patient pathway with a rapid access through a dedicated clinic and theatre lists.

- Providing a comprehensive programme for renal failure surgery. Renal failure patients require a number of surgical interventions in addition to simple access surgery. The Unit now provides a comprehensive service for all endocrine, gastrointestinal and urological problems for renal patients.

- Expanding theatre provision for renal failure surgery. This provision was increased from 3 to 7.5 lists per week to cope with demand.

- Improving patient and graft survival. Independently audited data (UK Blood and Transplant) show a yearly improvement in our transplant patient and graft survival.

- Audit and quality care. The Unit established a rolling programme of audit in the following areas:

  Renal transplant outcomes
  Vascular Access outcomes
  Peritoneal access outcomes
  Laparoscopic nephrectomy outcomes

Upper Gastro-Intestinal (GI) Cancer Surgery

I had a flourishing upper GI cancer practice for over 15 years in Leicester. I was Lead Clinician for Upper GI Cancer at the Leicester General Hospital. I normally saw between 80-100 new referrals per year of which 40-50% were resectable.

The prevalence in malignancy in this anatomical area is slowly changing and latterly I had more oesophageal rather than gastric resections, mainly for carcinoma of the cardia. I am fully familiar with open 2-stage and 3-stage resections together with trans-hiatal and thoracoscopic resections. I have also published on the latter technique.

My personal operative mortality for major resections in this area has averaged 6%. This approaches CEPOD recommendations and certainly falls well within accepted norms published by other units around the United Kingdom.

Benign Upper GI Disease

In Leicester I had a busy practice for benign gastro-oesophageal disease, which continued in London. This was mainly laparoscopic.

In gastro-oesophageal reflux disease, I am fully familiar with the selection criteria of patients for surgery. I practice a number of mainly laparoscopic approaches to operative management and this includes the procedures of Nissen Fundoplication, Toupet Fundoplication and the Watson procedure.

I have audited my results in over 250 patients undergoing this form of surgery. I have a low incidence of dysphagia and gas bloat syndrome and my rate for re-operative surgery is < 2%. To date I have had no mortality and minimal co-morbidity for these patients. I have a conversion rate of <1%.

I have been keen to manage other benign upper GI conditions laparoscopically. I saw approximately 10 cases per year of achalasia and I managed all of these with the technique of laparoscopic seromyotomy. I also saw a number of patients with small gastro-intestinal stromal tumours, which were suitable for either thoracoscopic or laparoscopic removal.

Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

I have personally performed over 1,000 ERCPs with approximately half being therapeutic. This service has proved very effective for patients who were suspected of having bile duct stones who required laparoscopic cholecystectomy. I was also able to provide a service for the palliative stenting of patients with malignant bile duct strictures.

I have a very high success rate in selective cannulation and a very low morbidity and mortality rate for therapeutic procedures.

Upper Gastro-Intestinal Endoscopy

I am capable of providing a comprehensive service for diagnostic and therapeutic upper GI endoscopy with experience in over 3,000 cases. My practice in this area had a number of facets with most of the work being therapeutic. This included:

- The endoscopic palliation of malignant oesophageal strictures using a variety of techniques including self-expanding stents, argon beam ablation and injections.

- The control of upper GI haemorrhage using banding and injection sclerotherapy of varices as well as injection and clipping techniques for arterial bleeds

- Submucosal resection for carcinoma in-situ and endoscopic polypectomy for benign lesions.

General Surgery

In the past I have been a busy General Surgeon. I took part in the general surgical take until 1999 on a 1 in 5 rota. This exposed me to almost all of the acute emergencies in general surgery.

Specifically, I have wide experience of some of the more difficult aspects of emergency work. In the upper GI tract I can confidently manage Boerhaave syndrome. I have wide experience in the control of upper GI haemorrhage both endoscopic and operative. In vascular surgery I can manage ruptured aortic aneurysm. I can confidently manage liver trauma.

In the lower GI tract, I can manage all forms of colonic pathology. This includes major colonic sepsis, cases of obstruction and perforation. The vast majority of this experience is operative but I also have experience of stenting for management of the low obstructing colonic tumour.

As far as non-emergency work is concerned, again I have wide experience in almost all areas of elective general surgery.

In addition to my upper gastro-intestinal experience as detailed above I still maintain a laparoscopic biliary practice. I have personally performed over 400 laparoscopic cholecystectomies with a very low conversion rate of <3%. I am competent in the techniques of laparoscopic bile duct exploration and in the use of intra-operative ultrasound in the evaluation of liver, gastric and pancreatic malignancy.

I have performed a large number of laparoscopic procedures for adhesiolysis as well as laparoscopic appendicectomy.

I have limited experience of laparoscopic colectomy. In Urology, I have performed laparoscopic nephrectomy for malignant disease.

I am also adept at laparoscopic adrenalectomy for functioning and non-functioning tumours.

I have wide experience of open surgery for hernia including massive hiatal and the commoner body wall hernias.

In the neck, I have wide experience of thyroidectomy, parathyroidectomy, conservative parotidectomy and tracheostomy.

While increasing specialisation has directed my practice away from the generality of surgery and towards the laparoscopic and the upper GI tract, I still have wide experience in other major areas such as hepato-biliary, pancreatic, colo-rectal, vascular and some aspects of urology.

Managerial Experience:

Previously I have spent periods as Head of Service for the Leicester General Hospital Transplant Unit. and the Royal Free Transplant Unit. This involved the management of clinical staff and transplant coordinators as well as a number of other personnel.

I was appointed as an Associate Director of Clinical Studies in 1998. My remit was to manage and deliver Phase II of the Leicester Warwick Undergraduate Curriculum at the Leicester General Hospital.

Specifically this involved the management of the undergraduate centre at the Leicester General Hospital.

Ex-officio I was a member of a number of standing boards, including the Board of Faculty, Phase II Management Group and Clinical Examination Management Group.

I was directly responsible for the delivery of parts of the undergraduate programme including the Junior Academic Half-Day and the organization of the Intermediate Clinical Examinations and the Final Professional Examinations at the Leicester General Hospital.

Research and Publications

My research has been clinically based and collaborative in the main. I have published widely in the areas of renal transplantation, organ donation and renal failure surgery.

I also have a significant number of publications in a variety of areas in general surgery. I have been successful in attracting grant funding for research on two occasions. I have supervised three MD theses and I have also examined a number of theses. I have written two book chapters on vascular and peritoneal access and have just completed a chapter of the basics of laparoscopic surgery.

My main research area has been in the development of techniques to increase the availability of kidneys for transplantation.

Traditionally renal transplantation has relied on kidneys retrieved from brain dead donors, usually individuals who have died from cerebral trauma or intra-cerebral bleed. There are demographic trends that impact on the availability of these conventional donors. Year on year the number of traditional organ donors is declining and the transplant community for some while has realized that alternative strategies were required.

Two promising areas are non-heart beating organ donation and living donors.

Our research suggested that there were a significant number of young to middle aged individuals dying in the accident and emergency departments each year. The main problem in bringing some of these deaths to organ donation was buying time while relatives were contacted and their views on organ donation established.

The technique of in-situ cooling with a double balloon catheter was available which we utilised.

This was followed by retrieval after consent. The transplant community was very sceptical at first about our program, which commenced in 1992. The kidneys were thought to be marginal at best. Subsequently through a number of studies, we have shown that graft survival from these kidneys can be almost as good as kidneys from cadaver donors with an acceptable primary non-function rate.

Regarding laparoscopic living donors, we had to prove to ourselves, and the rest of the transplant community in the UK, that this complex laparoscopic technique could be undertaken safely and that there would be no transfer of morbidity from the donor to the recipient.

Professor Mike Nicholson and I both felt that we had the appropriate laparoscopic skills. The programme was established in 1998. Subsequently through a randomised controlled clinical trial, we have been able to demonstrate that the organ quality is as good from laparoscopic donors as from open donors but that postoperative pain, in-hospital stay and return to work is better.

Continuing Medical Education (CME)

I am a strong believer in the importance of CME. I can confirm that as far as my transplant activities and my upper GI practice is concerned, I have been a regular attendee at key meetings and I partake actively in internal and external audit.

I have helped organise a number of national and international meetings. Recently as a member of the Council of the Chapter of Surgeons of the British Transplant Society I organised a meeting on the impact of laparoscopic surgery in transplantation.

Undergraduate Education

I have been intimately involved in undergraduate education throughout my career and particularly so when I was appointed Associate Director of Clinical Studies to the Faculty of Medicine in Leicester in 1993.

In addition to teaching on normal student attachments, I taught in Phase I on The Basic Science Modules and in Phase II on the Junior Academic Half Day and on the Introductory Clinical Course.

In addition to teaching, I also had a pastoral role for students who were experiencing either academic or personal difficulties.

Latterly I had a role in overseeing the quality of teaching delivered by other consultant colleagues. I regularly organized seminars within the hospital for students and these covered a wide variety of topics. I personally organized a crammer course for Final Year students leading up to their final professional examination.

I have been an External Examiner to the Royal Free Medical School.

I was recently External Examiner to the Hull York Medical School.

Postgraduate Teaching

I have been a regular tutor on the Royal College of Surgeons, Laparoscopic Teaching Days, both at the College itself and also within our local teaching unit. I have also contributed to College teaching days via a live video link from my own theatre.

In the main, this has been to demonstrate techniques of safe access to the peritoneum and a safe approach to laparoscopic cholecystectomy.

I have had the pleasure of training a large number of Senior Registrars and Specialist Registrars both in renal transplantation and in upper gastrointestinal surgery. Many of these individuals now occupy senior consultant posts in UK centres.

Mentoring in Laparoscopic Surgery

Latterly I have been mentoring a number of consultant surgeons both internationally and within the UK in complex laparoscopic surgery particularly in the operations of nephrectomy, adrenalectomy and splenectomy.

In the Royal Free unit I mentored four consultant colleagues in the above procedures to the point at which they are now fully independent.

In the Coventry unit I mentored two consultant colleagues and they are now also fully independent.

I am currently mentoring three consultant colleagues in the Belfast unit in laparoscopic nephrectomy and parathyroid surgery.

In Cape Town, over three extended visits, I mentored three other consultant surgeons.

Medico-legal Practice

I started my medico-legal practice in 2005 as a medical expert.

I now have a wide experience of cases involving general surgery, upper GI surgery, endocrine surgery, renal failure surgery and renal transplantation.

The majority of these have arisen through instructions on patients bringing claims for personal injury against hospital trusts or individual practitioners.

On fewer occasions the defending team has instructed me.

I am fully familiar with the preparation and submission of reports on breach of duty and causation as well as condition and prognosis.

I am aware of the legal interpretation of “duty of care” and how that has evolved through the concept of the “Bolam test” and the “Bolitho case” and latterly “Montgomery”.

I am also aware of the Court rules in relation to expert’s reports contained in Part 35 of the Civil Procedure Rules.

In April 2010 I attended a one-day medico-legal expert witness course in London. In 2017 I attended a further one-day course in Dublin

I have appeared before the Royal Court of Justice in the Strand to give evidence as an expert witness on more than one occasion.

I have also been instructed by the General Medical Council (UK) to advise as an expert witness in cases involving investigations into professional competence.

Currently I deal with approximately 30-35 cases per year.

PUBLICATIONS

1: Caplin B, Nitsch D, Gill H, Hoefield R, Blackwell S, MacKenzie D, Cooper JA,Middleton RJ, Talmud PJ, Veitch P, Norman J, Wheeler DC, Leiper JM. Circulating methylarginine levels and the decline in renal function in patients with chronic kidney disease are modulated by DDAH1 polymorphisms. Kidney Int.2010 Mar;77(5):459-67. Epub 2009 Dec 9. PubMed PMID: 20010544.

2: Nicholson ML, Kaushik M, Lewis GR, Brook NR, Bagul A, Kay MD, Harper SJ,Elwell R, Veitch PS. Randomized clinical trial of laparoscopic versus open donor nephrectomy. Br J Surg. 2010 Jan; 97(1):21-8. PubMed PMID: 19937983.

3: Barlow AD, Metcalfe MS, Johari Y, Elwell R, Veitch PS, Nicholson ML. Case-matched comparison of long-term results of non-heart beating and heart-beating donor renal transplants. Br J Surg. 2009 Jun; 96(6):685-91. PubMed PMID: 19434702.

4: Veitch PS, Mahendran AO. A total ischemia time of >24 h does not preclude transplantation of kidneys from non-heartbeating donors. Nat Clin Pract Nephrol. 2007 Nov; 3(11):600-1. Epub 2007 Sep 11. PubMed PMID: 17848927.

5: Williams EJ, Taylor S, Fairclough P, Hamlyn A, Logan RF, Martin D, Riley SA, Veitch P, Wilkinson ML, Williamson PR, Lombard M. Risk factors for complication following ERCP; results of a large-scale, prospective multi center study. Endoscopy. 2007 Sep;39(9):793-801. PubMed PMID: 17703388.

6: Mahendran AO, Veitch PS. Paired exchange programmes can expand the live kidney donor pool. Br J Surg. 2007 Jun;94(6):657-64. Review. PubMed PMID: 17514699.

7: Khalifa M, Burns A, Veitch P. Renal artery aneurysm in a cadaveric kidney transplantation. Nephrol Dial Transplant. 2007 Apr; 22(4):1261-2. Epub 2007 Jan18. PubMed PMID: 17234665.

9: Williams EJ, Taylor S, Fairclough P, Hamlyn A, Logan RF, Martin D, Riley SA, Veitch P, Wilkinson M, Williamson PJ, Lombard M; BSG Audit of ERCP. Are we meeting the standards set for endoscopy? Results of a large-scale prospective survey of endoscopic retrograde cholangio-pancreatography practice. Gut. 2007Jun; 56(6):821-9. Epub 2006 Dec 4. PubMed PMID: 17145737; PubMed Central PMCID: PMC1954883.

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12: Saunders RN, Veitch PS, Nicholson ML. Pneumoperitoneum in CAPD peritonitis. JR Soc Med. 2004 Jan;97(1):28-9. PubMed PMID: 14702363; PubMed Central PMCID: PMC1079264.

13: Brook NR, White SA, Waller JR, Veitch PS, Nicholson ML. Non-heart beating donor kidneys with delayed graft function have superior graft survival compared with conventional heart-beating donor kidneys that develop delayed graft function. Am J Transplant. 2003 May; 3(5):614-8. PubMed PMID: 12752318.

14: Waller JR, Hiley AL, Mullin EJ, Veitch PS, Nicholson ML. Living kidney donation: a comparison of laparoscopic and conventional open operations. Postgrad Med J. 2002 Mar; 78(917):153-7. PubMed PMID: 11884697; PubMed Central PMCID: PMC1742295.

15: Sutton CD, White SA, Marshall LJ, Berry DP, Veitch PS. Endoscopic-assisted intrathoracic oesophagogastrostomy without thoracotomy for tumours of the lower oesophagus and cardia. Eur J Surg Oncol. 2002 Feb;28(1):46-8. PubMed PMID:11869013.

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20: Nicholson ML, Metcalfe MS, White SA, Waller JR, Doughman TM, Horsburgh T, Feehally J, Carr SJ, Veitch PS. A comparison of the results of renal transplantation from non-heart-beating, conventional cadaveric, and living donors. Kidney Int. 2000 Dec;58(6):2585-91. Erratum in: Kidney Int 2001 Feb;59(2):821. PubMed PMID: 11115095.

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29: Briggs JD, Crombie A, Fabre J, Major E, Thorogood J, Veitch PS. Organ donation in the UK: A survey by a British Transplantation Society working party. Nephrol Dial Transplant. 1997 Nov;12(11):2251-7. PubMed PMID: 9394307.

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