Sutures in sciatic nerve cause multiple problems

A GYNECOLOGIC ONCOLOGIST recommended and repaired a cystocele that was causing urinary incontinence in a patient. Immediately following the surgery, the patient experienced severe pain radiating from her right buttock to her right knee and developed numbness in her right toes. Two days later, after consultation with a neurologist, she underwent further surgery. After it was found that the first physician had placed sutures in the right sciatic nerve, they were removed. The nerve sustained permanent injury, and the patient continues to have chronic pain, paresthesia, weakness, fatigue, and an altered gait.

- **PATIENT'S CLAIM** The physician was negligent for placing the sutures in the sciatic nerve.
- **PHYSICIAN'S DEFENSE** The physician denied any negligence.
- **VERDICT** $700,000 Indiana verdict, which included $25,000 for loss of consortium for the patient's husband.

Was retained sponge from C-section—or later surgery?

A 16-YEAR-OLD PATIENT delivered a baby by C-section, which proceeded uneventfully. Eight months later, because of abdominal pain, the patient underwent an exploratory laparotomy performed by Dr. A, a surgeon. She continued to experience abdominal pain, the origin of which could not be found. After another 8 months, in exploratory surgery performed by Dr. B, a retained lap sponge was found and removed. At this time, the patient was 5 months pregnant. Two months later, the baby was delivered prematurely and lived for 12 days.

- **PATIENT'S CLAIM** The retained lap sponge was left there during the laparotomy surgery performed by Dr. A, and it should have been found sooner.
- **PHYSICIAN'S DEFENSE** The retained sponge was left during the C-section. Also, the death of the second child was unrelated to the retained sponge.
- **VERDICT** Kentucky defense verdict. An appeal was pending.

$22 million award follows preeclamptic mother's death

A 29-YEAR-OLD WOMAN who was 9 months pregnant presented at the hospital with a severe headache. She was admitted to labor and delivery, where she was examined by an experienced nurse and a 2nd year resident. A diagnosis of preeclampsia and HELLP syndrome, as indicated by lab tests, was given. The patient was administered three 10-mg doses of labetalol—despite hospital policy of administering the drug every 10 minutes in increasing doses until the blood pressure returns to a safe level. When labor was induced, her blood pressure rose dangerously and she became unresponsive. The baby was delivered successfully by emergency C-section. A CT scan indicated that the mother had suffered a massive brain hemorrhage. She was placed on a ventilator for 4 days, and died when it was disconnected.

- **PLAINTIFF'S CLAIM** Labetalol was not administered properly and according to hospital policy.
- **PHYSICIAN'S DEFENSE** The patient would likely not have survived because the preeclampsia and HELLP syndrome were so severe.
- **VERDICT** $22 million Illinois verdict.

Woman conceives after undergoing tubal ligation

A 29-YEAR-OLD WOMAN underwent a tubal ligation. But 9 to 10 months later, she became pregnant. A subsequent ligation indicated a "normal appearing" right fallopian tube.

- **PATIENT'S CLAIM** The physician failed to ligate the proper structure.
- **PHYSICIAN'S DEFENSE** The right fallopian tube had recanalized and appeared normal. However, there was no negligence in performing the tubal ligation.
- **VERDICT** District of Columbia defense verdict.

Placental fragment, aggressive D&C—failed pregnancy

A WEEK AFTER DELIVERING a healthy baby, a woman underwent an emergency dilation and curettage (D&C) because of severe, life-threatening bleeding. Two years later, she suffered a miscarriage, and 7 months after that an ectopic pregnancy.

- **PATIENT'S CLAIM** The obstetrician was negligent for failing to examine the placenta after the birth, leading to a retained placental fragment that caused the bleeding. An aggressively performed D&C resulted in Asherman's syndrome, which caused the miscarriage and ectopic pregnancy.
- **PHYSICIAN'S DEFENSE** At the time of delivery, the placenta was inspect-

ed properly. There was nothing to indicate a retained placental fragment, which is a recognized complication of delivery. The D&C was performed properly; uterine scarring is a recognized complication of the procedure.

▸ **VERDICT** Illinois defense verdict.

Gallbladder disease during pregnancy is not properly treated

FOR A MONTH BEFORE DELIVERY of her child, a woman suffered severe abdominal pain and vomiting, for which she took over-the-counter calcium carbonate antacids. Two days before giving birth, she was admitted to the hospital dehydrated and with life-threatening elevated calcium in her blood. She was transferred to another hospital, where she gave birth to a child with cerebral palsy at 28 weeks' gestation. She then underwent removal of her gallbladder.

▸ **PATIENT'S CLAIM** The plaintiff child claimed the treating ObGyn failed to properly treat the mother's gallbladder disease and pancreatitis.

▸ **PHYSICIAN'S DEFENSE** The mother's problems were mainly due to ingestion of an off-label dosage of over-the-counter calcium carbonate antacids.

▸ **VERDICT** Nebraska defense verdict. The plaintiff appealed the case on the basis of exclusion of some expert testimony. The case was affirmed on appeal.

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). 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.

PRODUCT UPDATE

BD FOCALPOINT™ IMPROVES CERVICAL CANCER SCREENING

The BD FocalPoint™ GS Imaging System (BD Diagnostics, Becton, Dickinson and Company, Burlington, NC) was recently approved by the US Food and Drug Administration. It enhances cervical cancer screening for cytology laboratories using the BD SurePath™ Pap test slides to detect evidence of squamous carcinoma, adenocarcinoma, and their usual precursor conditions. Regular Pap testing, although key to early detection of cervical cancer, has limitations. Approximately one-third of Pap smear false negatives result from screening and interpretive errors in which abnormal cells are incorrectly classified. The state-of-the-art guided screening (GS) technology of this system helps rapidly relocate the fields of view that the system has identified as the most likely to contain cells of interest. **For further information, please see the BD Diagnostics ad on page 9 of this issue.**

OMNITAPE™ IS NEW MESH SLING TO TREAT STRESS UI

Omnitape™ is the newest product developed by Mpathy Medical (Raynham, Mass), a medical device company that has developed surgical solutions to restore pelvic health to women. Omnitape, which recently was approved by the US Food and Drug Administration, is an ergonomic mesh sling designed by a surgeon to treat female stress urinary incontinence. Similar to the Minitape® and Restorelle™ product lines, it is constructed with the physiologically compatible, ultralightweight Smartmesh™ Technology for optimal tissue integration, collagen growth, and near-zero erosion rates. The polypropylene mesh works in concert with the patient's own natural tissue for optimum safety and results. **For further information, go to www.obgmanagement.com and click on Links and Resources to access "Product Update."**

OXYBUTYNIN TOPICAL GEL ALLEVIATES SYMPTOMS OF OAB

The US Food and Drug Administration has accepted for filing a New Drug Application (NDA) for oxybutynin chloride topical gel (OTG) from Watson Pharmaceuticals, Inc. (Corona, Calif). A novel transdermal gel for treating overactive bladder (OAB), OTG administers oxybutynin through the skin to produce consistent oxybutynin concentrations over a 24-hour period—and thus avoids first-pass metabolism and the resulting high metabolite levels present with oral oxybutynin dosing. A once-daily, nickel-sized, 1-g unit dose of OTG delivers about 4 mg of oxybutynin per day. The NDA filing is based on data from a phase 3 double-blind, placebo-controlled study of 789 patients with OAB. Over 12 weeks, patients treated with OTG once daily had a highly significant decrease in OAB symptoms versus placebo. The only treatment-related side effects reported in more than 2% of participants were dry mouth and application-site pruritus. **For further information, visit www.obgmanagement.com and click on Links and Resources to access "Product Update."**

INFORMATION PROVIDED BY THE MANUFACTURERS OF THESE PRODUCTS.