

## Nephrectomy required after ureter injury

### **Rockland County (NY) Supreme Court**

Two days after a bilateral oophorectomy for ovarian cysts, a 72-year-old woman developed spiking fevers. The pathologists, in examining a mass removed at surgery, discovered a segment of the ureter.



Human kidney

After unsuccessful surgery to reattach the ureter—during which swelling in the abdominal cavity prevented the physician from locating the ureter's distal end—the woman went into septic shock and required several days of ventilation. She was placed on a nephrostomy bag, which she wore for the next 3 months, before undergoing a successful nephrectomy plus

insertion of a Greenfield filter.

In suing, the woman claimed to

In suing, the woman claimed the surgeon failed to identify and protect her ureter during surgery, and further failed to recognize the injury in a timely fashion, when successful repair was still possible.

The defendant maintained he took all appropriate precautions.

• The jury awarded the plaintiff \$2.6 million.

# Did cesarean delay cause hypoxic injury?

Cuyahoga County (Ohio) Common Pleas Court After a nonstress test at her obstetrician's office was nonreassuring, a gravida was sent to a nearby medical center, where an emergency cesarean was ordered. An ultrasound examination conducted at a different hospital 2 days prior was also nonreassuring, but no action was taken at that time. Following the order to perform an emergency cesarean, 1 hour and 20 minutes passed before anesthesia was ready. The child, delivered 40 minutes later, suffered hypoxic injury leading to severe cerebral palsy. Age 17 at the time of trial, he has no use of his limbs and suffers severe mental retardation.

The plaintiffs sued the hospital that conducted the ultrasound, alleging negligence. They also sued the obstetrician and the medical center where the cesarean was performed, claiming delivery was unacceptably delayed. Had the child been delivered in a timely manner, they argued, his cerebral palsy could have been avoided.

The physician and medical center claimed the child's injury occurred well before delivery, and an earlier cesarean would not have changed the outcome.

• The hospital performing the ultrasound settled prior to trial. The jury awarded plaintiffs \$30 million against the obstetrician and delivering medical center.

# Woman dies after uterine atony

#### Danville (Va) Circuit Court

Following the delivery of her third child, a 37-year-old woman suffered uterine atony leading to intermittent bleeding. Over the next several hours, the patient:

- received bimanual compressions with fundal massage, oxytocin, methylergonovine, and carboprost;
- underwent an emergency dilatation and curettage, after tests revealed disseminated intravascular coagulation and her vital signs began deteriorating;
- received further fundal massage, misoprostol, packed red blood cells, normal saline, Ringer's lactate, and hetastarch;



• underwent an emergency hysterectomy.

Bleeding persisted following removal of the uterus, but neither the defendant nor an additional Ob/Gyn could find its source. A general surgeon was, for 1 hour, also unable to determine the source, though it was eventually located.

Though stable after surgery, the woman developed a cardiac arrhythmia and died due to a myocardial infarction.

In suing, plaintiffs claimed the defendant was negligent for his failure to consult a hematologist, follow up on lab results, and transfuse a sufficient amount of clotting factors before starting the hysterectomy.

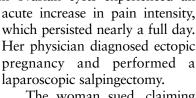
The doctor claimed these actions would not have altered the outcome, noting that the woman's blood volume was replaced nearly 7 times during the events.

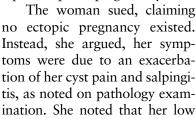
• The jury returned a defense verdict

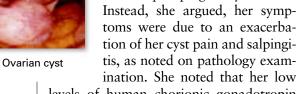
### Was ectopic diagnosis wrong?

Winnebago County (III) Circuit Court

A 39-year-old woman with a history of pain from ovarian cysts experienced an







levels of human chorionic gonadotropin made ectopic pregnancy unlikely.

She also alleged that endometriosis and adhesions caused by the procedure required additional surgery the following year.

defendant maintained the woman's symptoms were consistent with ectopic pregnancy and possible rupture, and thus the diagnosis and resultant surgery were appropriate.

• The jury returned a defense verdict.

## Cesarean was delayed for elective procedure

Cook County (III) Circuit Court

On Thanksgiving Day, an Ob/Gyn performed an elective tubal ligation in the only operating room in the hospital's labor and delivery suite. Prior to the procedure's start, fetal monitoring on a laboring woman showed minimal variability and variable decelerations. This trend persisted for 2 hours and then worsened. Nurses later discovered a prolapsed umbilical cord.

It took hospital staff 20 minutes to secure an operating room and appropriate surgical staff. The child, born via emergency cesarean, suffered brain damage leading to cerebral palsy, spastic quadriparesis, and an inability to walk or talk.

The defense denied negligence, maintaining the child had a preexisting fetal inflammatory response syndrome.

• The Ob/Gyn settled for \$1.5 million. The jury awarded the plaintiff \$12.5 million against the hospital.

## Did flawed clamping lead to cerebral palsy?

Kings County (NY) Supreme Court

A woman delivered an infant girl, who soon after birth went into hypovolemic shock. She was immediately brought to intensive care, but now suffers cerebral palsy, quadriparesis, and mental retardation.

The plaintiff claimed physicians did not adequately clamp the umbilical cord before it was cut; this led to bleeding from the cord and, ultimately, the hypovolemia that caused her current condition.

The defense contended bleeding at birth was minimal and the child's injuries stemmed from an intrauterine condition.

• The case settled for \$4.8 million.

The cases in this column are selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska, of Nashville, Tenn (www.verdictslaska.com). While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation

