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General Surgery Sample Case

Colon surgery, postoperative hemorrhage and large gauze sponge left behind.

With any surgery the standard of care requires that the surgeon and their assistant not leave any sponges (gauze pads) inside the body. The standard of care also requires the operating room nurses and technicians maintain an accurate count. If any instrument, sponge or absorbent cloth pad is missing, an immediate x-ray is required and its removal through the original incision is required. Foreign bodies can increase the risk of infection (it takes fewer germs to potentiate an abscess) and increases the risks of scar tissue. This scarring, in some locations, can increase the risk of intestinal obstruction ("locked bowels").

At age 49 he strained at work and saw Dr. #1 on 2/3 who diagnosed a right inguinal (groin) hernia. Surgery on 2/14 revealed a benign fatty tumor (lipoma) of the spermatic cord. This is a common finding and can be reasonably confused with a hernia. He did have some muscle weakness, an early direct inguinal hernia, and it was correctly repaired with the use of nylon mesh and sutures. He recovered without complications.

From 3/10 to 3/14 he was hospitalized with a kidney infection and had kidney and ureteral stones (in the tube that conducts urine from the kidney to the bladder). The CT scan "showed a question of diverticulitis" (large intestine inflammation). No other pathology was seen. There were no enlarged lymph nodes or enlarged spleen. This conservative care was good.

On 5/16 a follow-up CT scan raised the potential for colon (large intestine) cancer. The colonoscopy (using a flexible lighted telescopic device) found a stricture (narrowing) and could not fully evaluate the colon.

Because of all of the above, surgery was indicated to remove that part of his sigmoid colon (large intestine). Inside his abdomen, no cancer was felt or seen in liver, spleen, or lymph nodes. The frozen section (immediate biopsy) was negative for cancer and the 23 centimeters (10 inches) of his scarred sigmoid colon was correctly removed.

Just after his abdomen was sutured closed, there was evidence of abdominal hemorrhage (low blood pressure: mild shock), so his abdomen was re-opened by taking out the suture. The blood was removed and the entire abdomen was inspected. A bleeding sigmoid artery was sutured.

Postoperative bleeding of this nature is not negligent. Arteries do go into spasm and sometimes spontaneously stop bleeding, and since they are often covered by intestinal fat, are not seen and not sutured. The body does dislodge clots and starts to dissolve them. This results in postoperative bleeding. This was timely recognized and controlled.

At all intra-abdominal operations, laparotomy ("lap") pads are used. They are cloth washcloths 13 x 14 inches (33 x 35 centimeters). They have a six-inch long cloth corner tab that is usually secured at its end by a hemostat (self-locking pliers) which is left to hang outside the abdomen to decrease its risk of loss. Even if a clamp is not used it must be counted before, and two times after use by the operating room technician and nurse. Those records are missing. Leaving that "lap pad/tape" in his abdomen was a clear departure from the standards of care.

Although the initial pathology examinations did not find colon cancer, there were abnormalities of the lymphocytes (a form of white blood cell). Sophisticated studies eventually (by 9/20) revealed a non-Hodgkin's lymphoma (lymph cell cancer).

On 6/1 the same surgeon, Dr. #2 reoperated after an abdominal x-ray revealed the presence of the lap pad. It was located above the spleen (between the spleen and the diaphragm: breathing muscle separating the abdomen from the chest). It was easily removed. No intestinal scar tissue would form from its location. No abscess (infection) was noted nor developed. The abdomen was re-closed using the original "running suture." All this is good care after the negligently retained "sponge" was found. It did not complicate his care.

Even if it was left behind during the immediate re-operation for hemorrhage, that does not excuse the surgeon, the assistants, the hospital employees, and the hospital. If there was any question a full abdominal x-ray should have been taken in the operating room. It is radiopaque (shows up on an x-ray).

At that colon surgery they felt a prostate nodule, which was correctly biopsied on 7/19. It was benign (not cancer).

Because of his recurrent kidney stones, tests were done which revealed a para-thyroid tumor adjacent to his thyroid gland, in his neck. It was correctly removed on 8/31 and was benign. Because of his diagnosis of non-Hodgkins lymphoma (a diffuse lymph gland and lymph cell cancer) he had a Port-A-Cath indwelling venous catheter and device inserted for chemotherapy. This also was good care.

The only issue is the negligence of leaving that "lap pad" behind on 5/26 which required another abdominal operation on 6/1 to remove. That caused added pain, suffering, and expense, and a few extra days of hospital stay.

The defense will contend that there was an emergency operation from the hemorrhage and that the "lap tape" location was not in easy view or easy to feel. That is no excuse, only some defense jury appeal. They will correctly claim that it had no long-term effect on his health.

To proceed in this case please supply all the intra-operative and peri-operative records from 5/26, and a copy of the x-ray and report that revealed its presence. Obtain the hospital protocols for sponge, lap tape and instrument counts. You may want to obtain all the personnel records from all the responsible staff from that 5/26 operation. Obtain their training school records, previous employer, and subsequent employer (if any) records as well as all incident reports.

I suggest that the patient be evaluated by a local Clinical Psychologist with courtroom experience for any residual emotional (psychological) damages. Administration of standardized tests such as the M.M.P.I. (Minnesota Muliphasic Personality Inventory) which have been given to millions of people would further support that opinion before a jury.

We can supply General Surgery and Nurse Experts pursuant to our Fee Schedule.