

Severe brain damage follows slow response to fetal distress

When a woman was admitted to the hospital for delivery, oxytocin was administered to induce labor; fetal monitoring was reportedly reassuring. Moderate decelerations in the fetal monitoring occurred and, after several hours, the monitor indicated severe variable decelerations. The infant was delivered by vacuum extraction and required resuscitation. Apgar score was 1 at 1 minute and 5 at 5 minutes. He was diagnosed with hypoxia and severe brain damage and requires 24-hour care.

PATIENT'S CLAIM Cesarean section should have been performed, oxytocin should have been discontinued when the nonreassuring fetal heart rate pattern occurred, and a neonatologist should have been present at delivery to resuscitate the infant immediately.

DOCTOR'S DEFENSE Not reported.

VERDICT A \$14.25 million settlement was reached, which included \$250,000 for the mother.

From a search for 1 cyst ... to complete hysterectomy

A 37-year-old woman went for a laparoscopic evaluation. The ObGyn believed she might have a cyst on 1 ovary and advised her there was a remote chance the ovary might have to be removed. The doctor found the cyst was large and removed the ovary, and then found a small cyst on the other ovary and removed that ovary also. As the patient had no ovaries, the doctor removed the uterus to make the procedure a complete hysterectomy.

PATIENT'S CLAIM She alleged lack of informed consent.

DOCTOR'S DEFENSE Not reported.

VERDICT A \$71,621 verdict was returned.

Repair surgery leaves unwanted scars

A 39-year-old woman underwent an elective postpartum tubal ligation by minilaparotomy. In the pelvic cavity, multiple adhesions of the small bowel prevented the physician from accessing the fallopian tubes, so he stopped the procedure instead of converting to a full laparotomy procedure. Two days later, the patient was discharged, but she returned to the emergency room the next day with fecal material leaking from the minilaparotomy incision. General surgery was consulted to repair a suspected perforation of the bowel, which led to 7 inches of small bowel being removed and hospitalization for about a week.

PATIENT'S CLAIM The doctor had caught part of the small bowel with his suture, which caused the perforation, and the second procedure left her with scars.

DOCTOR'S DEFENSE At the time of closure, the injured loop of bowel was adherent to the abdominal wall and lateral to his incision, so that it was outside his field of vision.

VERDICT Defense verdict. ■

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