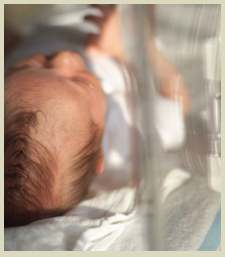

Circumcision accident: $1.3M verdict

A NEWBORN UNDERWENT CIRCUMCISION when 12 hours old. The ObGyn removed adhesions present between the foreskin and glans. After locking the Mogen clamp, the ObGyn amputated a 9-mm by 8-mm portion of the top of the penis along with the foreskin. The newborn was rushed to a children's hospital where a pediatric urologist surgically reattached the amputated glans. The child's penis is not cosmetically normal, with permanent scars and disfigurement. He has altered nerve sensation at and above the area of the amputation.

PARENTS' CLAIM The ObGyn improperly performed the circumcision. He failed to remove a sufficient amount of adhesions, pulled too much into the clamp, and amputated 30% of the distal portion of the glans.

PHYSICIAN'S DEFENSE The ObGyn circumcised this child the same way he had performed more than 1,000 circumcisions. Multiple dense adhesions between the glans and foreskin caused the top of the penis to be inadvertently pulled through the clamp. Amputation is a known risk of the procedure.

VERDICT A $1,357,901 Illinois verdict was returned.

What caused child's kidney disease?

AT 36 WEEKS' GESTATION, a mother came to the emergency department (ED) with abdominal pain. She had proteinuria, elevated liver enzymes, and a low-normal platelet count. An ObGyn determined that the fetus was normal, and discharged her.

The patient returned 2 days later with internal bleeding and placental abruption. She was diagnosed with hemolysis, elevated liver enzymes, and low platelet count (HELLP syndrome). The child, born by cesarean delivery, had kidney failure that caused growth retardation. The child has received a kidney transplant.

PARENTS' CLAIM The mother should not have been discharged from the hospital with abnormal findings.

DEFENDANTS' DEFENSE The case was settled during trial.

VERDICT A $1 million New Jersey settlement was reached, of which $100,000 was provided to the mother.

Excessive force blamed for Erb's palsy

SHOULDER DYSTOCIA was encountered during delivery. The child suffered a brachial plexus injury with Erb's palsy. She received botulinum toxin injections and underwent nerve-graft surgery to restore some function. She has limited use of her right arm and a protruding right elbow.

PARENTS' CLAIM The ObGyn used excessive force in response to shoulder dystocia.

PHYSICIAN'S DEFENSE The case was settled at trial.

VERDICT A $1 million New Jersey settlement was placed in a structured payment fund to provide a net $1.78 million over the child's lifetime.

Was woman unlawfully seeking drugs?

A 30-YEAR-OLD WOMAN went to an ED with pelvic pain and vaginal discharge. An ED physician conducted a physical exam. Blood tests indicated the patient had taken barbiturates, but the patient could not explain the findings. Determining no cause for her symptoms, the ED physician discharged the patient.

Just after she left, the ED physician found that the patient had several narcotics prescriptions and called the police. The patient was arrested and charged with unlawfully seeking drugs at the hospital. Criminal charges were later dismissed.

PATIENT'S CLAIM The ED physician did not properly examine her; she was found to have endometriosis and underwent surgery a few weeks later. The ED physician was negligent for divulging her personal information to police.

The ED physician had had his physician's license suspended due to substance abuse and had also been arrested for driving under the influence after his license was restored.

PHYSICIAN'S DEFENSE The ED physician's examination and treatment were proper. The phone call to police was not part of treatment. The patient had a malicious prosecution basis for any claims.

VERDICT A $125,000 Kentucky verdict was returned.

These cases were selected by the editors of OBG MANAGEMENT *from* Medical Malpractice Verdicts, Settlements & Experts, *with permission of the editor, Lewis Laska (www.verdictslaska.com). The information available to the editors about the cases presented here is sometimes incomplete. 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.*

PHOTO: THINKSTOCK

Cascading problems: Mother and baby die

A PREGNANT WOMAN was admitted to an ED, where the on-call physician determined that she had pneumonia. The patient's ObGyn, 45 miles away, refused to come to the hospital or arrange for another ObGyn to take the case.

Several hours later, after the mother was found to have fulminant preeclampsia, the ObGyn demanded the patient be moved to the hospital's internal medicine (IM) service. However, the IM service refused to admit the patient because she needed obstetric care. The ObGyn tried to transfer the patient to a maternal-fetal medicine (MFM) specialist at a tertiary care center; transfer was refused because the patient was too unstable and needed an emergency cesarean delivery. The ObGyn continued to refuse to relinquish care to another ObGyn.

The ED physician decided to transfer the patient to another hospital 50 miles away even though she was now in active labor. An MFM specialist accepted transfer. After 5 hours in the ED, the mother left by ambulance, but, during transport, she suffered placental abruption and internal hemorrhaging. She was in critical condition upon arrival. An emergency cesarean delivery was performed, but the mother died. The baby, born with severe brain damage, also died.

ESTATES' CLAIM The ED physician failed to properly and timely determine that the mother had preeclampsia; no treatment for hypertension was provided. The ED physician withheld critical information, including the patient's severe hypertension, proteinurea, and edema, when speaking to the MFM specialist who accepted transfer. The ED physician did not evaluate the mother before departure and certified the transfer although the patient was highly unstable.

The ObGyn was negligent in not transferring care to another ObGyn and not coming to the hospital. The ObGyn did not inform the ED physician of the rejected attempt to transfer the patient or of the first MFM specialist's recommendation for emergency cesarean. Both mother and baby could have survived with proper treatment.

DEFENDANTS' DEFENSE The case was settled at trial.

VERDICT A $900,000 Michigan settlement was reached.

Fecal incontinence after episiotomy

A 26-YEAR-OLD WOMAN gave birth after her ObGyn created an episiotomy to facilitate delivery. The incision was repaired and the ObGyn prescribed docusate (Colace) to soften her stools.

A month later, the patient reported fecal incontinence. The ObGyn determined that the incontinence was related to the episiotomy, but did not feel that immediate attention was needed. When the condition did not improve, the patient saw a colorectal surgeon, who diagnosed a significant sphincter defect. The patient underwent a sphincteroplasty, with minor improvement.

PATIENT'S CLAIM The ObGyn failed to properly manage episiotomy healing. The patient remembers being told to stop docusate after she had passed one stool after delivery. A 10-day regimen of docusate and a diet to reduce defecation frequency should have been prescribed. Incontinence should have prompted an immediate referral to a colorectal surgeon.

PHYSICIAN'S DEFENSE Prompt surgical intervention was not necessary. Sphincteroplasty can be delayed until conservative methods have been tried. Episiotomy healing was properly addressed. Permanent incontinence is a known risk of the procedure.

VERDICT A $6 million New York verdict was returned.

Meconium aspiration syndrome

A BABY STAYED IN HOSPITAL for 3 weeks postdelivery due to meconium aspiration syndrome.

PARENTS' CLAIM The resident who followed the mother during her pregnancy was negligent in allowing the pregnancy to progress to 46 weeks' gestation before delivery.

DEFENDANTS' DEFENSE The estimated date of conception was disputed. The resident claimed that the baby was born at 42 weeks' gestation. An attending physician reviewed all prenatal visits with the resident. The mother's cervix was never ripe before induction of labor. Aspiration occurred despite aggressive suctioning. The child has had no further respiratory issues since her neonatal discharge.

VERDICT An Illinois defense verdict was returned.

PHOTO: SHUTTERSTOCK