



120 Beulah Road, NE, Suite 200
Vienna, Virginia 22180
Toll Free: 800-336-0332
Fax: 703-255-6134
www.malpracticeexperts.com

Gynecology Sample Case

Attempted laparoscopic tubal ligation with puncture of aorta (main artery in the abdomen).

An outpatient entry dated September 24 from a Hospital #1 Gynecologist (signature is illegible) documented that the patient had requested tubal ligation as a means of sterilization. Risks and benefits of this procedure were allegedly given to her, although the details of this discussion are unavailable.

On November 12 she was 35 years old when she was admitted to Hospital #1 for a laparoscopic tubal ligation by Dr. #1. Three separate attempts were made by Dr. #1 to insufflate the abdomen with carbon dioxide. All three attempts were unsuccessful. The first two attempts failed due elevated intra-abdominal pressures (above 14mm). The third attempt at placement of the Verres needle was complicated by puncture of the aorta, an uncommon therapeutic misadventure that further suggests inexperience with this procedure.

It is my opinion that three failed attempts at abdominal laparoscopic insufflation with resultant perforation of the aorta represents deviations from existing standards of care. The Verres needle and the trochar (sharp introducer) of the laparoscope needs to be pointed toward her sacrum (tailbone), which would avoid hitting the aorta.

Puncture of the aorta, the primary arterial conduit in the body, could well have proved fatal in this case. Instead, an additional extensive surgical procedure with considerable scarring and a more protracted recuperation period was required to stabilize the peri-aortic hematoma and to successfully complete the tubal ligation procedure.

It would be very important to learn if the risk of bleeding and aortic perforation were explained to her on September 24 or on any other pre-operative date. It is also important

to realize that three failed attempts at abdominal insufflation with an aortic perforation as a peri-operative complication is, more likely than not, an example of surgical negligence.

In this specific case, Expert opinions in the areas of Gynecology and General Surgery should be strongly considered. Also discovery or similar means may be useful to elucidate the full scope of Informed Consent that was given to this patient by Dr. #1.