On-line ARCHIVES

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Pain, brain injury due to ruptured uterus

A woman now pregnant with her third child—who had delivered her other two children by cesarean section—presented at the hospital with painful contractions 1 week before a scheduled cesarean section. Because her cervix was dilated only 1 cm, it was decided to monitor her cervical dilation until it indicated active labor and then perform a cesarean section.

Her contractions continued. Despite pain medication, she complained of pain at the "10+" level. Fetal monitoring became difficult and an emergency cesarean section was performed. The baby was found floating freely in the abdominal cavity because the uterus had ruptured. He suffered catastrophic injuries caused by a hypoxic–ischemic brain injury and will require assistance in all activities of daily living.

Patient's claim The cesarean section should have been performed sooner. Also, the complaints of pain should have been investigated further.

Doctor's defense Waiting for cervical dilation before proceeding to cesarean section was proper.

Verdict $5 million Minnesota settlement; part was used to purchase an annuity, and part was placed in a supplemental needs trust.

Wrong ovary removed? Judge dismisses case

A 42-year-old woman complaining of abdominal pain underwent a cholecystectomy and oophorectomy. During the surgery, the surgeon discovered that the right ovary, which was supposed to be removed, was densely adherent to the pelvic side wall. In order to leave the patient with some ovarian function, he decided to just "loosen" the right ovary and remove the left ovary, which was also diseased. The right ovary was removed in a later surgery.

Patient's claim She alleged medical battery for removal of the left ovary, to which she had not consented. Also, failure to remove the right ovary required her to undergo additional surgery.

Doctor's defense Consent for the surgery included authorization to perform medically indicated procedures. By removing the left ovary instead of the right one, the surgeon hoped the patient could maintain some ovarian function.

Verdict $175,000 Tennessee verdict on the battery issue. The trial judge granted the defendant's motion for JNOV (judgment notwithstanding the verdict) and ruled there could be no medical battery. He found that (1) all experts stated that both ovaries were diseased and needed to be removed, (2) it was medically necessary to remove the left ovary, and (3) the patient had authorized any medically indicated procedure. The court dismissed the case. An appeal was pending.

Baby is entrapped by cervix; no OB to help

A 25-year-old woman presented at the hospital in preterm labor. Her ObGyn was contacted at home and prescribed medications. There was no obstetrician at the hospital when the patient's water broke and the baby was found to be in a footling breech position. Delivery of

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the baby—at 23 5/7 weeks and 2 lb—began 5 minutes later, but the head became entrapped by the cervix, leading to asphyxiation. The ObGyn arrived nearly 1 hour later and completed the delivery.

Patient's claim The mother claimed wrongful death and conscious pain and suffering of the infant, as well as negligent infliction of emotional distress for herself. Also, the ObGyn should have left immediately for the hospital when he was first contacted.

Doctor's defense The initial information given to him did not indicate that a rapid delivery was about to occur. The second contact came after the infant had died, and the defendant left immediately for the hospital. Also, it was unlikely the infant would have been born alive because of the early gestational age.

Verdict Initially, a $175,000 verdict against the hospital for intentional infliction of emotional distress and a defense verdict for the ObGyn were returned in Illinois. The latter was overturned on appeal, and a second trial returned a $700,000 verdict for emotional distress.

Did infection cause child's brain damage?

A woman in her 24th week of pregnancy presented with protracted vomiting and other symptoms of hyperemesis gravidarum. Her treating ObGyns ordered a peripherally inserted central line for the infusion of fluid, after which the patient was cared for at home by a home health nurse. Neither the physicians nor the nurse noticed that the central catheter had caused an infection. The patient went into septic shock but recovered. The child, however, was born with severe brain damage and requires 24-hour care, which he receives at home.

Patient's claim The undiagnosed infection caused the fetal injury in utero.

Doctor's defense The child's condition was genetic and unrelated to the infection.

Verdict Michigan defense verdict.

Death following endometrial ablation

A 51-year-old woman weighing between 270 and 290 lb was to undergo endometrial ablation to control heavy menstrual bleeding. To increase her hematocrit for the surgery, her internist treated her with iron infusions. The patient told the anesthesiologist who reviewed her medical history and current physical health that, despite her weight, she could climb stairs and walk several blocks without shortness of breath. She rejected spinal anesthesia, and the anesthesiologist decided surgery could proceed safely.

About 40 minutes into the surgery, the gynecologist noticed the patent's leg moving slightly. He then used a nerve stimulator to produce additional movement. Vital signs remained stable. The anesthesiologist administered a paralyzing agent, and the patient's heart rate decreased 5 minutes later. The patient then died, apparently due to an embolism.

Plaintiff's claim (1) Inappropriate hormone therapy from the gynecologist caused the need for endometrial ablation. (2) A significant fibroid made her a poor candidate for endometrial ablation. (3) A more thorough workup, including chest radiograph, echocardiogram, pulmonary function test, and arterial blood gas analysis, should have been performed by the anesthesiologist before surgery.

Doctor's defense (1) There was no negligence involved. (2) Additional tests would not have provided helpful information. (3) Additional tests would not have changed the clinical plan.

Verdict California defense verdict. ■

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