

## Did bowel injury lead to finger amputation?

### Pinellas County (Fla) Circuit Court

Following a hysterectomy, a 46-year-old woman suffered multiple complications, requiring 112 days of hospitalization and 6 subsequent surgeries—including amputation of her left thumb and index finger.

In suing, the woman claimed the Ob/Gyn injured her bowel during surgery; this injury went undetected, which led to infection and, ultimately, gangrene in her left hand and septic shock. In addition to the amputation, she also required a tracheostomy and a colostomy for almost a full year. Also cited in the suit were the hospital and several surgical consultants.

The defendant maintained that the woman's complications were due not to bowel injury, but rather to an unavoidable vaginal cuff infection.

- The hospital and consulting surgeons settled for an undisclosed amount. The jury returned a plaintiff verdict, finding the Ob/Gyn 70% at fault. A gross verdict of \$6.6 million was reduced to \$5.3 million for appointment of fault.

## Did negligence lead to ureter, colon injury?

### Lucas County (Ohio) Common Pleas Court

Following a laparoscopic bilateral salpingo-oophorectomy in a 53-year-old woman with chronic pelvic pain, a pyelogram revealed an injured ureter. The injury was repaired and the patient discharged.

The woman returned to the hospital a week and a half later, at which time it was discovered



that her sigmoid colon had also been injured in the first surgery, leading to a fistula. She was treated with a colostomy, and 6 months later the bowel was reanastomosed.

In suing, the woman claimed the physician was negligent for injuring her ureter and colon, and failing to detect the damage in a timely fashion. Had the injury been promptly identified, she argued, her complications would have been less severe.

The defendant denied negligence, noting that ureter injury is a known complication of salpingo-oophorectomy. He further claimed that the damage subsequently discovered developed as a complication of the ureter injury, which was detected and repaired promptly after surgery.

- The jury returned a defense verdict.

## Cesarean ordered late, no OR available

### Lake County (Ill) Circuit Court

Approximately 1 half-hour after admission, fetal monitoring of a woman presenting with ruptured membranes revealed 2 periods of brief deceleration. In the half-hour that followed, however, no decelerations were reported.

The obstetrician left to see other patients, and instructed the nurse to continue fetal monitoring and report any changes. Several periods of decelerations followed, but the nurse never informed the physician. Instead, approximately 1 hour after the first of these decelerations, she reported to the doctor that both mother and fetus were fine.

Following this conversation, the child's heart rate again dropped, at one point reaching 39 beats per minute. A new nurse contacted the doctor, noting

the woman was 8 cm dilated but never conveying the extent of the decelerations.

An emergency cesarean was ordered, but 34 minutes passed before an operating room was available. The child was born with an Apgar score of 0, but was resuscitated. He suffers brain damage and cerebral palsy, and is unable to walk or talk.

In suing, the plaintiff argued that nurses were negligent for not notifying the obstetrician of the heart-rate decelerations promptly. Had this information been conveyed, it was argued, cesarean delivery would have occurred sooner. The plaintiff further cited the hospital for negligence for failing to have an operating room available.

The defendants argued the child's condition stemmed from a ruptured umbilical cord.

- The obstetrician settled for \$450,000 during trial. The jury awarded the plaintiff \$23.3 million against the hospital.

## McRoberts maneuver not recorded

### New London District (Conn) Superior Courts

Following a delivery complicated by shoulder dystocia, a child was diagnosed with Erb's palsy. In suing, the plaintiffs argued the obstetrician did not employ proper maneuvers to dislodge the shoulder.

The defendant claimed that the McRoberts maneuver was used, but never recorded on the chart. Further, it was argued that labor progressed quickly after the dystocia was recognized.

- The jury awarded the plaintiffs \$750,000.

## Covering physician encounters dystocia

### Essex County (NJ) Superior Court

An Ob/Gyn, filling in for a vacationing obstetrician, induced labor in a woman at 36 weeks' gestation with gestational diabetes and ruptured membranes.

Despite signs of fetal distress, the defendant opted for a forceps delivery. The child suffered Erb's palsy, which required 3 surgeries by the time of trial.

In suing, the plaintiff argued that the defendant did not review the woman's medical records. Had he done so, he would have learned that a prior sonogram showed a disproportionately large torso (stemming from the mother's gestational diabetes), which would have alerted him that a cesarean delivery might be necessary.

- The jury returned a verdict for the plaintiff in the amount of \$2.3 million.



Shoulder dystocia

## Was viable pregnancy negligently terminated?

### Coconino County (Ariz) Superior Court

A 28-year-old woman presented to an Ob/Gyn reporting several days of vaginal spotting after a positive pregnancy test. No intrauterine pregnancy could be found on transvaginal ultrasound. Suspecting an ectopic pregnancy, the physician advised termination.

The plaintiff agreed, but later sued the doctor, alleging the pregnancy was actually intrauterine. She further claimed lack of informed consent and an inability to become pregnant.

The defendant maintained that the diagnosis was accurate, and noted that termination was necessary, since the condition's consequences can be fatal. He also claimed informed consent was granted, and noted that the termination offered the woman the greatest chance of future fertility.

- The jury returned a defense verdict. ■

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.