

Difficult birth blamed for death at 1 year

A woman in labor had been pushing for 10 minutes when her OB began using a vacuum extractor to facilitate delivery. Shoulder dystocia occurred. The OB applied fundal pressure while a second physician dislodged the infant. At birth, the child was not breathing and had no heart rate. One year later, the child died because of birth-related complications.

Patient's claim She never gave consent to use the vacuum extractor. The OB used fundal pressure at least twice before the infant's head emerged.

Doctor's defense There was no negligence.

Verdict \$8,181,725 Maryland verdict, which included \$7.5 million in noneconomic damages. The latter was expected to be reduced to \$2.2 million pursuant to the statutory cap.

male carrier embryos were implanted. Ultrasonography showed the fetus to be male, a blood test suggested risk of Down's syndrome, and amniocentesis indicated the fetus had Fabry's disease. When the child was born, Fabry's disease was confirmed.

Patient's claim The fertility center was negligent for misrepresenting its experience with preimplantation genetic diagnosis. The lab failed to take precautions to avoid contamination and also failed to have a second person check that sample switching did not occur.

Doctor's defense There was no evidence that samples were switched or that DNA contamination occurred during the testing and implantation. More likely, the problem was due to an unknown failure in the PCR testing technology, unavoidable DNA contamination, or mosaicism of the embryo tested.

Verdict California defense verdict.

Genetic testing fails to detect Fabry's disease

Unable to become pregnant despite trying for over 2 years, a woman decided on in vitro fertilization. A genetics consultation determined that she was a carrier for Fabry's disease. Eggs and sperm were harvested and resulted in six fertilized embryos. It was recommended that each embryo be tested genetically by polymerase chain reaction (PCR). On day 3, single-cell biopsies were performed on the six developing embryos and the cells sent to a lab for PCR testing. Two embryos were found to be carriers of the mutation; two others were males with Fabry's disease; and no results were obtained from the last two. Pregnancy occurred when the fe-

Did surgery—or drugs—cause incontinence?

An ObGyn performed surgery on a 41-year-old woman with urinary incontinence to correct a cystocele. The patient developed chronic retention of urine and needed corrective surgery. She was referred to a urologist. All tests were normal, and she eventually had stoma surgery to allow her to empty her bladder with a catheter through the stoma.

Patient's claim The surgery was premature and unnecessary, and the ObGyn used a negligent operative technique that led to chronic urinary retention and the need for a permanent stoma. Conservative treatment should have been used first.

Doctor's defense Because of the anatom-

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). The available information about the cases presented here is sometimes incomplete; thus, pertinent details of a given situation may be unavailable. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation and are meant to illustrate nationwide variation in jury verdicts and awards.

ic cause of the patient's stress urinary incontinence, surgery was necessary—and performed properly. Urinary retention was unrelated to the surgery, as cystoscopies showed there was no obstruction in the bladder or urethra. The patient's psychiatric medication may have led to neurogenic bladder failure and her problems.

Verdict Virginia defense verdict.

Obese woman's TAH incision heals—in a year

A 300-lb woman who had experienced intermittent heavy uterine bleeding for years underwent an open total abdominal hysterectomy (TAH), performed by an ObGyn. Bowel contents leaked into the abdominal wall, causing a wound infection that required several more procedures to repair the bowel and remove

necrotic tissue from the abdomen. After 3 weeks in the hospital, the patient was discharged, but the surgical incision required about 1 year to heal completely. She has a 21-inch scar from hip to hip.

Patient's claim The bowel was stitched to the peritoneum when the incision was closed, and the ObGyn failed to notice the error. The suture caused bowel contents to leak, causing the infection and need for further procedures.

Doctor's defense Proper precautions were taken to avoid bowel injury, but it is a risk nonetheless of TAH—which the patient chose rather than a less invasive alternative. Her bowel was densely adhered to the peritoneum because of previous abdominal surgeries, making it impossible to distinguish bowel tissue from peritoneum when the incision was being closed.

Verdict Missouri defense verdict; an appeal was expected. ■

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PRODUCT UPDATE

NEW AVALON MONITORS CAN MONITOR 3 BABIES AND MOTHER ALL AT ONCE

Avalon FM40 and FM50 fetal-maternal monitors from Royal Philips Electronics provides simultaneous monitoring of as many as three babies and mother and more convenient operation for clinicians. An external display with touch-screen capability is an option that allows viewing by clinicians at a distance from the patient. The FM40 and FM50 can interface with the Avalon Cordless Transducer System, so the mother can be mobile but still continuously monitored. Vital patient data are captured by a built-in data buffer system with selective data printout, thus reducing risk of data loss. Replacement parts can be easily exchanged. Circle 203 for information.

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OVARIAN CANCER CAN BE DETECTED USING PATIENT'S URINE

GeoPharma, Inc, has acquired worldwide patent rights of a test – developed at the University of South Florida (USF) – for early detection of ovarian cancer using a patient's urine sample. Currently, the only FDA-approved ovarian cancer diagnostic test is the CA-125 blood test, which monitors progression of the disease. A reliable, easy-to-use diagnostic test that can detect ovarian cancer at the early stages is needed, and USF technology may offer significant help in this direction. Preliminary clinical studies have been conducted at USF, and further studies are under way. GeoPharma will initiate steps for FDA approval. Circle 209 for information.

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WORLD CONGRESS OF COSMETOGYNECOLOGY OFFERS CME CREDIT

For Ob/Gyns interested in providing cosmetic services to their patients, the First World Congress of the International Society of Cosmetogynecology (January 15, 2008, at Rosen Shingle Creek, Orlando, Fla) offered a continuing education program with a maximum of 26 hours of AMA PRA Category 1 Credit. Expert faculty covered a wide variety of topics, including laser vaginal rejuvenation, laser lipolysis for body contouring, and endoscopic transaxillary breast augmentation. The next annual Congress will take place on January 13, 2009, in Phoenix, Ariz. For more information and news on future workshops, visit www.iscg.com.

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