



MR JOHN BIDDLE

OPERATING DEPARTMENT PRACTITIONER & SURGICAL FIRST ASSISTANT

DIPHE, ASP, BSS

ICO NO: ZB929459

Surgical First Assistant (Freelance)
(2010 - Present)
Clinical Narratives
(2023 - Present)



EXPERT INFORMATION

SPECIALIST AREAS:

- Infection prevention and control
- Aseptic technique
- Surgical site infection management
- Human factors

CASES ACCEPTED:

Claimant age: All

Clinical assessments
Remote assessments
Home visits
Prison visits
Criminal cases
Screening reports
Desktop reports
Family cases



SCAN ME



EXPERT RATIO



CLAIMANT 50%
DEFENDANT 50%



CLIN NEG 50%
PI 50%

Clinical experience (yrs)

20+

0 5 10 15 20

*Annual report from 2024

VENUES:



Consulting Rooms, Birmingham, B15 3EB
Litfield House Medical Centre, Bristol, BS8 3LS
Cathedral Road Clinic, Cardiff, CF11 9JG
The Glen Clinic, Glasgow, G46 8NG
Charterhouse Clinic, London, W1H 2HL
Southampton Venue

FURTHER INFO:

Court experience
Bond Solon trained
Legal aid (LAA)
Personal Injury
Clinical Negligence:
• Causation
• Liability
• Breach of Duty
• Condition & Prognosis



CONTACT

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CASES RELATING TO:


Clinical negligence relating to:

- Anaesthetic related incidents:
 - Failed airway management
 - Unrecognised oesophageal intubation
 - Cerebral hypoxia
 - Intraoperative awareness from anaesthetic practitioner perspective
 - Can't intubate, can't ventilate (CICV)
- Local anaesthetic toxicity including high spinal and local anaesthetic systemic toxicity (LAST)
- Nerve damage arising from intraoperative positioning including:
 - Brachial plexus injury
 - Peroneal nerve palsy
 - Pressure neuropathy
- Grade 1 - 4 pressure injuries linked to prolonged surgery and inadequate skin protection measures
- Complications arising from:
 - Laparoscopic
 - Robotic
 - Cobotic surgery including CO2 gas embolism and positioning injury
- Burns and thermal injury
- Fire hazards associated with alcohol-based skin preparations and ignition sources in theatre
- Theatre environment issues:
 - Failure of laminar flow ventilation
 - Inadequate temperature or humidity control
 - Estates related deficiencies impacting infection control and patient safety
- Retained surgical swabs, instruments and sharps
- Surgical site infection associated with contamination, equipment failure, breaches in aseptic technique and inadequate cross-infection precautions for patients with resistant organisms such as Carbapenem-resistant Enterobacteriaceae (CRE), Vancomycin-resistant Enterococcus (VRE) and Methicillin-resistant Staphylococcus aureus MRS - resistant
- Failure to comply with the World Health Organisation (WHO) safety surgery checklist resulting in wrong site surgery or retained items
- Medication errors including opioid overdose, neuromuscular blockage reversal error, wrong medication administration via intravenous cannula and perioperative anaphylaxis

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- Vascular access complications including:
 - Arterial injury
 - Haematoma
 - Air embolism
 - Catheter related sepsis
 - Infection arising from peripheral or central IV cannulation due to inadequate skin preparation or breach of aseptic technique and inappropriate cannula selection or removal
- Intraosseous (IO) access in emergency anaesthetic or perioperative scenarios including site selection, insertion technique, monitoring and associated complications
- Intraoperative warming and prevention of perioperative hypothermia including use of warming devices, temperature monitoring and active/passive rewarming strategies
- Surgical infiltration and irrigation complications including extravasation injury and local anaesthetic overdose
- DVT prophylaxis and perioperative antithrombotic measures including mechanical and pharmacological approaches
- Operating table attachments and positioning devices contributing to injury or equipment failure, including patient falls or limb entrapment under drapes or in steep Trendelenburg positioning
- Anaesthetic machine checking, maintenance and fault finding failures contributing to adverse outcomes
- Communication and human factors failures contributing to adverse events
- Surgical First Assistant (SFA), including retraction injury, nerve and tissue trauma, haemostasis, diathermy use, wound closure support, the standards of training and supervision defined by PCC, AfPP, and RCoS guidance
- Situations where the surgeon is assisted by individuals who may not have undertaken formal scrub or surgical assisting competencies, increasing the risk of procedural error or patient harm
- Failure to uphold patient dignity and support throughout the perioperative journey, including paediatric care, management of relatives or caregivers, mental health including capacity assessment and perioperative anxiety management considerations and the specific needs of older patients and individuals living with dementia
- Adult and paediatric Covid-19 cases
- Cardiac arrest protocols
- Transfusion practice
- Blood products and cell salvage, used in both practitioner position and the anaesthetist
 - Improper use such as:
 - Lack of training
 - Contamination
 - Filtration using a leucodepletion filters
 - Cross matching errors
 - Transfusion errors leading to harm and death
 - Religious considerations
 - Parents not informed correctly of all the risk of blood products (laid out by NHS Transfusion Services)

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- Obstetric surgery:
 - Scrub/assisting relating to nerve damage
 - Muscular damage
 - Massive haemorrhage
 - Equipment failures
 - Patient harm

Anaesthetics

- Drug errors
- Patient positioning
- Appropriate monitoring

(Non theatre trained staff involved in the patient care midwives, paediatricians which increase the risks of the safe operating of the theatres workflow)

- Dual rolling refers to a situation where a scrub practitioner is expected to assist the surgeon while simultaneously managing and accounting for surgical instruments and consumables. While occasionally necessary due to unforeseen staffing shortages or emergencies, dual rolling must not become routine practice without rigorous oversight, risk assessment and proper documentation
 - Patient Safety Risks: The dual role can compromise both assistance to the surgeon and instrument tracking, increasing the risk of surgical errors or retained instruments
 - Staff Safety and Legal Liability: Practitioners may feel pressured or coerced into dual rolling without support, training, or adequate staffing, which places them at professional and legal risk
 - Surgeon Ambivalence: There is often a lack of engagement or acknowledgement from surgeons regarding the safety implications of dual rolling—until an adverse event occurs
 - Skill mix: Ensure the practitioner is trained and confident in both roles
 - Staff allocation: Evaluate whether there is an opportunity to redistribute roles among available team members to avoid dual rolling
 - Staffing numbers: Assess against recommended levels
 - Fatigue & working hours: Avoid dual roles during late lists or extended shifts
 - Recommendation of appropriate staffing levels laid out by the Association for Perioperative Practice (AfPP) and Royal College of Surgeons (RCoS), which is often ignored or stated that these are 'recommendations' only
- Record keeping should be an accurate, contemporaneous documentation, by theatre practitioners for core components of safe accountable perioperative care. Despite this, there is consistent and widespread issue within many operating departments where scrub practitioners and other theatre staff fail to complete or adequately detail their entries in patient records.

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Personal injury relating to:

- Needlestick injuries and biological exposure incidents within the operating theatre
- Slips, trips and falls in perioperative areas causing fracture or soft tissue injury
- Occupational injuries linked to manual handling, patient transfer and prolonged static postures
- Theatre related environmental hazards including noise-induced hearing loss
- Burns and chemical injury sustained by theatre staff due to equipment or preparation misuse

Mr Biddle has spent 25 years in the theatre of surgery covering the following procedures:

- Orthopaedics
 - Primary joints
 - Revision joints
 - Trauma
 - Spine
 - Extremities
- Urology
 - Endoscopic
 - Laser
 - Holmium Laser Enucleation of the Prostate (HoLEP)
 - Major open (Adrenal gland, cystectomy, prostatectomy urethrolisis)
 - Robotics
 - Laparoscopic
 - Genitourinary
 - Artificial urinary sphincter (AUS)
 - Renal stone (Kidney stones)
 - Penile implants
- Plastics
 - Free flap
 - Micro-surgery
 - Burns
 - Reconstructive
 - Breast trauma
 - Oncoplastic
- Gynaecology
 - Obstetrics
- Vascular
 - Grafting
 - Abdominal Aortic Aneurysm (AAA)
 - Bypass
 - Varicose veins
- ENT/Maxillofacial
 - Fundoscopic
 - Endoscopic
 - Micro-surgery
- Anaesthetics
 - Airway management
 - Difficult airway
 - Emergency management
 - Paediatrics
 - All specialities
 - Fibre optics

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MEDICO LEGAL EXPERIENCE:

Mr Biddle writes independent, clinically grounded expert reports in accordance with the Civil Procedure Rule 35 (CPR 35), specialising in all aspects of perioperative care across the full range of surgical specialities.

His detailed and systematic approach to reports reflect a deep understanding of the entire patient journey, from anaesthetic induction through to post-operative recovery. He offers a comprehensive analysis and commentary on the following: Airway management, resuscitation and emergency protocols, handling and administration of blood products, patient positioning and safety, Electro-biomedical engineering (EBME) equipment use, cell salvage techniques, perioperative equipment safety and compliance.

Each report is meticulously researched and referenced, ensuring clarity, objectivity and alignment with current best practice and legal standards.

Mr Biddle has completed the Bond Solon Expert Report Writing course. He is instructed by both Claimant and Defendant and is happy to opine on causation, breach of duty and liability.

CLINICAL EXPERIENCE:

Mr Biddle is an experienced Operating Department Practitioner (ODP) with over 20 years of expertise across the full spectrum of perioperative care. His career has taken him from Truro in Cornwall to London, working across both NHS and independent hospital settings. His extensive clinical background includes major trauma, emergency and elective obstetrics, paediatrics, robotic and laparoscopic surgery, as well as organ retrieval and transplant.

In addition to his clinical work Mr Biddle has delivered postgraduate education in anaesthetic care at Bournemouth University demonstrating a strong commitment to professional development and the education of future practitioners.

He is also a registered volunteer with UK-MED, a sudden-onset disaster response charity. Through UK-MED's rigorous training programme Mr Biddle has been prepared to deliver care in high-pressure environments, adhering to clinical governance and care standards that often exceed those found in tertiary hospitals.

Mr Biddle is trained in Surgical First Assistant, in line with nationally recognised standards set by the Perioperative Care Collaborative (PCC), the Association for Perioperative Practice (AfPP) and Royal College of Surgeons (RCS) guidance. His role includes safe retraction, tissue handling, haemostasis, wound closure support and working within clearly defined professional and legal boundaries.

Mr Biddle has a career grounded in clinical excellence and continuous learning, that brings depth, precision and compassion to every aspect of perioperative care.

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PUBLICATIONS

Mentorship: The Students Perspective. AfPP publication, Harrogate.

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