

Laceration during circumcision calls for 2nd procedure

A 1-DAY-OLD BOY was circumcised using local anesthesia and a Gomco clamp. A 1-cm laceration occurred on the underside of his penis—and was repaired that same day by a consulting urologist. Two years later, follow-up surgery was performed to remove any excess skin at the site.

▶ **PATIENT'S CLAIM** The boy has permanent scarring and disfigurement. The Gomco clamp was placed improperly during the procedure, and the appropriate amount of skin was not removed.

▶ **PHYSICIAN'S DEFENSE** The laceration was superficial and is a recognized risk of a Gomco clamp. The cosmetic result is good, and there is no functional impairment.

▶ **VERDICT** Michigan defense verdict.

Was postop death due to infection—or unrelated illness?

A HYSTERECTOMY with node dissection was performed on a 63-year-old woman with uterine cancer. She was discharged from the hospital 3 days later—and died the following month.

▶ **PLAINTIFF'S CLAIM** Death was the result of an undiagnosed postoperative intra-abdominal infection.

▶ **PHYSICIAN'S DEFENSE** The patient had no postoperative infection. Instead, she developed an illness weeks after the surgery, and he was not involved in its management.

▶ **VERDICT** Connecticut defense verdict.

Is the “blame” on a diabetic patient for her stillborn child?

A 23-YEAR-OLD WOMAN weighed 305 lb and had a glucose level of 218 after 3 months of prenatal care with Dr. A, her obstetrician. He consulted with Dr. B, a maternal-fetal medicine specialist, in diagnosing gestational diabetes. A few days later, the patient was examined by Dr. C, a second maternal-fetal medicine specialist, and was prescribed glyburide.

The following month, a sonogram indicated an estimated fetal weight in the 95th percentile and macrosomia. The dosage of glyburide was increased several times because of elevated glucose levels. One month later, the patient saw both Dr. B and Dr. C, who instructed her about nutrition.

A few weeks later—at 36 3/7 weeks' gestation and weighing 327 lb—the mother was admitted to the hospital because of a large thigh abscess. She was treated and her blood sugars tested normal.

Two days later, she was discharged. The following month, she presented at the hospital complaining of no fetal movement. No fetal heart tones were found, and a C-section was performed. A 12-lb stillborn baby was delivered.

▶ **PATIENT'S CLAIM** The defendants failed to monitor her properly and to communicate with each other about her condition.

▶ **PHYSICIAN'S DEFENSE** The patient failed to follow diet instructions, maintain her blood-glucose logs, and take the glyburide. Appropriate care had been provided by her physicians.

▶ **VERDICT** Pennsylvania defense verdict. Posttrial motions were pending.

Vacuum extraction, shoulder dystocia, resuscitation ... CP

TOWARD THE END OF LABOR, when a woman was about to deliver her first child, the electronic fetal monitor was picking up her heartbeat, not the child's. This was not recognized. Application of a vacuum extractor resulted in delivery of the head—after six attempts. Then shoulder dystocia occurred. Various maneuvers were tried unsuccessfully, until the body of the infant was finally delivered 7 minutes later: flaccid and extremely depressed, with no heartbeat or respiratory effort. The child required extensive resuscitation and then could not be intubated for 20 minutes. As a result of the birth injury, he suffered cerebral palsy with spastic quadriplegia, developmental delay, and mental retardation.

▶ **PATIENT'S CLAIM** The vacuum extractor was used too early—when the fetal head was too high in the pelvis—and too many times. Also, both the shoulder dystocia and the resuscitation were mismanaged.

▶ **PHYSICIAN'S DEFENSE** The vacuum extractor was used properly. The occurrence of shoulder dystocia was unpredictable and unavoidable, and difficult resuscitation was the result of a congenital anomaly of the vocal cords or laryngospasm.

▶ **VERDICT** \$3.25 million California settlement, reached in mediation. ☺

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