# **BRENDA ROWE PRODUCTIONS**

# **INSIDE OUT**

# **Post Production Script**

VISION	T/C	SOUND	MUSIC
TITLE SEQUENCE: Cut from black to green filtered rear LS 3 gowned figures highlighted at end of corridor — light moves along floor to camera light	10:00:00:00		10:00:00 <b>M1</b> Music/FX in
Cut to rear MCU man extreme L – green screen in background – slight pull back as 2 <sup>nd</sup> . person moves L in front of 1 <sup>st</sup> man partially blocking screen	10:00:01:02		
Cut to OOF MCU man starting to move slowly to camera	10:00:02:03		
Cut to slow R pan over large circular lens – green numbers L constantly changing	10:00:02:03		
Cut to rear MCU man standing in front of green screen – start slow zoom in	10:00:03:18		
Cut to MCU 3 men facing into camera $-2$ white lines moving down over shot $-3^{rd}$ moving up	10:00:04:22		
Cut to BCU profile man looking down L – moves slowly down L	10:00:06:17		
Cut to BCU top part of man's face looking to camera	10:00:08:20		
Cut to green computer graphic CU	10:00:10:03		

# cells dividing

Cut to CU man looking R front	10:00:10:16		
Cut to BCU profile man looking down $L-2^{nd}$ man in background OOF turns to first – pull focus on $2^{nd}$	10:00:11:15		
Cut to CU man facing R front – turns to look down R	10:00:12:21		
Cut to BCU hands being pushed into white rubber gloves	10:00:13:11		
Cut to CU man extreme R facing camera – partial CU 2 <sup>nd</sup> man down L – first man moves large lens IV R and holds in front of face	10:00:14:18		
Cut to VBCU eye looking through lens	10:00:15:19		
Cut to green computer graphic with raised caption – reads:  the  Edge  Starts to flash to white	10:00:16:10		
Cut to CU 3 male profiles looking down L – flash builds over faces – flash to white	10:00:18:12		M1 Music out 10:00:19
Cut to CU models of faces rotating clockwise	10:00:19:23	10:00:24 <b>Norma VO:</b> Well I think it's amazing what	10:00:20 <b>M2</b> Music in
Cut to CU Norma in shop L facing R front moves slightly back and looks to L then back R	10:00:25:24	they can do nowadays with this 3D imaging. (10:00:29)	
Cut to CU 3D computer image of face tilted up – face tilts down and	10:00:30:02	10:00:31 <b>Tommy Bennett VO:</b>	

turns to face L		I've been	
Cut to MCU Tommy Bennett facing L roller painting wall OOV L	10:00:33:13	given my tongue because of this operation, and it has	
Cut to CU 3D computer image of face looking down R – grey image superimposed from L	10:00:38:01	saved my life. (10:00:39)	
Cut to CU 3D computer image of skeletal structure of face with grey highlights looking down R – image starts to rotate clockwise	10:00:40:02	10:00:41 <b>Dr. Ramsay-Baggs VO:</b> We wouldn't	
Cut to MS surgeon seated R reaching back down L measuring cast of jaw held down L – turns back R	10:00:41:14	have been able to do this five years ago accurately and get the sort of result	
Cut to CU model of face extreme R against black background – rotates clockwise to face L	10:00:45:10	that we're looking for. (10:00:46)	
Start to fade up title caption – reads: Inside Out	10:00:48:21		
Caption out	10:00:52:21		
Cut to WA LS down crowded pavement – MS Norma in crowd - walking to MCU and partially OOV down L	10:00:53:07	10:00:54  Narrator: This programme looks at the revolutionary impact of three dimensional imaging in transforming surgery. Norma was a victim of the Omagh bombing in Northern Ireland. She was twenty eight. She lost a eye and part of her face was destroyed. 3D	<b>M2</b> Music out 10:00:54
Cut to 3D computer image of skull facing front – tilts up – start to superimpose grey image over neck	10:01:11:05	imaging has played a vital role in rebuilding her face. (10:01:14)	

and chin area - mix through to fleshed out 3D computer image of face - image tilts back down to face front

Cut to	archive	footage
Cutto	ar cirr v c	1001115

10:01:16:14

WA street - date caption down R reads: 15/8/98 - people running towards smoke – start to track in to smoke

Start to fade up caption – reads:

10:01:16:23

**Omagh Bombing** Northern Ireland

slight pan R

10:01:20 Norma VO:

I remember it being a nice,

busy normal ...

Caption out – start to pan L

woman lying on ground

10:01:22:30

... Saturday ...

Cut to L pan across MCU woman leading boy with injured hand R -

10:01:23:07

... afternoon and everybody

Cut to MS woman kneeling next to

10:01:25:08 ... was in ...

Cut to WA LS street – slight zoom in to MS woman C with hands to head – she turns away

10:01:27:03

... getting their shopping. We got word to say that it had

been

Cut to WA MS people lying on ground with others kneeling next to them – 2 men move R and OOV

10:01:30:21 ... evacuated out, ...

**End archive footage** 

Cut to MCU Norma CR facing L 10:01:33:01 front

Norma IV:

... and we thought we'd stand

Start to fade up caption – reads: Norma White

10:01:34:06 ... in the middle of the road because we didn't want to stand close to the shops,

because we thought if there is

Caption out

10:01:40:04

... a bomb, if the bomb goes off, the glass will shatter round us, and little did we know we were standing right beside the car. ...

Cut to archive footage

10:01:47:03

Norma VO:

WA LS of devastated street people milling around - slight pan

R - pan L to follow MS man in check shirt IV R walks L to small

group in foreground L

... But the car exploded and

Cut to WA MS ambulance moving R - pan round R to follow -

continue pan R to 2<sup>nd</sup> ambulance

extreme L

10:01:51:15 ... that was it. (10:01:52)

End archive sequence

Cut to WA Royal

Hospital, Belfast

Victoria 10:01:55:24

Start to fade up caption – reads:

10:01:56:06

Royal Victoria Hospital, Belfast

10:01:57

Dr. John Marley VO:

It was about early evening time that I would have received the first phone call

from the ...

Caption out

10:02:02:05 ... Royal ...

Cut to close MS Dr. John Marley

L facing R front - theatre equipment in background with

lights up R

10:02:02:16 ... with regard ...

Start to fade up caption – reads:

**Dr John Marley Oral Surgeon** 

10:02:03:11

 $\dots$  to a patient – er – one of a number who had been helicoptered in from the site

with very ...

$\sim$	, •	
( 'aı	otion	Out
	Juon	Out

10:02:09:08 ... bad facial injuries. ...

Cut to back tracking MS Dr. Marley with files in hand pushing through double doors and walking down corridor looking at files pause tracking shot as Dr. Marley turns to go through door on R pan R – shot flashes to white

10:02:10:17 **Dr. John Marley VO:** 

... When I was asked to see Norma she er was anaesthetised at this stage, my ophthalmic surgery colleagues had already removed her eye on the left hand side ...

Start to fade up OOF slow motion rear WA MS 2 figures in blue moving away from camera - flash out to white

10:02:20:12

... and the shrapnel, which had entered the left hand side of her face shattering her cheekbone ...

Start to fade up OOF slow motion rear WA MS 2 figures in white tops and red trousers moving away from camera – fade out to white

10:02:26:14

... but leaving er a sizeable portion which was free floating. ...

Start to fade up close MS Dr. John Marley L facing R front – theatre equipment in background with lights up R

10:02:31:19 **Dr. John Marley IV:** 

... What I was confronted with at that stage was the demand to reconstitute that as best we can under the circumstances ...

Cut to BCU stitched wound on 10:02:41:14 side of face – ear to R

**Dr. John Marley VO:** 

... with the proviso that she was going to have further surgery to augment and improve the cosmetic result. (10:02:48)

Cut to exterior WA MS Peter 10:02:49:00 Ramsay-Bags walking L – pan L and hold as he enters building through glass doors and moves OOV L

10:02:50

Narrator:

Peter Ramsay-Baggs, who took over Norma's case, has used 3D imaging to gradually

Cut	to V	VA	MS	Peter	con	ning
throug	gh	doub	ole	doors	s, de	own
corrid	lor	and	turn	ning	OOV	L
throug	gh do	orwa	ay			

10:02:55:24 ... reconstruct her face. He and colleague, John Winder, are finalising the 3D model to be used in her next operation.

(10:03:03)

10:03:05

John Winder sync OOV:

Hi Peter. Well ...

Cut to MCU 2 blue computer screens showing CU scanned images of skull profile facing L

10:03:05:15

... we managed to transfer the

data of both ...

Cut to MCU 2 shot – John Winder with Peter Ramsay-Baggs facing L front

10:03:07:14

John Winder sync:

... er ...

Start to fade up caption – reads: John Winder Medical Physics, Ulster University 10:03:08:00

... Norma's scans across, we've got them on the computer now, I thought we'd got through them together ...

Peter Ramsay Baggs sync: OK

John Winder sync:

... So this is a 3D surface ...

Caption out

10:03:13:23 ... shaded ...

Cut to MCU 2 blue computer screens showing BCU scanned images of Norma's face looking L front – hand IV bottom R points to image C

10:03:14:03

John Winder OOV:

... representation of her CT scan ...

**Peter Ramsey-Baggs OOV:** So this is basically the skin we're looking at here

#### John Winder OOV:

Yeah. We're looking at the skin at the moment ...

Cut to close MS John Winder up C with Peter Ramsay-Baggs down R - both facing computer monitor down L

10:03:20:01

Peter Ramsay-Baggs sync:

... So it ...

Start to fade up caption – reads: Peter Ramsay-Baggs Maxillofacial Consultant Surgeon 10:03:20:15

... it takes that information which is originally from a CT scan ...

John Winder sync:

Yeah

Peter Ramsay-Baggs sync:

... and turns it into essentially an engineering model ...

Caption out

10:03:26:13 **John Winder sync:** 

Yeah, that's exactly ...

Peter Ramsey-Baggs sync:

 $\dots$  which is – yeah.  $\dots$ 

Cut to MCU green 3D cutaway image of lower part of skull facing R against black background image tilts back L and then down R - hand IV down R points to image on screen

10:03:27:13 Peter Ramsay-Baggs OOV:

So this is what we're actually going to have in our hands, this is the ...

John Winder OOV:

Yeah

### **Peter Ramsay-Baggs OOV:**

... the model that you - you will make. ...

Cut to CU black and white 10:03:32:18 scanned image of part of skull – hand IV down R points to image on screen – image changes – hand still pointing at screen

... This is the – the CT scan here and here is the – where the original – where the second operation was done to rebuild her orbital rim ...

#### John Winder OOV:

Yeah

#### **Peter Ramsay-Baggs OOV:**

... part - and part of her eye socket, we've done that already, now we're going to go back and replace the bi missing strut of bone which is - goes across here ...

#### John Winder OOV:

OK

#### **Peter Ramsay-Baggs OOV:**

... If we can just see the other side ...

#### John Winder OOV:

Yeah

#### **Peter Ramsay-Baggs OOV:**

... um - we can see what we're actually going to be replacing. This piece of bone here ...

#### John Winder OOV:

Yeah

#### **Peter Ramsay-Baggs OOV:**

... is what's missing. The – the shrapnel when it went through completely destroyed this ...

#### John Winder OOV:

Yeah

#### **Peter Ramsay-Baggs OOV:**

... and we need to replace that to give her a contour of her – her cheekbone ...

Cut to MCU Peter and John facing 10:04:05:03 L front – Peter down R

#### **Peter Ramsay-Baggs sync:**

... You see when I look at that, you know, I just realise how far we've come in the last three or four years since we've - s - since we developed this, because this has been a real change in the way we can do things, er with complex deformity like this. It enables us to diagnose the condition much more accurately rather than looking at x-rays which are - even if they're made to look like three dimensional things, they're actually a dimensional picture, and you know yourself, seeing a photograph of somebody is very different to seeing the person themselves. so it enables us to make the diagnosis, work out where the defect is, work out where the bones are ...

Cut to CU black and white 10:04:34:13 scanned image of part of skull – hand IV down R points to image on screen

**Peter Ramsay-Baggs OOV:** 

... missing, where they've moved to. We wouldn't have been able to do this five years ago accurately and get the sort of result that we're looking for and expecting here. (10:04:41)

Cut to MCU black and white 10:04:42:12 Omagh town sign with brown North West Passage tourist route sign underneath – road and houses in background R - blue car passes extreme R

10.04.42 M3 Music in

Cut to MCU Norma moving against background of shelves with tovs

10:04:45:15

10:04:47

Norma VO:

In total I've had seven operations. The first one of course was the main one, which was the eye, the jaw, the nose and the ear ...

M3 Music out 10:04:51

Cut to CU Norma CR facing L 10:04:57:11 Norma IV: front

... and then a week later the rest of my body – was done, and then about a year later the surgeons then worked again on my ey – eye, plus my jaw

Cut to close MS across counter to Norma moving toys around – pan R and L to follow

10:05:10:20 Norma VO:

> ... and - I then had three more operations on the eye and now this one will be my final hopefully. (10:05:17)

Cut to MCU toy shelves – pink 10:05:18:19 bear in box lifted IV bottom R and placed on shelf

Cut to CU Norma CR facing L 10:05:21:08 front – lifts hand IV R and touches side of face

10:05:21

Norma IV:

On Friday they're going to take a bit of bone wax from my hip, and they will put it into the side of my face, just here, so hopefully everything will go well. ...

Cut to WA MS Norma walking R 10:05:35:22 Norma VO:

front through toy store with man in beige shirt to close MS – both looking R front – man points R front		Oh I think it's amazing what they can do nowadays with this 3D imaging, high great they can work	
Cut to BCU Norma L facing R front	10:05:45:03	how they can rebuild somebody. It is just amazing	
Cut to MCU man in beige shirt facing down R – slight pull back as Norma IV R moves L in front of man – both move OOV L	10:05:51:02	I feel as if they can bring me back my life as	
Cut to MCU still wedding photograph Norma and husband	10:05:55:15	such. It is just worth going through with it	10:05:56 <b>M4</b> Music in
Cut to CU still wedding photograph of Norma	10:05:59:16	This operation means getting my life back,	
Cut to CU Norma CR facing L front	10:06:03:00	Norma IV: being normal again. Going out and doing the things that I used to do without thinking anybody's looking at me any more. (10:06:10)	
Cut to MCU profile Dr Alf Linney facing R	10:06:11:04	10:06:12 Narrator: Dr. Alf Linney was one of a team of pioneering	<b>M4</b> Music out 10:05:12
Cut to green computer monitor showing 3D image of face looking down R – face cuts to skull – skull pixelates	10:06:14:22	medical physicists in the early 1980's, who developed the use of	
Cut to CU hand on mouse	10:06:19:05	3D computer imaging in facial	
Cut to CU 3D image of face on green computer screen looking down R – starts to rotate to front –	10:06:21:12	surgery. (10:06:22) 10:06:24	10:06:21 <b>M5</b> Music in

	image superimposed from L – ge turns back to face R		<b>Dr. Linney VO:</b> In the late
on g dow cloc	to 3D cutaway image of skull green computer screen looking in R – image starts to rotate kwise to face front – skull ge completed and starts to tilt	10:06:24:20	seventies we were exploring better methods for planning facial surgery
agai	to MCU Dr. Alf Linney nst background of filled kcases	10:06:29:23	Dr. Linney IV: A lot
Dr .	t to fade up caption – reads: Alf Linney lical Physics, University College don	10:06:30:06	of the planning was done in two dimensions, it was done on photographs and um 2 dimension
Cap	tion out	10:06:36:05	x-rays
blac	to CU model of face against k background rotating kwise	10:06:36:17	<b>Dr. Linney VO:</b> The head is a 3D object
in to	t to mix through to slow zoom o CU sculpture of head against aground of artists studio	10:06:39:22	obviously and if you try to plan with 2D images
in to	t to mix through to slow zoom o CU sculpture of man's head nst background of artists io	10:06:43:06	images of it er the results are likely to be unsatisfactory. You could make plaster casts fore example, but you could not
CU	t to mix through to L pan past model of head against black aground	10:06:50:11	er represent very well the internal anatomy of the head
cuta skul	t to mix through to CU 3D way image of lower portion of l facing R against black aground – skull turns to face t	10:06:54:09	and at that time 3D graphics had arrived on the scene
Cut sitti	to WA MS Dr. Alf Linney ng behind desk facing	10:06:59:09	What we did was to develop a system first of all

computer in foreground CR		for	
Cut to CU blue computer screen with green image of face – face pixelates and half wipes out	10:07:02:12	scanning the face, so we had on the one hand data for the external anatomy, we also started to collect data	
Cut to CU profile Dr. Linney facing R	10:07:09:21	with the modern medical scanners	
Cut to CU pixelated image on computer screen – turns into profile of skull looking down R	10:07:12:09	for the internal anatomy. To display it was the next	
Cut to WA MCU Dr. Linney facing R front	10:07:16:02	Dr. Linney IV: question, er and er in particular we wanted to simulate surgery if we could and predict what the outcome would be, and for that	
Cut to CU green 3D image on screen facing down R – cuts to skeletal image - pixelates – cursor moving over image	10:07:25:00	Dr. Linney VO: I worked for a while with Chris Biscoe from the Slade School of Art. Once we provided data on the human face	
Cut to MCU Dr. Linney facing R – slight pan round L and zoom in	10:07:31:05	to him, he was able to display virtual patients	
Cut to CU 3D image of skull on green background – skull tilts up – start – grey image starts to superimpose up over neck and chin as image fleshes out – tilts back down and rotates to face L	10:07:34:11	on the computer screen, fully in three dimension. If you can visualise it in three dimensions, then you can rehearse the surgery in a realistic fashion. (10:07:43)	
Cut to still WA M Michael leaning against doorway of partially completed house	10:07:46:24	10:07:47 <b>Narrator:</b> Up until a year ago, Michael was working as a	<b>M5</b> Music out 10:07:47

Cut to still MCU Michael CR 10:07:49:17 ... carpenter in North London.

facing front – cigarette in hand L		He was diagnosed
Cut to MCU Michael L facing R looking down and moving bottles of medication around on kitchen surface	10:07:52:11	with
Start to fade up caption – reads: Michael Wilby	10:07:52:18	aggressive cancer. Michael's had three major operations to his tongue and neck
Caption out	10:07:58:16	
Cut to CU hands removing lids of bottle of medicine	10:07:58:18	These have left him unable to talk or
Cut to CU Michael looking down R	10:08:01:05	swallow. He has to feed himself intravenously,
Cut to CU hands siphoning liquid out of bottle and attaching siphon to tube	10:08:04:12	and the cancer has come back. (10:08:08)
Cut to close MS Michael facing array of medication down R placing tube inside shirt	10:08:08:19	
Cut to MS blue front door and bay window of house – Michael emerges through front door and moves OOV down L – slight pan L	10:08:13:12	10:08:14 Michael cannot have further surgery or radio-therapy for his recurring cancer, but he's being offered a revolutionary new treatment, photodynamic-therapy, unique to University College London Hospitals. PDT as it's
Cut to close MS Michael on motorbike facing R – slight pan R to LS street as he moves off R and turns away up street	10:08:29:01	called is heavily reliant on the latest developments in 3D imaging techniques, and is seen as a promising

breakthrou	ıgh	in	cancer
treatment.	(10:	08:37	)

10:08:40

#### Colin Hopper VO:

I would hope that with – with Michael we'll be able to keep his ...

Cut to WA MS Michael IV L turns to camera and OOV down L - pan L

10:08:43:10

... quality of life at a satisfactory level so that he doesn't have further problems with speech and swallowing

Cut to CU Colin Hopper R facing L front

10:08:49:16 **Colin Hopper IV:** 

... that ...

Start to fade up caption – reads:

10:08:49:20

... we will be able reduce the bulk of his tumour so that we're able to control his pain

**Colin Hopper** 

**Maxillofacial Consultant Surgeon** 

Caption out 10:08:54:20

Cut to WA MS front entrance to Maxillofacial Unit – Michael IV R moves towards door

10:08:54:24

**Colin Hopper VO:** 

... I'm very hopeful that we will be able to improve things from that

Cut to WA close MS Michael 10:08:58:02 ... point of view. (10:09:59) walking down L past camera – pan

Cut to WA MS front entrance to Maxillofacial Unit - Michael walks through door and turns R

10:09:01:07

10:09:04

**Colin Hopper sync VO:** 

What we're going to do today is we're going to give you ...

Cut to close MS Michael sitting 10:09:07:06 down L facing R front - Colin Hopper sitting up R facing Michael

**Colin Hopper sync:** 

... an injection into a vein in your arm ...

Michael sync:

#### Yeah

### **Colin Hopper sync:**

... of a drug that will make you quite sensitive to light ...

#### Michael sync:

That's fine

#### **Colin Hopper sync:**

... We then wait for a couple of days for that to get distributed around your body, um it's concentrated in these cells in this abnormal tissue in your neck ...

#### Michael sync:

Yeah

#### **Colin Hopper sync:**

... in this tumour that you've got in the neck ...

### Michael sync:

Mmm

#### **Colin Hopper sync:**

... um – so when it reaches the maximum concentration that we want in the tumour...

### Michael sync:

Yeah

#### **Colin Hopper sync:**

... then by shining light at this ...

#### Michael sync:

Yeah

#### **Colin Hopper sync:**

... we cause a reaction that kills the abnormal cells

#### Michael sync:

Mm - mmm. (10:09:40)

Cut to CU hypodermic syringe in gloved hands – inserted into small bottle and held up

10:09:40:08

10:09:40

#### **Doctor sync OOV:**

... Righty-oh. Now I'm going to give this um – er (sounds like: Feloboscan) into your – into your vein ...

Cut to BCU Michael L looking 10:09:46:13 down R

... Now you'll feel the sting. Um – I'll be ...

Cut to close MS Michael sitting down L facing doctor sitting down R with syringe facing Michael – nurse in background – needle inserted in Michael's arm

10:09:49:06

#### **Doctor sync IV:**

... injecting it slowly anyway just to reduce the – the discomfort for you. There we go. I ...

Cut to CU injection being 10:09:55:10 administered

... need to do this over six minutes. (10:09:57

Cut to LS through offices – Michael IV R muffled and wearing dark glasses turns and moves to camera – back tracking shot down corridor – Michael turns R and OOV R

10:09:58:11

#### 10:10:01

#### **Narrator:**

The drug makes Michael ultra sensitive to all light, so he must protect himself from it until the treatment. (10:10:07)

Cut to WA hospital grounds – 3 people sitting on bench extreme L – MS Norma and husband IV R – pan L as they move L to hospital entrance

10:10:08:14

10:10:11

Back in Northern Ireland, the eve of Norma's eighth and final operation has arrived. (10:10:16)

Cut to MCU Norma – rear CU 10:10:18:01 doctor extreme R

10:10:18

#### Norma IV:

Oh tomorrow morning I'll probably feel oh – it's arrived, the final day is here.

# **Husband (?) OOV:**

Is it now?

#### Norma IV:

Yes, it'll be good to get it all over – with.

# Husband (?) OOV: ???

#### Norma IV:

Yes. Actually close the book completely. From start to finish. Sort of thought I would never see this day. (10:10:42)

Cut to CU Dr. Peter Ramsay Baggs' hands holding white plastic model of part of Norma's skull – model turned in hands 10:10:42:23

10:10:44

**Peter Ramsay-Baggs OOV:** This is Norma's model that

we made by the er engineering department ...

Cut to MCU Dr. Peter Ramsay-Baggs looking down front – pan down to MCU model in hands – turns and indicates various aspects of model – slow zoom in to CU – adds eye socket template – then cheek bone template

10:10:48:10

**Peter Ramsay-Baggs IV:** 

... from the 3D imaging ...

### **Peter Ramsay-Baggs OOV:**

... that you saw er with Mr. Winder. And as you can see, it's just a little bit different to seeing it on the screen to actually holding it in your hands and be able to turn it around. You can se that this eye socket here is a lot smaller than the eye socket on this side, and that's because this cheek-bone here was pushed back and downwards and partly destroyed, and the cheekbone in this area here's completely missing the – the little arch of the cheekbone. Now about two years ago, we were able to reconstruct this part of the orbit – er the eye socket, and we used this template then to get our bone grafts and to make the sockets the same size, and you can see that they are now the same

size and unfortunately Norma has to wear a glass eye, but it sits well in that socket. Today's operation is to replace the missing arch of the cheekbone. When we look at this side here you can see there's normally a strut of bone there which gives the face its er natural prominence, and in Norma that's missing and this is all flat. And this is what we plan to use. This is the template we've made for today, and it fits across there. What we'll do is expose this area surgically and then we can put the onlay on to make sure it's in the right place and the right fit, ...

Cut to CU Dr. Peter Ramsay- 10:11:57:04 Baggs L looking down R front

#### Peter Ramsay-Baggs IV:

... then we'll take some bone from the hip and using this we'll carve the bone from the hip to the right shape ...

Cut to BCU hand L holding cheek bone template and placing on white model – hold on template on model 10:12:01:16 **Peter Ramsay-Baggs OOV:** 

... and then we will fix the bone graft in place there with s – small metal plates and screws and then close up again. And that's today's plan. (10:12:10)

Cut to CU Norma C to camera – 10:12:10:04 looks down R front

10:12:10

#### Norma IV:

It's a lot to do. I think actually what is frightening me the most is the way they're actually going to operate. You know cut me open and pull down through me hairline, put the bone work in – but – hopefully I'll be OK. (10:12:29)

10:12:17 **M6** Music in

Cut to WA Middlesex Hospital, London	10:12:36:07		<b>M6</b> Music out 10:12:36
Start to fade up caption – reads: Middlesex Hospital, London	10:12:36:12	10:12:4 Narrator: After four days, Michael returns	
Caption out	10:12:42:08	for his	
Cut to tracking shot L round Michael lying on trolley in operating theatre as trolley is moved alongside operating table	10:12:42:16	PDT treatment. (10:12:44)	10:12:42 <b>M7</b> Music in
Cut to rear MCU man extreme R looking at computer screen up CL with changing data on screen	10:12:46:19		
Cut to CU hand L touching puncture wound in Michaels throat R – pull back to close MS Colin Hopper leaning forward over prone figure of Michael on operating table	10:12:49:03	10:12:49 Colin Hopper OOV: This is really just the tip of the iceberg this – this tumour that we can see her, so what we need to do is image it in the MR	<b>M7</b> Music out 10:12:51
		Colin Hopper IV: scanner and the we'll treat all of the tumour that we see. (10:13:00)	
Cut to close MS through glass partition – red laser fibres coiled on instrument trolley – fibres light up	10:13:00:08	10:13:02 Narrator: World pioneer Colin Hopper works closely	
Cut to MS through glass partition to Colin Hopper bending R over instrument trolley – female colleague in background R	10:13:04:19	with senior radiologist colleagues who are preparing the laser fibres	
Cut to BCU partial profile Michael	10:13:09:15	which will deliver the	

lying on scanning table with eyes covered – table starts to raise up

light to Michael's tumour. (10:13:12)

10:13:13

#### Colin Hopper VO:

The ability to see the treatment in real time and actually ...

Cut to WA MS scanner with 10:13:16:16 Michael on table – lab technician moves from behind scanner down R OOV down R - nurse moves partially IV R

understand three in dimensional terms where the tumour is and ...

Cut to MCU changing scanned 10:13:21:08 sections on blue computer screen

... ensure that we deliver light to all of that tumour is the most exciting thing yet. (10:13:25)

10:13:26

#### Dr. Joe Brookes OOV:

These are the ...

Cut to rear MCU Dr. Joe Brookes 10:13:27:07 Dr. Joe Brookes IV: facing computer up R with changing scanned images

... planning scans that have been done. ...

Cut to CU hand in from down L 10:13:29:21 points to scanned image on blue computer screen

#### Dr. Joe Brookes OV:

... Here's the - the ulcer immediately behind the point of the chin and here's the one slightly to the side - on the right side, and h – the slightly lighter grey areas correspond to the tumour. (10:13:42)

Cut to CU hands pulling long 10:13:42:23 needle up R from wrapping held down L - pan up R to MCU Colin Hopper – holds titanium needle up to camera – turns to bend over R

10:13:43

#### **Colin Hopper OOV:**

Heyyy. Now these -...

#### Colin Hopper IV:

... these needles that we use for this are special titanium needles. Um they've

they've got to be titanium or else they fly around in the magnet and that can get rather exciting, so — um — the tit — titanium ones are non magnetic — um — and the idea is that we're going to ...

Cut to CU needles being inserted 10:13:59:07 into black 'grid'

**13:59:07 Colin Hopper OOV:** 

... position them using this – this – this er ...

Cut to MCU Colin Hopper R looking down – pull back to close MS and pan L as he moves L to stand beside Michael on scanner table – sits on table and positions 'grid' with needles – Dr. Joe Brookes IV L stands at side of Colin Hopper pointing at Michael's face

10:14:01:23 **Colin Hopper IV:** 

... grid, this snooker like grid in – in the er right distribution. OK. So. Joe. (10:14:09)

10:14:12

**Colin Hopper VO:** 

The treatment we've been developing here is to actually deliver the light deep into the tissues of the head and neck.

. . .

Cut to CU needles being inserted in under Michael's jaw – hand R indicates direction

10:14:19:07

... We're doing that without doing an operation to get access to the tumour, but we're actually getting our light delivered into the tumour tissue directly ...

Cut to CU hand R points to scanned image on blue computer screen showing placement of needles – hand OOV down R

10:14:29:08

... by using needles that we pass through the skin er into ...

Cut to low MCU Michael on operating table with needles inserted in under chin – hands IV L insert more needles

10:14:33:13

... the target tissue itself. It requires quite sophisticated imaging techniques in order to ensure that the needles are in exactly the right position, and it's this combination of technologies that is virtually unique ...

Cut	to	VBCU	needles	being	10:14:50:21		to	this
inserted into grid						(10:	14:5	1)

10:14:53

#### **Colin Hopper OOV:**

And they all go down to the same level, OK? So there we are, they're in position, now we're going to take a - a check scan to make sure that we're clear of everything vital, and then we'll do some treatments. (10:15:05)

establishment.

Cut to rear MCU Dr. Joe Brookes	1
down L pointing at computer	
screen with scanned images up R	

0:15:05:24

Start to fade up caption – reads:

10:15:06:01

10:15:06

Dr. Joe Brookes **Consultant Radiologist**  Dr. Joe Brookes IV:

This was our planning scan, and now we can see the position of our needles that

have been ...

Caption out

10:15:12:00 ... placed ...

Cut to CU hand pointing up C at blue scanned images on computer screen

10:15:12:02 ... there's the third needle ...

Cut to BCU needles inserted R through grid into Michael's jaw

10:15:14:24

Cut to CU blue scanned images on computer

10:15:16:16

... and there's the fourth. They could all go just a tiny bit ...

Cut to low angle MCU Colin 10:15:21:02 Hopper looking down R front

... further. (10:15:21)

10:15:22

#### Colin Hopper IV:

So we to advance them by about half – one centimetre?

## Dr. Joe Brookes OOV:

Another half ...

Cut to CU blue scanned images on 10:15:25:05 computer

centimetre. to one (10:15:26)

# **Colin Hopper OOV:**

One of ...

Cut to close MS Colin Hopper wearing dark glasses sitting next to Michael on scanner table down L – facing R front – lights dimmed - Colin indicates Michael's face with hand

10:15:27:24

**Colin Hopper IV:** 

... the things that you will notice when we're treating is er the extent to which this part of the face will glow. There is a huge amount of light being delivered into here. (10:15:37)

Cut to CU coiled laser light tubes glowing red – pan L and up tube to insertion point of Michaels jaw

10:15:37:24

10:15:39

**Colin Hopper VO:** 

Now when light falls upon a cancer that's been sensitised with the drug, there is a reaction between the drug and the light in the presence of oxygen that causes cell death. (10:15:51)

Cut to MCU X-ray image of chest 10:15:52:07 cavity - green computer graphic image of light sensitive drug passes up arm left and masses at throat – red laser light IV R passes through chest and up to throat cells being destroyed

10:15:54

10:15:52 M8 Music in

Narrator:

Cancerous cells absorb more of the photo-sensitising drug than ordinary cells, so when laser light is directed deep into the heart of the tumour where the drug has accumulated, the cancerous cells are destroyed. (10:16:07)

Cut to high MCU black laser light 10:16:09:03 box – pan L along laser tubes and up to MCU Michael on scanner table

10:16:09

Colin Hopper VO:

It causes cell death without heating, it's any verv important to understand that it's a cold photo-chemical effect, and that means that there's no damage to the

M8 Music out 10:16:10

surrounding, supporting structures of the body, such as the collagen and the elastin er so that we get healing with very little scarring. PDT is ...

Cut to CU Colin Hopper R facing 10:16:29:05 L front

### **Colin Hopper IV:**

... repeatable, er and if patients – as they often do – go on to get further cancers in their mouth or the head and neck, you can go back and retreat them any number of times. (10:16:39)

Cut to back tracking MS Tommy walking along balcony carrying painting apparatus – takes key out of top pocket and turns R into doorway – opens door and moves through OOV

10:16:39:10 10:16:41

#### Narrator:

Tommy is a PDT success story. Five years ago he was told he had a cancerous tumour on his tongue. Despite months of chemo-therapy and radio-therapy treatment, the tumour returned. (10:16:53)

10:16:55

#### **Tommy Bennett VO:**

When I went back to – the – maxifacial clinic. ...

Cut to CU Tommy R facing L 10:16:59:09 front

#### **Tommy Bennett IV:**

... the ...

Start to fade up caption – reads: Tommy Bennett

10:17:00:12

... talk was of having my tongue – virtually ninety per cent of it taken ...

Caption out

10:17:06:11 ... out, which was ...

Cut to rear close MS Tommy R spreading painting sheet over floor up L - slight pan down and up again

10:17:08:01

#### **Tommy Bennett VO:**

... I just could not face that, and – I asked were there any other treatments, and there was this ...

Cut to MCU paint bucket – pull back to close MS as Tommy reaches in with roller – pan L and up as Tommy moves L and begins to roller wall	10:17:15:20	revolutionary new treatment, laser treatment, which I opted for. I've been given my tongue because of this operation	
Cut to CU Tommy R facing L front	10:17:27:12	Tommy Bennett IV: and it has saved my life, and I just feel so happy inside and I thank God that I've had this treatment. (10:17:38)	
Cut to MCU paint roller moving up and down wall	10:17:39:10		
Cut to MCU Tommy R painting wall L – slight zoom in	10:17:41:24	10:17:42  Colin Hopper VO: In theory the potential for this treatment is to do anything that you can do surgically	
Cut to MCU paint roller moving up and down wall	10:17:46:16	and to some extent	
Cut to MCU Colin Hopper R facing L front	10:17:48:00	Colin Hopper IV: with radiotherapy. Any local treatment that we currently carry out by cutting tumours out could just as easily be carried out with er photo-dynamic therapy	
Cut to MCU Tommy R painting wall L- pan L to MCU paint roller moving up and down wall	10:17:58:11	Colin Hopper VO: We can not only treat in short periods of time, but we can also kill fairly large tumours, so we're not just looking at very early cancers, we can actually tackle bigger tumours. (10:18:09)	
Cut to WA Middlesex Hospital sign outside building slow zoom in up to MS window	10:18:09:20	10:18:11 Narrator: 3D imaging was first used to help surgery to the head and	10:18:09 <b>M9</b> Music in

neck, but it's now used wide	ly
for surgery to other parts of	of
the body. Bernard	

Cut	to	WA	MS	Bei	rnaro	d and	
Dore	en	Kin	g w	alkir	ng	down	
corri	dor	to ca	mera	– sta	rt to	track	
back	an	d pa	n rou	nd I	R as	they	
move away down corridor							

10:18:20:07 ... aged 77, had never had a days illness until he suddenly collapsed soon after retiring to London. He's about to have keyhole surgery for a potentially fatal aneurysm in his stomach. (10:18:32)

Cut	to	LS	Bernard	and	Do	reen
appr	oac	hing	ward	_	bed	in
fore	grou	and -	- Bernard	l clin	nbs	onto
bed						

10:18:33:00 10:18:33

### **Bernard King VO:**

The leg just gave way and I thought there's got to be something wrong here, and – so I thought I can't walk any further, so I leaned up against a wall in Euston Station and I couldn't walk from there. ...

M9 Music out

10:18:33

Cut to CU Bernard CL facing R 10:18:43:16 front

10:18:43:16 **Bernard King IV:** 

Start to fade up caption – reads:

**Bernard King** 

10:18:44:01

... was dead white and the

foot was like an – how can I say a cube of ice. You feel at

that bottom of that ...

... The leg ...

Caption out 10:18:50:00

... foot, one was red hot, you feel that one it's a cube of ice.

(10:18:52)

Cut to CU Doreen's hand on arm 10:18:52:20 of chair – Bernard's hand IV top R grasps Doreen's hand and squeezes it

18:52:20 10:18:53

#### **Doreen King OOV:**

We just didn't know what was happening did we? ...

Cut to MCU Doreen extreme L facing R front – Bernard in background extreme R	10:18:55:18	Doreen King IV: And
Start to fade up caption – reads: <b>Doreen King</b>	10:18:56:03	if that wasn't for the help we got, I don't know wh – how – know what we would have done. We was
Caption out	10:19:02:01	just helpless. (10:19:02)
Cut to MCU hands pressing down on bare abdomen – pan up to CU Mohan Adiseshiah looking down R	10:19:02:23	10:19:03  Mohan Adiseshiah OOV: Right, so here's the aneurysm. (10:19:04)
		10:19:05  Mohan Adiseshiah VO:  Well aneurysm comes from the Greek word, which means dilatation, and if you take the aorta, this is a thick muscular tube
Cut to high close MS Bernard lying on bed – head up R – hands down L pressing on abdomen	10:19:14:18	which has this vital function to perform, which is to allow blood which is pumped from the heart
Cut to close MS Doreen facing R front	10:19:19:13	to go right through the body
Cut to WA close MS Mohan Adiseshiah L looking down R at Bernard lying on bed	10:19:21:01	to all the various organs, everything from the brain, they eyes, down to the bowel, and
Cut to CU Mohan Adiseshiah C looking L front	10:19:27:03	Mohan Adiseshiah IV: the part
Start to fade up caption – reads:  Mohan Adiseshiah  Consultant Vascular Surgeon	10:19:27:15	particularly between the kidney arteries and where the aorta divides within the

pelvis, ...

Caption out

10:19:33:14

... is rather prone to become aneurismal. ...

Cut to CU x-ray image of abdomen with computer graphic showing red artery thinning and ballooning

10:19:35:24

... The wall degenerates and becomes thinned and it blows out rather like a balloon, and the bigger it gets, the weaker it gets ... 10:19:36 **M10** Music in **M10** Music out 10:19:44

Cut to CU Mohan Adiseshiah CR 10:19:45:10 facing L front

... until finally it reaches a critical point and then goes bang, and when it goes bang, that's the end, the patient will die. (10:19:52)

Cut to rear MCU Tony L facing computer screen – pull back R as Mohan Adiseshiah moves IV R facing L and points at screen with pen

10:19:53:02

10:19:53

# Mohan Adiseshiah sync OOV:

Hi Tony. Have you got Bernard King please? (10:19:55)

10:19:55

#### Narrator:

Mr. Adiseshiah and his team have created a 3D computer model of Bernard's aneurysm, providing them with its exact dimensions ...

Cut to MCU 3D image of 10:20:03:08 abdomen on computer screen - Mohan Adiseshiah's hand top R pointing to image with pen

... and position in the body, essential information to carry out the keyhole surgery successfully. (10:20:09)

10:20:10

# Mohan Adiseshiah sync OOV:

I know that you told me it was nine centimetres with the clot, which isn't shown here. (10:20:13)

Cut to CU hand on mouse moving 10:20:14:06 slightly

Cut to MCU Bernard lying on operating table - head to L wearing oxygen mask - hands adjust mask

10:20:16:16 10:20:16

Mohan Adiseshiah VO:

This morning we're going to perform an endo- ...

Cut to CU Mohan Adiseshiah gowned and masked L looking down R front

10:20:20:01 ... - luminal, or an endovascular repair of Bernard's

Cut to CU Bernard lying on operating table – head to L wearing oxygen mask

10:20:24:01

abdominal aortic aneurysm. So this is ...

Cut to WA operating theatre – rear close MS assistant CL masked and gowned facing away across operating table – pan R to close MS Mohan Adiseshiah facing L demonstrating tube - zoom in to MCU tube – pan up R to Mohan Adiseshiah and zoom in to CU

 $\dots$  the um – this is the  $\dots$ 10:20:27:04

Mohan Adiseshiah IV:

... main device, and you can see ...

#### **Mohan Adiseshiah OOV:**

... it's nicely compacted into this tube, and we insert that into the patient through the femoral arteries, which we use like the underground system ...

#### Mohan Adiseshiah IV:

... and once we get to the aneurysm we push it out a bit like an umbrella and it opens and unfurls in the place of interest. ...

Cut to MCU surgical equipment 10:20:50:24 including tube lying on blue covered trolley - pan R to CU hands removing tube from wrapping

close

L

Cut

to

Adiseshiah

MS

facing

**Mohan Adiseshiah OOV:** Right this is ...

10:20:53:17 Mohan Adiseshiah IV:

... Bernard's lower abdomen,

Mohan

across

Bernard on operating table to Dr. Joe Moodey R looking down at Bernard – zoom down to CU two puncture wounds in Bernard's abdomen with tubes attached – hands in and OOV indicate wounds

and here is the right ...

#### **Mohan Adiseshiah OOV:**

... femoral artery and the left, and that's all the surgery he needs, there's no need to do any more exposure, so two incisions about three to four inches long in each groin. ...

Cut to LS through operating theatre – theatre staff on either side of operating table n background – 2 masked and gowned assistants in foreground L

10:21:11:01 Mohan Adiseshiah IV:

... Right, now what we're going to do is – here's the devise ...

Cut to MCU hands working with tubes over area of operation

10:21:15:04 **Mohan Adiseshiah OOV:** 

... and we're going to actually introduce it into the femoral artery. (10:21:18)

Cut to x-ray pelvic area – red computer graphic indicates arteries with stent moving up arteries from down R and demonstrating the reduction of the aneurysm

10:21:19:14

10:21:21

Narrator:

It will travel up the femoral artery to Bernard's aorta, the site of his aneurysm. Once it unfurls, it reduces the flow of blood to the aneurysm and eventually allows the swelling to shrink. (10:21:33)

M11 Music out

10:21:34

10:21:19

M11 Music in

Cut to WA rear MS theatre staff 10:21:34:04 around operating table

Cut to CU computer screen 10:21:39:12 showing image of stent in artery

10:21:39

**Mohan Adiseshiah OOV:** 

Watch er – keep following, now you see the balloon come down, OK and it's coming right down, right – come – er follow me down please guys. Right. Operations virtually ...

Cut to BCU Mohan Adiseshiah 10:21:53:05 masked - L facing R - turns to

**Mohan Adiseshiah IV:** 

... finished and now the

camera

incisions in the arteries have actually been closed up. We're now going to do a completion angiography to check that the stent's all right, and ten we close the wounds and that's the end of the case. (10:22:05)

Cut to close MS Adiseshiah holding up cover over Bernard – track round R and zoom in to CU Bernard on operating table – head to L

Mohan 10:22:06:14

10:22:06

Mohan Adiseshiah IV sync: Bernard

**Bernard IV:** 

Hello there.

**Interviewer OOV:** 

Hi Bernard.

**Bernard IV:** 

How are you?

**Interviewer OOV:** 

How are you feeling now it's all over?

**Bernard IV:** 

Oh very well thank you, very well.

**Interviewer OOV:** 

Yeah

**Bernard IV:** 

Didn't know what was going to happen. (10:22:13)

Cut to low WA rear MS 3 gowned 10:22:13:20 theatre staff at operating table -MCU legs IV R move L and away towards table

10:22:15

Mohan Adiseshiah VO:

The traditional procedure was an open operation ...

Cut to MCU Mohan Adiseshiah C 10:22:18:22 facing L front

Mohan Adiseshiah IV:

... where the abdomen is opened right from the – the – the um - chest all the way

down to the pubis ...

Cut to WA MS Bernard and Doreen walking down R along street holding hands and OV down R

10:22:26:05

#### Mohan Adiseshiah VO:

... they would need some time on the intensive care unit and probably a week – maybe ten days in hospital, and then a three month convalescence at home. With ...

Cut to MS garden gate - hedge either side Doreen and Bernard IV R from behind hedge – push gate open and walk to MCU to camera - pan round L on Bernard and zoom in to two shot as they enter house OOV R

10:22:35:13

... the keyhole type of procedure, it is possible for the patient not to require intensive care treatment (10:22:42)

10:22:44

#### Narrator:

After five days in hospital, Bernard is making a good recovery at home. (10:22:48)

10:22:49

#### **Bernard King VO:**

Now I sort of walk between two and two and a half mile. Er I've got a feeling that I could be coming to my limit,

. . .

Cut to MCU Bernard sitting down 10:22:55:22 L facing R front

#### **Bernard King IV:**

but physically and mentally I feel as good as I before the accident did (10:23:00)

Cut to WA LS Ulster Hospital, 10:23:01:06 Belfast – traffic moving in foreground

Start to fade up caption – reads:

10:23:01:10 10:23:04

Ulster Hospital, Belfast

Narrator:

It's the day of Norma's last operation to ...

Caption out

10:23:07:07 ... rebuild her ...

Cut to low MCU white plastic cap being fixed to centre of large theatre lamp – pan down and pull back to rear close MS 2 surgeons standing by Norma on operating table - woman on opposite side lifting Norma's head

10:23:07:18 ... cheekbone. (10:23:08)

10:23:08 M12 Music in

Cut to CU female theatre assistant 10:23:16:11 L looking down R front

M12 Music out 10:23:18

Cut to close MS Peter Ramsay-Baggs R facing L – indicating line of operation on Norma's head slow zoom in to CU Norma - hand pointing to her ear

10:23:18 10:23:18:13

#### Peter Ramsay-Baggs IV:

We're just shaving the head here because we're going to make an incision across the round where we've shaved so we can turn this part of the forehead forward so we can get access to this area here. We can't make an incision in front of the ear ...

#### **Peter Ramsay-Baggs OOV:**

... because there's a very large nerve that comes out and just – in the middle of the ear here and runs into the face and gives her the movement, so if we cut down here

Cut to CU profile of masked 10:23:38:00 female theatre assistant L facing R

... we would cut through that nerve and she would have a paralysed face. (10:23:40)

Cut to WA operating theatre with 10:23:40:22 MS team around operating table

Cut to MCU masked female 10:23:46:03 theatre assistant CR looking down

# L front

Cut to close MS Peter Ramsay-Baggs sitting at operating table R looking back L – hand IV L lifts magnifying lenses on glasses as he refers to white plastic model of Norma's face held down L	10:23:48:18	10:23:50 <b>Narrator:</b> The 3D model is referred to constantly
Cut to BCU white plastic model	10:23:53:11	throughout the operation to ensure
Cut to close MS Peter Ramsay-Baggs sitting at operating table R reaching back L and measuring white plastic model down L	10:23:55:23	accuracy. Mr. Ramsay-Baggs is about to
Cut to CU gloved hands drawing dotted line on skin of hip	10:23:59:00	take bone from Norma's hip and fashion it into the shape of her missing cheekbone. (10:24:04)
Cut to CU masked Peter Ramsay-Baggs R head bending down L	10:24:05:08	
Cut to CU hands working on wound – piece of bone lifted up and placed in stainless steel dish C – hands move OOV R	10:24:10:07	10:24:11 Male OOV: Oh, a lovely piece of bone.  Female OOV: OK. Just got to keep that well
		Peter Ramsay-Baggs OOV: That was all right wasn't it?
Cut to close MS masked Peter Ramsay-Baggs L inspecting piece of bone – female assistant to R	10:24:16:06	
Cut to BCU hands holding template against piece of bone	10:24:18:15	It's a little bit short but we've got plenty here to

# Male OOV:

Bulk it up with.

### **Peter Ramsay-Baggs OOV:**

... bulk it up with, yeah....

Cut	to	MCU	maske	d	Pet	er
Rams	say-B	aggs l	R facing	L	arr	ns
restir	ng on	table	holding	pie	ce	of
bone						

### 10:24:24:12 Peter Ramsay-Baggs IV:

The um – the bit of bone is – is reasonably good state. It's not as long as we would have liked it to have been, so we're going to have to take some off the top and add it to the end, but we ...

# Cut to CU hands holding template 10:24:32:10 against piece of bone

# **Peter Ramsay-Baggs OOV:**

were planning to do something like that, because if you see the - the three dimensional shape of the bone here compared to the sort of

Cut	to	MCU	ſ	maske	d	Pe	ter
Rams	say-E	aggs	R	facing	L	arı	ms
restin	ig or	ı table	h	olding	pie	ce	of
bone							

# 10:24:39:10 Peter Ramsay-Baggs IV:

... one dimensional shape of this, we were going to have to add a bit on the bottom anyway, ...

Cut	to	В	CU	ha	nds	holdin	ıg
templ	ate	aga	ainst	pie	ce of	bone	_
bone	bei	ng	mar	ked	with	mark	er
pen u	p R						

10:24:42:08

#### **Peter Ramsay-Baggs OOV:**

... so - it's not a major problem, and we'll ...

Cut to CU masked Peter Ramsay-Baggs looking down L

# 10:24:46:19 Peter Ramsay-Baggs IV:

... shape it all with a small blade. (10:24:47)

Cut to BCU bone being drilled to 10:24:49:18 shape

10:24:52

N	ar	ra	to	r	•
1.4	aı	14	u	,,	•

The template allows Mr. Ramsay-Baggs to ...

Cut to rear MCU masked Peter Ramsay-Baggs down R facing up L – shaping bone with drill

10:24:55:02

... fashion precisely the bone fragment ...

Cut to BCU bone being drilled to shape

10:24:57:23

... to the required shape so it can be slotted ...

Cut to CU masked Peter Ramsay-Baggs looking down L

10:25:00:15

... into the correct position. (10:25:02)

10:25:03

Peter Ramsay-Baggs IV: So ...

Cut to BCU hands holding piece 10:25:04:00 of bone up

**Peter Ramsay-Baggs OOV:** 

... starting to come to the the shape we want here ...

Cut to high angle MS masked Peter Ramsey-Baggs sitting down R working on bone - 2 theatre assistants standing watching

10:25:10:06

**Peter Ramsay-Baggs IV:** 

... and then we're going to have to build ...

Cut to BCU hands working on piece of bone - holds up template and bone

10:25:13:21

**Peter Ramsay-Baggs OOV:** 

... the depth up here with this, because that - otherwise it'll be too – far in. But when we hold them above like that. Yep. ...

Cut to MCU masked Peter Ramsay-Baggs sitting R facing L – working on bone - theatre assistant standing L in background looking down at bone

10:25:23:14

Peter Ramsay-Baggs IV:

... Build that bit. (10:25:24)

Cut to CU masked theatre assistant 10:25:26:15 L looking down R

Cut to MS masked Peter Ramsay-Baggs seated C facing front working on bone - MCU theatre

10:25:29:00

assistant standing L looking down R		
Cut to BCU hands placing bone in position in cheek	10:25:32:01	10:25:33  Peter Ramsay-Baggs OOV:  Now that fits quite nicely into there. Suction please. (10:25:40)
Cut to BCU masked Peter Ramsay-Baggs up R looking down L front – turns to look L then down L front	10:25:41:10	
Cut to MS masked Peter Ramsay- Baggs seated C facing front working on bone – MCU theatre assistant standing L looking down R	10:25:47:12	
Cut to upside down CU Norma's head – hands indicate area of surgery	10:25:50:04	10:25:50  Peter Ramsay-Baggs OOV: She's just got a little bit of a dent here. We – we've got a good prominence there, so we're going to just lay a little bit more bone on the top
Cut to CU masked Peter Ramsay-Baggs R looking down L	10:25:55:19	Peter Ramsay-Baggs IV: and iron out any small defects
Cut to CU female theatre assistant R looking down L front	10:25:57:15	Peter Ramsay-Baggs OOV: at the end. (10:25:58)
Cut to CU unconscious Norma	10:26:00:21	10:26:02 <b>Peter Ramsay-Baggs VO:</b> Before, it
Cut to MCU unmasked Peter Ramsay-Baggs R looking down L front – slow zoom in to CU	10:26:03:01	would have been a guess, we'd have er opened the area up, we wouldn't know exactly what we were going to be looking for and

Cut to WA operating theatre – 10:26:08:02 ultimately the result . . . table C surrounded by staff wouldn't have been as good. Cut to MCU Peter Ramsay-Baggs 10:26:10:17 Peter Ramsay-Baggs IV: - indicating on cheek bone with ... Norma had no cheekbone hands on the left side here, and her face was quite flat on that side, and what we have done is to replace the cheekbone here, and what we hope we'll see is that on each side the cheekbones will now be level and she'll have the normal facial prominences on both sides, er - and from what we can see so far, we seem to have achieved what we set out to do. (10:26:29) Cut to CU unconscious Norma – 10:26:29:12 head being lifted and fresh M13 Music in towelling placed underneath Cut to 3D computer image of face 10:26:35:06 looking down R - starts to rotate 10:26:37 front grev Dr. Joe Moodey VO: imaging superimposed over from L 3D imaging ... Cut to 3D computer image of skull 10:26:38:05 ... has – has great potential. facing down R – rotates to front as One can create really virtual half skull – 2<sup>nd</sup> half completes people. To be able to explore skull - starts to tilt up - grey the human body for example imaging superimposed over neck to ... and throat as skull fleshes out and tilts back down to face front 10:26:46:18 **Dr. Joe Moodey IV:** Cut to MCU Dr. Joe Moodey CL facing R front - bookcase in ... trace blood vessels, to background actually move along blood

skull facing front starts to rotate to

Cut to CU 3D computer image of 10:26:52:05 **Dr. Joe Moodey VO:** 

vessels, ...

that – that's very

vessels and look - look around on the inside of blood 10:26:29

L and tilts down to show cavity in top – continues to rotate to L and tilts upright – starts to flesh out		interesting to be able to see from that perspective, it's something you could really never see using any o – any other technique. (10:27:00)	M13 Music out 10:27:02 Segue to
Cut to slow motion CU Norma extreme L facing up R –moving slightly R against toyshop background	10:27:02:11	10:27:04 <b>Norma VO:</b> This operation means getting my life	10:27:02 M14 Music in
Start to mix through to BCU sculptured models of faces rotating clockwise	10:27:07:02	back. (10:27:07)	
Start to mix through to slow motion MCU Bernard King seated C facing L front – laughing	10:27:11:11	10:27:12 <b>Bernard King VO:</b> Physically and mentally I feel as good	
Start to mix through to BCU sculptured models of faces rotating clockwise	10:27:14:09	as I did before the accident. (10:27:15)	
Start to mix through to slow motion MCU Tommy Bennett facing L painting wall	10:27:18:09	10:27:19 <b>Tommy Bennett VO:</b> It has saved my life and I just feel so happy inside. (10:27:24)	
Start to mix through to BCU sculptured models of faces rotating clockwise	10:27:24:01		
Cut to still MCU Norma facing front	10:27:27:24	10:27:28 <b>Norma VO:</b> Thought I would never	
Start to fade up caption – reads: 2 weeks after the operation	10:27:28:15	see this day, but – it has finally arrived. (10:27:32)	
Caption out	10:27:34:14		

Cut to BCU profile of models of 10:27:35:03 faces rotating clockwise extreme R against black background

Start roller credits L

10:27:35:10 Camera

John Podpadec

Sound Paul Baker

Music Liz Palmer

Online Editor Reuben Woodbridge

Dubbing Miles Harris

Executive Producer Jane Clarke

Series Editor Ron Blythe

Editor

Caroline Limmer

Director Lizzie White

Producer Brenda Rowe

Roller credits out and hold rotating 10:27:49:11 faces – BCU profile of face model extreme R facing L

Start to fade up Brenda Rowe 10:27:50:15 Productions logo – start to fade to black

Faded to black	10:27:56:15	
Cut to Information logo sequence © MMII	10:27:56:22	Music out 10:28:05
Cut to black	10:28:16:10	10.28.03

# **Inside Out Credits**

Camera John Podpadec

Sound Paul Baker

Music Liz Palmer

Online Editor Reuben Woodbridge

Dubbing Mixer Miles Harris

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