

Bowel injury leads to long recovery

Shelby County (Tenn) Circuit Court

An elderly woman underwent a hysterectomy as treatment for endometrial cancer. During the procedure the bowel was injured. Two days later a second surgery was performed to repair the bowel, but was unsuccessful. After a third surgery, an abdominal infection and a fistula developed, requiring a lengthy recuperation.

In suing, the woman claimed the defendant negligently performed the first surgery. The defendant contended that the injury was a surgical complication due to dense adhesions encountered during the first procedure.

- The jury returned a defense verdict.

Did focus on HRT delay cancer diagnosis?

Loudon County (Va) Circuit Court

A woman was treated by a group of gynecologists for recurrent gynecologic bleeding and problems associated with hormone replacement therapy. After several episodes of nonstop bleeding she was advised to discontinue all hormone replacement and return in 6 months. According to her physician, he also advised her to return or call in 1 week if the bleeding continued or did not lessen. However, this instruction was not recorded on her chart.

The woman then moved to Arizona, where she consulted a different gynecologist, who diagnosed the rare cancer leiomyosarcoma. The woman died 2 years later.

In suing, the woman's family claimed that the first group of gynecologists failed to diagnose and treat the cancer.

- The jury returned a defense verdict.

Woman wants VBAC, but hypoxia results

Knox County (Tenn) Circuit Court

After a previous cesarean section, a pregnant woman wanted a vaginal delivery and claimed she was told that VBAC was safe.

Arriving at the hospital in labor, she told hospital staff she had experienced uterine rupture at 5:56 AM. Her physician was not told of the emergency when he was called at 6:02 AM; he arrived at the hospital 23 minutes later.

The infant, delivered by cesarean section 19 minutes after the physician's arrival, had a catastrophic brain injury secondary to hypoxia and requires 24-hour care.

In suing the hospital and her physicians, the woman claimed she was not informed of the risk of uterine rupture. She also argued that a physician should have been at the hospital to perform a cesarean when she arrived, and noted communication delays with her doctor.

The physicians argued that the child's condition was caused by a sudden acute ischemic event and that an earlier delivery would not have altered the outcome.

- The hospital settled with the plaintiff for \$3.5 million; the jury returned a defense verdict for the physicians.

Marlex mesh sutured to bladder, not vagina

Bexar County (Tex) District Court

An 82-year-old woman underwent a sacral colpopexy with Marlex mesh and a Moskowicz procedure. A total urethrovesical suspension was then performed and her vaginal and bladder prolapse was corrected.

Six months later, the woman had dehiscence of the vaginal cuff and prolapse of the

small bowel, which was repaired by exploratory laparotomy, during which it was discovered that the Marlex mesh had been inappropriately sutured to the bladder rather than to the apex of the vagina.

The woman, who had pain and discomfort requiring 8 days of hospitalization, claimed negligence, which the defense denied.

- A defense verdict was returned.

Woman suffers brain damage after birth

Undisclosed venue (Calif)

A 31-year-old woman, pregnant for the third time, was admitted on her due date to the hospital for delivery. She began to vomit blood during labor and, after she delivered a healthy baby, continued to bleed excessively from the uterus and the epidural injection site. The anesthesiologist and obstetrician diagnosed amniotic fluid embolism with disseminated intravascular coagulation (DIC). STAT testing confirmed the diagnosis, and the anesthesiologist ordered packed red blood cells and fresh frozen plasma. The woman was intubated, placed on a ventilator, and transferred to the ICU, where the internist on call was a rheumatologist unfamiliar with amniotic fluid embolism. Although the rheumatologist ordered transfusions of blood and clotting factors, the orders were carried out on a delayed basis or not at all.

During the next 4 hours, the woman received 4 of 6 ordered units of packaged red blood cells; 2 of 10 to 14 ordered units of fresh frozen plasma; and none of the 10 units of cryoprecipitate. The results of a STAT fibrogen were extremely low, requiring an emergency cryoprecipitate treatment, but this report did not reach the ICU for 2.5 hours.

After the woman's blood pressure dropped, arterial blood gas results showed a pH of 7.15, indicating metabolic acidosis. An hour later the woman's hematocrit was noted to have dropped from 36 at an earlier measurement to 16. The woman's husband (a

nurse) noticed abnormal beats on her cardiogram strip and alerted the ICU nurse.

The woman then had cardiac arrest and was in asystole for 10 to 11 minutes. She sustained kidney damage, which required dialysis for several months, and liver damage, both of which she recovered from fully. She also had hypoxic brain damage and requires constant custodial care. She can no longer care for her children or perform other ordinary household tasks.

The family claimed negligence by the hospital in assigning the woman's care to a rheumatologist with no experience in managing amniotic fluid emboli and DIC. They also claimed that the failure to administer sufficient blood cells and fresh frozen plasma, not to mention cryoprecipitate, led to the cardiac arrest and brain damage. The hospital contended it had acted appropriately and observed that DIC is unpredictable regardless of the treatment given.

- The parties settled for \$1.7 million.

Should ovaries have been removed?

Davis County (Utah) District Court

A woman with a family history of ovarian/cervical cancer discussed with her gynecologist her desire for a total hysterectomy with bilateral salpingo-oophorectomy. After obtaining informed consent, the gynecologist performed the procedure but did not remove the ovaries because, "they appeared normal when visualized during surgery."

The woman later had severe abdominal pain that was diagnosed as ovarian cysts and adhesions around her ovaries. A different physician then performed a second surgery to remove the ovaries.

In suing, the woman faulted the first physician for failing to remove the ovaries during the initial surgery. The physician asserted that the medical indication for the hysterectomy did not extend to a medical need to remove the ovaries and that the development of adhesions was a known risk of the procedure. The physician also argued that the anatomical positioning of

the ovaries made removal problematic without substantial risk.

- A confidential settlement was reached.

Improper heart monitoring causes stillbirth

Undisclosed venue (Ohio)

A woman admitted to a hospital for delivery had spontaneous rupture of membranes. The mother was placed on a fetal monitor and given oxytocin. Fetal monitoring was reassuring for 48 hours. During that time the midwife, who had primary responsibility for the woman's care, presented on only 1 occasion, even though hospital policy required examination every 24 hours, with more frequent exams after administration of oxytocin.

Two hours prior to delivery, the fetal monitor strip showed disturbing changes. The nurses were actually monitoring the maternal heart rate, not the fetal one. Once the fetal heart rate was located, a sinusoidal pattern was noted, but was not addressed for 40 minutes. Again, the nurses began to mistakenly monitor the maternal heart rate.

After the mother delivered a stillborn infant, pathology of the placenta revealed an abruption. The mother claimed the midwife was required by hospital policy to be present during labor. The defense contended that the child died from a viral syndrome.

- An \$875,000 settlement was reached.

\$32 million award for catastrophic injuries

Cook County (Ill) Circuit Court

A woman delivered a baby who sustained hypoxic ischemic encephalopathy during delivery. The child, now 7 years old, has cerebral palsy, cortical blindness, seizure disorder, scoliosis, multiple contractures throughout the body, and spasticity. The child is incapable of participating in any activities of daily life.

In suing on behalf of the child, the plaintiff claimed the hospital nursing staff failed to inform the physician of rising

maternal blood pressure and uterine hyperstimulation during labor; failed to decrease oxytocin in the presence of that hyperstimulation; and failed to investigate a lack of urine output for 7.5 hours before delivery.

The plaintiff also claimed the physician failed to take action on those developments; failed to recognize nonreassuring fetal heart tones; failed to order a cesarean section because of the distress signs; improperly removed the intrauterine pressure catheter; and improperly ordered a vaginal delivery.

The physician denied being informed of adverse conditions and claimed her decision to proceed with vaginal delivery under the circumstances was appropriate.

- The jury awarded the plaintiff \$32.036 million.

Should episiotomy have been performed?

Cook County (Ill) Circuit Court

A 28-year-old woman undergoing a vaginal delivery had a perineal tear. In suing, she claimed the resident allowed the perineum to tear before an episiotomy was performed, failed to control expulsion of the fetal head, and failed to support the perineum after episiotomy, leading to a 4th degree perineal laceration extending to the rectum.

The woman noted that she has permanent scarring at the posterior fourchette of the vagina and pain during intercourse, and said the ObGyn left a sponge inside the vagina for a month after repair of the perineum.

The defense contended that tears cannot be predicted with accuracy and that tears/extensions of episiotomies do occur without a breach of the standard of care.

- The jury awarded the plaintiff \$526,745 against the ObGyn and his group, the resident, and the university.
- The hospital settled for \$75,000. ■

The cases in this column are selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska, of Nashville, Tenn (www.verdictslaska.com). While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.