Emergent hysterectomy after abortion complications

A 40-YEAR-OLD WOMAN had a pregnancy termination at 8 weeks' gestation. During the procedure, her uterus was perforated, resulting in excruciating pain. In a subsequent emergency hysterectomy, she lost 4 L of blood.

▸ **PATIENT'S CLAIM** Even though she complained of pain during the abortion, the physician refused to stop, and clinic employees held her down until the procedure was completed.

▸ **PHYSICIAN'S DEFENSE** The patient had been informed of the risks of the procedure, including a perforated uterus, and stopping in the middle was medically inappropriate. Also, the patient had been told it was important to remain still during the procedure, but she was unwilling or unable to do so.

▸ **VERDICT** Confidential Nebraska settlement.

Extensive surgery precedes final report of "no ovarian Ca"

A 52-YEAR-OLD WOMAN underwent an exploratory laparotomy performed by Dr. A, a gynecologist. Tissues from her ovaries, peritoneal implant, and omentum were sent for testing. Preliminary findings indicated well-differentiated papillary serous cystadenocarcinoma, and were submitted for further consultation and definitive final diagnosis. The patient then met with Dr. B, a gynecological oncologist, who informed her that she had ovarian cancer with metastasis. She underwent extensive surgery: total abdominal hysterectomy, appendectomy, omentectomy, staging laparotomy, lymph-node dissection, and resection of pelvic implants. Following surgery, she was informed that she did not have ovarian cancer, and the final lab report indicated a borderline serous tumor.

▸ **PATIENT'S CLAIM** The second surgery, 24 days following the initial surgery, was performed before a definitive diagnosis was received from the lab—and it was unnecessary.

▸ **PHYSICIAN'S DEFENSE** Not reported.

▸ **VERDICT** Florida defense verdict. An appeal was pending.

Patient takes drug while pregnant; her infant dies

AFTER THE BIRTH of her first child, a woman developed symptoms of hypertension. Dr. A, an internist, prescribed valsartan (Diovan, an angiotensin II receptor blocker manufactured by Novartis). Seven years later, the patient went to Dr. B when Dr. A was out of town. Dr. B wrote a prescription for valsartan and instructed her to return in 1 month to check her blood pressure and again in 1 year. She did not return for that check. Eight months after that, she was pregnant. Dr. C, her ObGyn, knew she was taking valsartan, but did not tell her to discontinue its use. For the first 6 months of her pregnancy, she continued taking valsartan. She later returned to Dr. B, who told her she could double her daily dosage of valsartan. She gave birth to a baby who lived only a few days.

▸ **PATIENT'S CLAIM** Valsartan's packaging and the PDR indicate that it is inappropriate to take valsartan during pregnancy. As a result of its ingestion, the infant died. Initially, the lawsuit included a products-related claim against Novartis, as well as a claim against the pharmacy that filled the prescription.

▸ **PHYSICIAN'S DEFENSE** Dr. B assumed that Dr. C was managing the patient's pregnancy and hypertension concerns. Dr. C admitted he did not know of the risks of valsartan to a fetus.

▸ **VERDICT** Alabama defense verdict for Dr. B; $700,000 settlement with Dr. C; and $60,000 settlement with the pharmacy. Novartis was granted a summary judgment.

$2.5 million award when child has lethal heritable disease

A PATIENT GAVE BIRTH to a child who had Canavan disease, a neurologic disorder characterized by spongy degeneration of the central nervous system, with death often occurring by 4 years. The disease is found especially in Eastern European Jews.

▸ **PATIENT'S CLAIM** The intake nurse at the health center failed to ask proper questions that would have suggested the need for genetic testing. The nurse and three midwives should have performed genetic testing once they learned the patient was Jewish to determine if she was a carrier of Canavan disease.

▸ **PHYSICIAN'S DEFENSE** The patient failed to fill out the intake form properly, because she neglected to indicate whether her parents had the Jewish background that could be a carrier for Canavan disease.

▸ **VERDICT** $2.5 million New Jersey settlement.

CONTINUED ON PAGE 58

Blood loss addressed too late, mother dies after childbirth

A 35-YEAR-OLD WOMAN went to her ObGyn for a routine prenatal visit. As she was 6 to 7 cm dilated, she was sent to the hospital for evaluation. Her baby was delivered by C-section very early the following morning, and the patient was moved to the recovery room. Her blood pressure was low and continued to drop. A second physician examined her 1.5 hours later and removed a 250-mL clot from her vagina—at which time her blood pressure was 71/32. She was administered crystalloid fluids, but no blood or blood products. Within half an hour, diastolic pressure could not be obtained. It was decided to perform an ileac artery embolization. However, the patient became bradycardic and went into ventricular fibrillation. She was resuscitated and taken for an emergency hysterectomy, during which blood and a clot were found in her abdominal cavity. Again she arrested and was resuscitated, and then continued to decline and died.

▸ **PLAINTIFF'S CLAIM** The patient first showed signs of serious postsurgical bleeding while in the recovery room, but the blood loss was not addressed. The hysterectomy was not performed in a timely manner to address the uterine atony, which caused the bleeding.

▸ **PHYSICIAN'S DEFENSE** Not reported.

▸ **VERDICT** $1 million Maryland settlement.

Surgery, inadequate Paps—then stage IV endocervical Ca

FOLLOWING A DIAGNOSIS of cancer in her endocervix, a woman had the cancer removed surgically. Her physician scheduled her for semiannual Pap smears to monitor the endocervix for recurrence of the cancer, but he ordered no other testing. He performed the Pap smears; however, as the surgery had closed off the endocervix, the spatula could reach only the ectocervix and not the endocervix, which needed to be sampled. When the lab reported back that there were no endocervical cells on the smears, the patient was just told that the results were normal. She also was not informed that the endocervix could not be reached. Eventually, the patient received a diagnosis of stage IV endocervical cancer.

▸ **PLAINTIFF'S CLAIM** Follow-up Pap smears to obtain adequate samples including endocervical cells were to have been performed. Her physician concealed the fact that he was unable to obtain an adequate sample from the previously cancerous area, and he failed to monitor her for recurrence of that cancer.

▸ **PHYSICIAN'S DEFENSE** The claims for all but one of the Pap smears was time-barred, and the concealment argument did not apply.

▸ **VERDICT** Confidential Florida settlement after a defense motion for summary judgment was denied.

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