

What caused chronic pain after repair of the vaginal wall?

A WOMAN IN HER THIRTIES underwent anterior and posterior repair of the vaginal wall, including repair of a cystocele and a rectocystocele. Postoperatively, the patient developed a chronic pain syndrome.

▶ **PATIENT'S CLAIM** The ObGyn failed to properly perform the surgery, and damaged the pudendal nerve, which causes chronic pain. The ObGyn moved the levator ani muscle; the muscle shifted into the vaginal canal and damaged the pudendal nerve. Informed consent was not obtained.

▶ **PHYSICIAN'S DEFENSE** The patient was fully informed of all the procedure's risks. The injury could not have been from displacement of the levator ani muscle because the muscle cannot reach the vaginal canal. Pain is from scar formation that is entrapping a nerve.

▶ **VERDICT** A New York defense verdict was returned.

DVT + estrogen-based contraception = stroke?

AFTER A DEEP VEIN THROMBOSIS (DVT) in her leg at age 29, a woman was told by her family physician to avoid birth control that contained estrogen. She claimed she told her ObGyn of the history of DVT and the

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no-estrogen advice, but he prescribed and inserted a Nuva Ring, which contains ethinyl estradiol. A few months later, the woman was hospitalized with a severe headache, and suffered a stroke that affected her speech and cognitive functions.

▶ **PATIENT'S CLAIM** The ObGyn was negligent in prescribing a contraceptive that contained estrogen, knowing the patient's history of blood clot.

▶ **PHYSICIAN'S DEFENSE** An injury caused the first clot; the Nuva Ring did not cause the second clot or stroke.

▶ **VERDICT** A \$523,000 Georgia verdict was returned.

New mother dies; was preeclampsia treated properly?

AT HER SEVENTH-MONTH VISIT to her ObGyn (Dr. A), a woman began to show signs of preeclampsia. Two weeks later, she went to the emergency department (ED) with chest pain, cough, and shortness of breath; she was found to have hypertension and tachycardia. She was examined by an emergency medicine physician (Dr. B), and discharged with a diagnosis of bronchitis and a finding of dyspnea.

At a scheduled prenatal visit 2 days later, she was hypertensive. Dr. A sent her to the ED, where a physician assistant noted signs of edema in her extremities. Attempts to draw arterial blood were unsuccessful, and crackles were heard in her lungs. She was diagnosed as having worsening preeclampsia with pulmonary edema, and admitted.

Dr. C, another ObGyn, decided to perform a cesarean delivery, but on the way to the OR, the patient became unresponsive. After delivery, she went into cardiopulmonary

arrest and sustained anoxic brain injury. She died after life support was removed. An autopsy determined cause of death was anoxic encephalopathy due to respiratory arrest caused by preeclampsia.

▶ **ESTATE'S CLAIM** Dr. A failed to provide proper prenatal care, and failed to recognize preeclampsia. Dr. B failed to recognize preeclampsia, failed to contact a specialist, and failed to immediately admit the patient for monitoring and treatment. Dr. C negligently administered a bolus of IV fluids when the patient showed signs of preeclampsia. He failed to administer medication to reduce fluid retention, and failed to timely admit the patient to the hospital.

▶ **PHYSICIANS' DEFENSE** All three physicians denied negligence.

▶ **VERDICT** A \$1.5 million Michigan settlement was reached.

Did resident use forceful traction with shoulder dystocia?

SHOULDER DYSTOCIA was encountered during vaginal delivery, and managed by a resident. The child suffered a brachial plexus injury.

▶ **PATIENT'S CLAIM** The attending physician failed to **1)** properly supervise the resident who was delivering the infant, and **2)** prevent the use of traction after it was determined that shoulder dystocia was present.

▶ **PHYSICIANS' DEFENSE** The resident, under full supervision of the attending physician, utilized traction after the baby's head was delivered and shoulder dystocia became evident—but traction was gentle. The maternal forces of labor caused the injury.

▶ **VERDICT** A \$950,000 Virginia settlement was reached.

Was patient informed that tubal ligation had not been performed?

PREGNANT WITH HER FOURTH CHILD despite birth control, a woman and her husband told the ObGyn that they did not want, nor could they afford, a fifth child. They requested bilateral tubal ligation during cesarean delivery. Two days before the scheduled birth, the mother went into labor. Her prenatal records could not be found, and the ObGyn's office was closed. The ObGyn delivered the baby, but did not perform tubal ligation. She claimed she was never told that the tubal ligation had not been completed, even at the 6-week postpartum visit. She did not take precautions to prevent pregnancy, and later conceived a fifth child.

▶ **PATIENT'S CLAIM** The ObGyn was negligent in not performing the tubal ligation and in not telling the patient until after the fifth child's conception.

▶ **PHYSICIAN'S DEFENSE** The mother was told that tubal ligation had not been performed at the 6-week visit. She was advised to use birth control until she recovered from the cesarean delivery and could undergo a tubal ligation procedure. The ObGyn acknowledged he had forgotten to perform the tubal ligation at delivery, but insisted there was no negligence under the circumstances.

▶ **VERDICT** A California defense verdict was returned.

Patient claims stomach injury caused GERD

DUE TO PELVIC PAIN, a woman underwent laparoscopy by her ObGyn. During the procedure, a trocar punctured her stomach. The injury was

discovered, the procedure converted to a laparotomy with a vertical incision, and the injury repaired.

▶ **PATIENT'S CLAIM** She developed gastroesophageal reflux disease (GERD) because of the puncture wound, and anxiety because of the scar.

▶ **PHYSICIAN'S DEFENSE** Gastric perforation is a rare but recognized complication of abdominal laparoscopy, and can occur without negligence. Her GERD is either due to a hiatal hernia or psychosomatic disorder.

▶ **VERDICT** A Virginia defense verdict was returned.

Physicians not responsible for stroke

SEVERAL DAYS AFTER GIVING BIRTH, a 33-year-old woman visited the ED with chest pain, headache, and abdominal pain. An emergency medicine physician and an ObGyn ordered a chest CT scan and administered anticoagulants. By the time the CT scan was completed, the woman denied having chest pain. No pulmonary emboli (PE) were detected on chest CT, and she was discharged.

The next day, she went to another hospital's ED with a headache and right-side weakness. A CT scan revealed a large left parietal-lobe intracerebral hematoma. A ventricular catheter was placed and she underwent a stereotactic craniotomy for evacuation of the hematoma. She was transferred to a rehabilitation facility a month later.

She suffers permanent neurologic damage, including short-term memory loss and an inability to lift or walk for any great distance.

▶ **PATIENT'S CLAIM** The ED physicians failed to diagnose and treat an acute neurologic event in a timely manner,

and did not obtain specialist consults. Administration of anticoagulants was negligent; protamine therapy should have been started to reverse the anticoagulant effects. Laboratory testing of clotting times and a ventilation-perfusion lung scan should have been conducted to confirm the presence of PE.

▶ **PHYSICIANS' DEFENSE** The patient's condition was appropriately diagnosed and treated in the ED. Administration of anticoagulants was necessary because of suspected PE. There is no evidence that the heparin given to the plaintiff the day before her stroke was related to the stroke.

▶ **VERDICT** A Florida defense verdict was returned.

Did failure to diagnose preeclampsia lead to infant's death?

AT 38-WEEKS' GESTATION, a 21-year-old woman was seen at a hospital's obstetric clinic, and sent to the ED with complaints of leaking fluid and lack of fetal movement. She claimed she showed signs of preeclampsia, pregnancy-induced hypertension, and oligohydramnios, but was not admitted to the hospital. The baby was born 2 days later with persistent pulmonary hypertension (PPH), which led to the child's death at 33 days of age.

▶ **PATIENT'S CLAIM** There was negligence in failing to diagnose preeclampsia, pregnancy-induced hypertension, and oligohydramnios, which caused the baby to be born with PPH.

▶ **PHYSICIAN'S DEFENSE** The cause of the infant's PPH was unknown, and most likely arose in utero prior to birth. An earlier delivery would not have resulted in a different outcome.

▶ **VERDICT** A Illinois defense verdict was returned. 🗳️