

Did delay result in stage IV breast cancer?

Brockton (Mass) Superior Court

Then a 62-year-old woman complained of W a slight swelling in her armpit, her physician allegedly told her that thyroid blood tests and blood pressure checks he had performed at a previous visit were sufficient to rule out cancer. He also noted that her annual mammograms were negative.

Eighteen months later, the woman alleged, she presented with a walnut-sized lump in her armpit, but the doctor did not detect a mass. In another 6 months, the physician detected a mass and diagnosed terminal stage IV breast cancer.

In court, the woman claimed the physician gave her a false sense of security when he said blood work would be enough to detect breast cancer. Further, she contended that his followup procedures and delayed diagnosis did not fall within the standard of care.

The doctor maintained the woman did not complain of armpit swelling or pain until just before he diagnosed her with breast cancer.

■ The jury returned a defense verdict.

Episiotomy, fourth-degree tear lead to colorectal surgery

Plymouth County (Mass) Superior Court

49-year-old woman delivered her second Achild vaginally after a previous cesarean section. During delivery, she required an episiotomy and experienced a fourth-degree tear.

Six days after her discharge, the patient's husband called the doctor to report that his wife was suffering from severe constipation. The doctor advised him to give her an enema. The first enema had no effect, so a second one was administered. Later, the woman experienced a bloody bowel movement. The doctor diagnosed her with cloaca, a merger of the vaginal and rectal openings. She was referred to a colorectal surgeon to repair the condition.

At the time of trial, the patient said she continued to suffer from incontinence and had not engaged in sexual intercourse due to pain. She claimed that the doctor failed to advise her of the risks of an episiotomy or instruct her on how to care for the site. In addition, she contended that she was discharged without having a bowel movement. Further, she argued that recommending an enema without conducting an examination violated the standard of care. She said the enema's hard nozzle may have caused trauma to the tissue and damaged the episiotomy.

The doctor argued that the bowel movement caused the problem, not the enema, and observed that an enema is the safest and most effective way to treat constipation.

■ The jury returned a defense verdict.

Were ovaries removed without consent?

Ventura County (Calif) Superior Court

A 38-year-old woman complained of pelvic pain on her left side. Her physician performed an ultrasound and discovered multiple uterine fibroids. He recommended she undergo surgery once the pain became unbearable.

Three months later, the woman reported cramping and severe pain during intercourse. The doctor prescribed a painkiller and scheduled a surgery in 2 months. Since the consulting doctor no longer performed surgery, the woman was referred to his partner.

During her preoperative visit, the patient



was given an informed consent form for hysterectomy in which ovary removal was mentioned. At trial the woman claimed to have told the doctor she did not want her ovaries removed. She said the physician called the form a formality and reassured her that he would not remove her ovaries.

During the operation, the doctor discovered severe endometriosis over both ovaries, obliterating the pelvic cul-de-sac. The woman's condition was further complicated by severe adhesions. The doctor then performed a bilateral salpingo-oophorectomy and prescribed a course of hormone replacement therapy.

In suing, the woman claimed the doctor lacked informed consent to remove her ovaries. She also reiterated her strong desire to preserve her ovaries despite the pathology.

The doctor contended that he had acted within the standard of care and said the woman's signature on the consent form approved the possibility of ovary removal. He also argued that the severe condition of her ovaries necessitated removal.

■ The jury returned a defense verdict.

Amniotic fluid embolism precedes mother's death

Harris County (Tex) District Court

uring the delivery of her fifth child, a woman suffered an amniotic fluid embolism and died. Her son was delivered successfully.

The patient's husband sued, alleging that the doctors were negligent in failing to perform a timely cesarean section. He claimed that his wife suffered a uterine tear as a result of the prolonged induced labor.

The doctors asserted that amniotic fluid embolism is unpredictable and untreatable.

■ The jury returned a defense verdict. ■

The cases presented here were compiled by Lewis L. Laska, editor of Medical Malpractice Verdicts, Settlements & Experts. While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.

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