

## 6 hours in lithotomy position leads to nerve damage

**FOLLOWING A HYSTERECTOMY**, a patient remained in the hospital for 18 days, during which time she developed agonizing pain in her legs. Also, her kidneys failed and she needed many rounds of dialysis.

▶ **PATIENT'S CLAIM** The physician was negligent for failing to reposition or lower her legs during the 6-hour surgery, for which she remained in a lithotomy position with her legs elevated. This caused compartment syndrome, as well as injury to motor and sensory femoral nerves and sciatic nerve involvement of the superficial perineal nerve.

▶ **DOCTOR'S DEFENSE** Although injury to the legs can occur if left in the lithotomy position for an extended time, the patient could not be repositioned because she was experiencing life-threatening hemorrhaging.

▶ **VERDICT** \$700,000 California award, including \$450,000 for economic losses and \$250,000 for noneconomic losses.

## Lost Pap smear delays diagnosis and treatment

**A 36-YEAR-OLD WOMAN** went to a new physician for gynecologic care. A Pap smear was not performed at her first visit, as her last one—only 6 months earlier—was normal. She was advised to return for another test in 6 months.

A Pap smear was performed at the patient's next annual exam 10

months later. The physician said he would contact her if the results were abnormal. Three months later, the patient complained of vaginal discharge, and then continued to contact the physician's office concerning urinary tract infections.

At her next annual exam the following year, a Pap smear was performed, during which the cervix bled easily. She learned that the results of the earlier Pap smear were not in the record. The current Pap test indicated low-grade intraepithelial lesion and mild dysplasia with possible extension into the glands.

A few days after learning of the results, the patient underwent a colposcopy and biopsy. The pathology report revealed severe dysplasia with involvement of the endocervical glands. The physician noted at this time that the lab had never received the previous year's specimen.

Two months later, the patient underwent a cone biopsy. Pathologic evaluation indicated moderate to severe dysplasia with extensive involvement in several areas. The patient had a vaginal hysterectomy for cervical carcinoma in situ 3 months later.

▶ **PATIENT'S CLAIM** If the physician had followed up on the results of the first Pap smear, he would have learned that the specimen never reached the laboratory, and he would have contacted the patient to have a repeat Pap test—instead of letting more than 2 years pass between two Pap smears. An earlier cancer diagnosis would have allowed her to undergo ablative therapy and avoid the hysterectomy.

▶ **DOCTOR'S DEFENSE** Nothing would have changed the patient's outcome.

▶ **VERDICT** \$500,000 Massachusetts settlement.

## Sphincter laceration causes bowel and sexual problems

**A 31-YEAR-OLD WOMAN** gave birth by forceps delivery with the fetus at +2 station. The mother suffered a fourth degree laceration, which the OB tried to—but could not—repair. After discharge, the patient experienced constipation and difficulty controlling her bowel movements and could not have sexual intercourse. Nine months later, she underwent vaginal reconstruction, but impairment to her bowels and difficulties with intercourse are expected to continue.

▶ **PATIENT'S CLAIM** The physician was negligent during the delivery and repair of the laceration. The repair should have been performed by a physician with colorectal training and experience in such procedures. Also, forceps were used prematurely.

▶ **DOCTOR'S DEFENSE** Sphincter laceration is a recognized complication of delivery. Also, a colorectal surgeon was not needed.

▶ **VERDICT** \$1,726,000 Pennsylvania verdict; recovery was limited by a confidential high-low agreement. ☹

*For more on sphincter repairs  
Obstetric anal sphincter injury:  
7 critical questions about care*

FIND IT IN THE FEBRUARY 2008 ARCHIVES  
AT [WWW.OBGMANAGEMENT.COM](http://WWW.OBGMANAGEMENT.COM).

*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 ([www.verdictslaska.com](http://www.verdictslaska.com)). The available information about the cases presented here is sometimes incomplete; pertinent details of a given situation therefore 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.*