

Nurse says OB used misoprostol to avoid working on weekends

A woman's 4th child, born at 36 weeks' gestation with lungs not fully developed, was diagnosed with respiratory distress syndrome, apnea, and hypotension. Intubated for 4 or 5 days and in neonatal intensive care for 11 days, the baby required an apnea machine whenever he slept for his first 3 months.

PATIENT'S CLAIM The ObGyn used misoprostol to induce labor prematurely without the mother's knowledge. A nurse who had worked for the defendant testified that the defendant would use misoprostol on a patient's cervix the Tuesday before she reached full term and thus avoided working on weekends, and that he had done this for more than a year without telling patients.

DOCTOR'S DEFENSE The doctor denied inducing labor or giving patients misoprostol and claimed the testimony of the former employee nurse was inconsistent. Also, the plaintiff had given birth previously to another baby at 36 weeks, and the younger child's problems were the result of his prematurity.

VERDICT Defense verdict.

"Doctor is responsible for my divorce"

A 32-year-old woman, whose right fallopian tube had been removed after an ectopic pregnancy, presented to her doctor with abnormal bleeding. She said she had a negative pregnancy test 2 weeks earlier; her doctor diagnosed dysfunctional uterine bleeding. She returned with abdominal

pain 2 weeks later. A 2nd ectopic pregnancy was found, plus a ruptured left fallopian tube, which was removed. She was unable to conceive naturally after this.

PATIENT'S CLAIM The doctor should have performed a pregnancy test and was negligent for not diagnosing and treating the 2nd ectopic pregnancy in a timely manner. Her inability to conceive led to divorce.

DOCTOR'S DEFENSE A urine pregnancy test was indeed performed when she presented initially and was found to be negative. **VERDICT** Defense verdict.

Was surgeon's peripheral neuropathy to blame for injury?

Following a vaginal hysterectomy resulting in injury to the urethra, a 35-year-old woman required 2 additional surgeries. She has residual urination frequency that is painful due to scarring.

PATIENT'S CLAIM The gynecologist's peripheral neuropathy affected control of her hands, and she was negligent in injuring the urethra.

DOCTOR'S DEFENSE There was neither negligence nor a problem with her hand control. Also, the patient did not suffer any significant injury.

VERDICT \$200,000 verdict against the doctor; settlement with the hospital for an undisclosed amount.

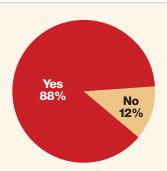
Did video prove excessive traction?

A pregnant woman, who had limited prenatal care, presented for postterm induction of labor. Shoulder dystocia

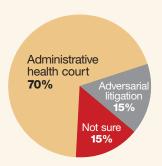
INSTANT POLL

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For a postmenopausal woman with an elevated breast cancer risk, would you be willing to prescribe raloxifene, 60 mg daily, for chemoprevention?



For a case of Erb palsy associated with shoulder dystocia in which standard obstetrical interventions were used, how would you prefer that the medical liability claim be resolved?



What is your opinion?

Vaginal delivery episiotomy:

What rate do you believe is appropriate

for your practice?

<5%

■ 5% to 9%

■ 10% to 20%

>20%

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was encountered. Within 30 seconds the baby was delivered, but the left arm was paralyzed.

PATIENT'S CLAIM Excessive traction was used during delivery. A video of the birth showed the doctor stretching the baby's head 4 to 5 inches from the shoulders during the delivery.

DOCTOR'S DEFENSE Gentle traction was used to move the baby's head in the proper direction.

VERDICT Defense verdict. Motion for new trial is pending.

Mother not given chance to change her mind

A woman delivered a baby with a clubfoot by cesarean section, at which time a tubal ligation was also done. Later the baby was found to have a severe congenital heart defect, and eventually died.

PATIENT'S CLAIM The mother claimed lack of informed consent regarding the tubal ligation because the doctor should have known the baby could have other problems. She would not have consented to the ligation if she had known of the baby's chances of survival.

DOCTOR'S DEFENSE Not reported.

VERDICT Defense verdict. Motion for new trial is pending.

No bowel prep, then permanent incontinence

A 31-year-old woman had an anovaginal fistula surgically repaired by Doctor 1. The following year, Doctor 2 performed follow-up surgery. Five years later, the patient returned to Doctor 2, who determined that a thick band of scar tissue had replaced the external part of the sphincter muscle, causing permanent fecal incontinence. She sued Doctor 1 and the hospital.

PATIENT'S CLAIM Antibiotics should have been prescribed and complete bowel preparation performed before the initial



surgery. During surgery, the fistulous tract and scar tissue were not completely resected and the layers were improperly closed. Stool softeners should have been prescribed after surgery.

boctor's defense Despite no documentation, Doctor 1 believed stool softeners were probably prescribed. No bowel preparation was needed, the fistulous tract and scar tissue were resected, and closure was done properly. Also, another fistula with rectal abscess formed after Doctor 2's surgery. This required multiple incisions and drainages and caused the sphincter defect.

VERDICT Defense verdict.

Pregnant woman had cancer in swollen foot

A 24-year-old pregnant woman obtained prenatal care from various residents and supervising physicians at a prenatal clinic. She complained of pain and numbness in her left foot. By the time of delivery, the foot was swollen and she could not walk on it. No imaging studies were done before she was discharged from the hospital. Six months later, a biopsy indicated malignant rhabdomyosarcoma. The patient underwent chemotherapy and radiation, but died 2 years later.

PATIENT'S CLAIM The tumor was not diagnosed in a timely manner. Her complaints should have been investigated during her pregnancy or before discharge from the hospital following delivery.

DOCTOR'S DEFENSE Not reported.

VERDICT A jury awarded \$7.7 million. Fault was distributed as follows: the group, 60%; physician 1, 25%; physician 2, 15%.

Urinary leakage, fistula blamed on cystotomy

A 40-year-old woman was diagnosed with uterine prolapse and underwent a vaginal hysterectomy. Dense adhesions found during surgery made the separation and removal of the cervix and uterus from the bladder difficult. An intentional cystotomy was performed and then repaired, but the patient developed a vesicovaginal fistula.

PATIENT'S CLAIM The hysterectomy was not performed properly because the cystotomy was contraindicated and resulted in a vesicovaginal fistula, and the incision for the cystotomy was not properly repaired. The patient also claimed that she suffered occasional urinary leakage during laughing, coughing, straining, and sexual activity.

DOCTOR'S DEFENSE The hysterectomy was performed properly, and the cystotomy helped prevent more serious damage to the urinary tract and bladder. The patient's urinary leakage was due to overactive bladder, smoking, and age.

VERDICT Defense verdict.

Did the emergency excuse the retained sponge?

A 40-year-old woman underwent an emergency hysterectomy and oophorectomy, during which a surgical sponge was left in her pelvic cavity. The retained sponge, which was not diagnosed on a postoperative x-ray, was discovered when the patient was later admitted to the hospital for chest pain. The sponge and a large mass of purulent material were removed from her pelvic cavity, as was her remaining ovary due to adhesions. PATIENT'S CLAIM The ObGyn was negligent for leaving a sponge in her pelvic cavity and then for not diagnosing it on postoperative x-ray. The defendant should have consulted the radiologist because the x-ray indicated a vague area of radiopacity. The patient also claimed early-onset menopause due to removal of the ovary. **DOCTOR'S DEFENSE** The emergency circumstances of the initial surgery accounted for the retained sponge, and the radiologist never verbally informed him of the ques-

tionable x-ray finding. **VERDICT** A pretrial settlement was reached with the hospital and assistant surgeon for

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an undisclosed amount.



Claim: Crash C-section team was tardy

A 21-year-old woman presented to the hospital after experiencing rupture of membranes, and was started on oxytocin. The OB found that labor progress and fetal monitoring strips were normal.

Five hours later, nurses noted signs of prolonged deceleration and began to prepare for an emergency cesarean section.

The anesthesiologist and OB were unavailable at that time, and it took about 34 minutes for a team to be assembled to deliver the infant.

Within 2 minutes, the child was delivered, but his Apgars were 0 at 1, 5, and 10 minutes and 1 at 15 minutes, and he suffered severe brain damage. Cord blood was not analyzed for blood gases.

PATIENT'S CLAIM The defendants were negligent for not anticipating or recognizing

developing problems, which were evident as much as 1 hour before the OB's visit and included hyperstimulation of the uterus and slow progress of labor.

DOCTOR'S DEFENSE The OB would have come in and probably delivered the child if he had been called earlier.

There was no indication of hypoxia or cause for concern until very late in the process, and the brain damage to the child was the result of an unanticipatable event that occurred 30 minutes before delivery. **VERDICT** A \$3.5 million present-value settlement was reached during trial. •

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