

Mr Somnath Banerjee MB.BS, FRCSEd

Consultant Ophthalmologist

Consulting from Leicester Nuffield Hospital Scaptoft Lane Leicester
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Current post Consultant Ophthalmologist/Head Of Service, University Hospitals Leicester
Honorary Senior Clinical Lecturer, University of Leicester

Publications

Extensively published in both Basic Science and Clinical Ophthalmology.

Subspecialist interest in Medical and Surgical Retinal diseases.

Selected Publications:

Banerjee S, Beatty S, Tyagi A, Kirkby G.R.

The Role of ophthalmic triage and the Nurse Practitioner in an Eye dedicated Casualty Department.

Eye 1998 12; 5, 880-882.

Banerjee S, Savant V, Patwardhan A.

Mass photokeratitis following exposure to unprotected ultraviolet light.

J Public Health Med. 2003 Jun; 25(2):160.

Banerjee S, Denniston A, Gibson J.M., Dodson P.M.

Does cardiovascular therapy affect the onset and recurrence of preretinal and vitreous haemorrhage in diabetic eye disease?

Eye. 2004 Aug;18(8):821-5.

Banerjee S, Tyagi A.K, Stannard K.P, Cottrell D.G.

Does Local Anaesthetic Surgery for Retinal Detachment result in missed Fellow Eye Pathology?

Eye. 2005 Apr;19(4):371-4.

S.Banerjee, V.Savant, RA Scott, S.J.Curnow G.R.Wallace,P.I.Murray.

Multiplex bead analysis of vitreous humor of patients with vitreoretinal disorders.

Invest Ophthalmol Vis Sci. 2007 May;48(5):2203-7.

Y.K. Ghosh, **S. Banerjee**, A. Konstantinidis, I Athanasiadis, G.R. Kirkby, A.K. Tyagi

Surgical management of optic disc pit associated maculopathy

Eur J Ophthalmol 2008; 18: 51 – 52

Gregory ME, Bhatt U, Benskin S, **Banerjee S**.

Bilateral full thickness macular holes in association with serpiginous choroiditis.

Ocul Immunol Inflamm. 2009 Sep-Oct;17(5):328-9

Tatham A, **Banerjee S**.

Face-down posturing after macular hole surgery: a meta-analysis.

British Journal of Ophthalmology 2010; 94(5): 626-631

Empeslidis T, **Banerjee S**, Vardarinos A, Konstas AG.

Dexamethasone intravitreal implant for idiopathic retinal vasculitis, aneurysms, and neuroretinitis.

Eur J Ophthalmol. 2013 Sep-Oct;23(5):757-60.

Tsaousis KT, Konidaris VE, **Banerjee S**, Empeslidis T.

Intravitreal aflibercept treatment of retinal angiomatous proliferation: a pilot study and short-term efficacy.

Graefes Arch Clin Exp Ophthalmol. 2015 Apr;253(4):663-5.

Ch'ng SW, Brent AJ, Empeslidis T, Konidaris V, **Banerjee S**. Real-world cost savings demonstrated by switching patients with refractory diabetic macular edema to intravitreal fluocinolone acetonide (Iluvien): a retrospective cost analysis study.

Ophthalmol Ther. 2017 Nov 10 doi: 10.1007/s40123-017-0114-6

Amoaku WM, Ghanchi F, Bailey C, Banerjee S, **Banerjee S**, Downey L, Gale R, Hamilton R, Khunti K, Posner E, Quhill F, Robinson S, Setty R, Sim D, Varma D, Mehta H

Diabetic retinopathy and diabetic macular oedema pathways and management: UK Consensus Working Group.

Eye (Lond). 2020 Jun;34(Suppl 1):1-51. doi: 10.1038/s41433-020-0961-6.PMID: 32504038

Poyser A, Deol SS, Osman L, Sivagnanasithiyar T, Kuht HJ, Manrique R, Okafor LO, Sharpe D, Savant V, Sarodia U, Sarvananthan N, Chaudhuri R, **Banerjee S**, Burns J, Thomas MG.

Impact of COVID-19 pandemic and lockdown on retinal detachments. Eye (Lond). 2021 Aug;35(8):2322-2323.

doi: 10.1038/s41433-020-01137-x. Epub 2020 Aug 18. PMID: 32811997; PMCID: PMC7433272.

*Poyser A, Deol SS, Osman L, Kuht HJ, Sivagnanasithiyar T, Manrique R, Okafor LO, DeSilva I, Sharpe D, Savant V, Sarodia U, Sarvananthan N, Chaudhuri R, **Banerjee S**, Burns J, Thomas MG*

Impact of COVID-19 pandemic and lockdown on eye emergencies.

.Eur J Ophthalmol. 2021 Nov;31(6):2894-2900. doi: 10.1177/1120672120974944. Epub 2020 Nov 19. PMID: 33213198

Medicolegal Work

In all reports I aim to write a detailed comprehensive report with simple explanations of all technical terms. All reports will contain a medical history based on clinical notes and patient's comments, results of my clinical examination and summary of the injuries suffered. This will be followed by a comment on the prognosis and capacity to work and impact on the day to day life of the patient. If requested I will provide my professional opinion on the standard of care provided, negligence etc.

I have been a Consultant Ophthalmologist for 20 years and have been providing medical reports for approximately 12 years, the types of cases include accidents at work leading to visual loss, alleged assault causing eye trauma and clinical negligence relating to intraocular surgery. I have been instructed on the whole by the Claimants solicitors. On an average I have completed 12-15 reports

per annum. I have undergone training in acting as an Expert Witness and Clinical Negligence and have published in the medical literature on the subject of clinical negligence in Ophthalmology.

Training in Expert Witness Work

BMA Medico-legal conference

British Medical Association 08/03/19

‘Medico-legal expert witness report writing course’

British Medical Association 15/11/19

Clinical Negligence Essentials Part 2: The Practical Aspects of being a Clinical Negligence Expert Witness

Bond Solon 19/05/2021

Medico Legal Courtroom Skills Course (Witness Familiarisation)

Bond Solon 08/11/2022

Medicolegal Publications

Lim, C.S., De Silva, I. & **Banerjee, S.** A review of fitness to practise referrals and investigations of ophthalmologists by the General Medical Council in the United Kingdom. *Eye* (2021). <https://doi.org/10.1038/s41433-021-01665-0>

Terms and Conditions

Instructions

I request detailed instructions as to the particular requirements of each report. I will see patients at Nuffield Health, Leicester and would like all written correspondence to be mailed there. If an informal discussion would be helpful I can be reached via my secretary or email.

Clinical Notes/Correspondence

In order to prepare for each consultation I request that all relevant material is made available to me at least two weeks prior to the consultation date. I will keep relevant material for 6 months from my submission of the report after which these will be destroyed.

Consultation

I will arrange to see the client at Nuffield Health Leicester within two weeks of receipt of the clinical notes. If the client is unable to attend the arranged appointment I would expect them to contact me at least 48 hours in advance except in emergencies. In light of restrictions due to the COVID 19 epidemic I am happy to provide virtual consultations. If no contact is made and the client does not attend I will charge the instructing solicitor £399.00 for my preparation time.

Medical Reports

I aim to prepare and send out a complete report within two weeks of the examination of the client. If further tests or information are required then this may lead to a delay and I will inform the instructing solicitor of this as soon as possible.

I will charge £399.00 per hour spent on each case. This would include reviewing the clinical notes/ correspondence, examination of the patient (if required) and preparation of the report. As an estimate time spent on a minor case e.g. work-related injury would take approximately 6 hours while a more complex case e.g. medical negligence could take 12 hours. I would be happy to give an estimate of the time required at the time of receiving instructions.

If an appearance at Court is required I would charge £399.00/hour travelling time, waiting time and time in Court. I would also invoice you for travelling costs.

I expect all invoices to be paid within 3 months of submission of my report and NOT an "end of case" settlement.

Should accounts not be settled within the agreed period, at my discretion, I have the right to charge interest on unpaid accounts at the rate of 2% a month, or part of a month, until full settlement is received.

Please keep me closely informed on the progress of the case. I can probably help in the period before trial, if indeed the matter proceeds to that stage