

IN THE CORONERS COURT  
OF VICTORIA  
AT MELBOURNE

Court Reference: COR 2011/ 3827

**FINDING INTO DEATH WITH INQUEST**

*Form 37 Rule 60(1)*

*Section 67 of the Coroners Act 2008*

**Inquest into the Death of:** Sharon Lee McDonald

Delivered On: 5 December 2012

Delivered At: Level 11, 222 Exhibition Street  
Melbourne 3000

Hearing Dates: 5 December 2012

Findings of: PETER WHITE, CORONER

Police Coronial Support Unit Leading Senior Constable Tracey Ramsey

I, PETER WHITE, Coroner having investigated the death of Sharon Lee McDonald

AND having held an inquest in relation to this death on 5 December 2012  
at Melbourne

find that the identity of the deceased was Sharon Lee McDonald  
born on 10 September 1964

and the death occurred 9 October 2011

at Eastern Health – Angliss Hospital, Upper Ferntree Gully, Victoria

**from:**

1 (a) LARGE INTESTINAL INFARCTION

1 (b) VOLVULUS

CONTRIBUTING FACTORS

DOWN SYNDROME

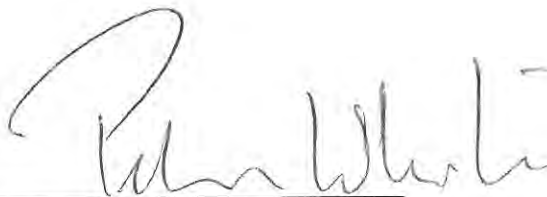
**in the following circumstances:**

1. On 5 December 2012, I delivered my findings in relation to the death of Sharon Lee McDonald. I attach the transcript of the finding as delivered on 5 December 2012.

Pursuant to section 73(1) of the **Coroners Act 2008**, I order that the following not be published on the internet:

Form 37 and attached transcript with finding.

Signature:



PETER WHITE  
CORONER  
Date: 4 June 2014



1 F I N D I N G:

2 THE CORONER: I find that the identity of the deceased was  
3 Sharon Lee McDonald normally resident at 9 Reita Avenue,  
4 Wantirna South.

5 I am satisfied that Ms McDonald died of (1) A large  
6 intestinal infarction, 1(b) volvulus - to which a  
7 contributing factor was her Down Syndrome.

8 Ms McDonald was a 47 year old woman with Down  
9 Syndrome who died of complications of large intestinal  
10 infarction due to volvulus.

11 A review of the Eastern Health Angliss Hospital  
12 medical record reveals that she was admitted to that  
13 hospital on 6 October 2011 with bowel obstruction thought  
14 to be secondary to faecal loading.

15 She had ongoing problems with Megacolon which  
16 required a careful diet of minced food and regular use of  
17 Lactose.

18 According to the Eastern Health Angliss Hospital  
19 records she was diagnosed with an arterial septal defect  
20 in 1990 at the Austin Hospital. There was no surgical  
21 intervention. She was in high level care and was mainly  
22 uncommunicative and was being looked after by several  
23 caregivers in the community.

24 Post-mortem examination revealed volvulus of the  
25 sigmoid and transverse colon with haemorrhagic infarction  
26 of the wall. Approximately 500 mls of haemorrhagic fluid  
27 was found within the peritoneal cavity.

28 There was evidence of congenital heart disease with  
29 a patent arterial septal defect which measured three  
30 centimetres across. As a result, the right arterial  
31 cavity was dilated and the right ventricle wall was

1 thickened. Histological examination of the lung showed  
2 early aspiration pneumonia. There was evidence of severe  
3 pulmonary hypertension. There was no post-mortem  
4 evidence of injury to the upper airway or gullet which  
5 may have been caused by the introduction of the  
6 nasogastric tube.

7 Volvulus is the complete twisting of the loop bowel  
8 around its mesenteric base and produces intestinal  
9 obstruction and infarction of the bowel dying off of  
10 tissue due to lack of blood supply.

11 This lesion occurs most often in large loops of the  
12 sigmoid but can happen elsewhere in the bowel as well.  
13 There was no evidence of adhesions at post-mortem. Due  
14 to the marked distension and infarction of the bowel the  
15 possibility of malrotation of the bowel cannot entirely  
16 be excluded. Volvulus of the bowel is often complicated  
17 by shock and vascular collapse.

18 These are my findings.  
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