

Was bowel perforated during laparoscopy?

Patient, physician disagree

A 56-YEAR-OLD WOMAN underwent diagnostic laparoscopic surgery as an outpatient after she complained to her physician of abdominal pain. The evening after surgery, her husband called the physician to report that she was in pain. He was told that the pain was probably caused by gas and to have his wife telephone in the morning if pain persisted. The husband called 2 days later with the same complaint; 3 days after surgery, the woman was brought to an emergency room and admitted. Another physician performed further surgery and discovered two bowel perforations and an abdominal infection. The patient required colostomy for 5 months and underwent several more surgeries.

- ▶ **PATIENT'S CLAIM** The first physician was negligent for not diagnosing the bowel perforation in a timely manner. Also, the patient has ongoing bowel problems.
- ▶ **DOCTOR'S DEFENSE** Bowel perforation occurred after the patient left the hospital. No calls were made about the pain after surgery.
- ▶ **VERDICT** Missouri defense verdict.

Patient dies after surgery to repair second perforation

DURING A D&C PROCEDURE to remove a uterine mass, a gynecologist noted a small perforation in the patient's uterine wall. During follow-up laparoscopic surgery, he repaired the uterine perforation and checked for other injuries, but failed to detect a small-bowel perforation. At discharge, he advised the patient to contact him if she suffered complications. At home, she began to deteriorate. Her husband took her back to her physician, who sent her to the hospital for emergency surgery to repair the bowel perforation. The patient suffered sepsis and necrosis, which led to septic shock and multiple-organ failure. She died the following week.

- ▶ **PATIENT'S CLAIM** The gynecologist failed to detect a small-bowel perforation during laparoscopic surgery to repair a prior small uterine perforation.
- ▶ **DOCTOR'S DEFENSE** Not reported.
- ▶ **VERDICT** Indiana defense verdict.

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 (www.verdictslaska.com). The available information about the cases presented here is sometimes incomplete; pertinent details of a given situation therefore may be unavailable. 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.