

Cyst is discovered when it weighs 7 lb

A 22-YEAR-OLD WOMAN underwent two examinations within a year, both performed by her ObGyn. She did not report abdominal problems, and none were found. Four months after the second exam, she was discovered to have a huge dermoid ovarian cyst—30 cm by 20 cm by 10 cm, and weighing over 7 lb. It required surgery, which included an appendectomy and salpingo-oophorectomy.

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▶ PATIENT'S CLAIM The cyst should have been discovered during the first examination, and then less invasive procedures would have been needed.

▶ PHYSICIAN'S DEFENSE The cyst could not be detected in the first exam, and the patient did not report abdominal problems at the second exam. Her treatment and outcome were not changed by a delay in diagnosis.

▶ VERDICT New York defense verdict.

ObGyn: "I never said I nicked the bladder"

FOLLOWING A HYSTERECTOMY performed by an ObGyn employed by a government-run facility, a patient suffered incontinence and other urinary problems. She was referred to a urologist, who diagnosed a vesicovaginal fistula. The fistula was successfully repaired surgically.

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.

▶ PATIENT'S CLAIM The ObGyn admitted nicking the bladder, but believed it would heal on its own. She was negligent for causing the bladder injury and for not repairing it immediately. Also, the surgical note was dictated 18 days following the procedure.

▶ PHYSICIAN'S DEFENSE The ObGyn denied the patient's first claim. Also, the injury did not occur during surgery, but later, when the bladder wall broke down as a result of postsurgical denervation. If there had been a bladder injury, problems would have been apparent immediately, but in fact the patient's initial urine counts were good.

▶ VERDICT Kentucky defense verdict.

Oxytocin is given—but baby is breech

A WOMAN PREGNANT with her fifth child presented at the hospital for delivery. A vaginal exam performed by a nurse indicated 1 cm dilation, -3 to -4 station, and 40% effaced. This was reported over the phone to Dr. A, her OB, who then ordered oxytocin. Oxytocin was administered without the nurses determining the fetus's presentation. When they could not get a reliable reading of the fetal heart tone, they placed a fetal scalp electrode. It showed a nonreassuring fetal heart pattern. Ten minutes later, the fetus was bradycardic, but Dr. A was not called immediately. Dr. B, a second OB, examined the patient 17 minutes later and ordered an immediate cesarean delivery. The fetus was found in the breech position with significant placental abruption—and the fetal scalp electrode was attached on the buttocks, not the head. The baby was born severely depressed—limp, pale, with no cry or movement. He was resuscitated, but a CT scan indicated hypoxic-ischemic brain damage.

▶ PATIENT'S CLAIM Dr. A failed to examine her to determine the presentation, which he should have done before ordering oxytocin. The nurses failed to communicate with him about the presentation and administered oxytocin without documentation of the presentation.

▶ PHYSICIAN'S DEFENSE The nurse indicated the baby was in the vertex position. If he had known it was a breech presentation, he would not have ordered oxytocin, would not have gone for a trial of labor, and would have proceeded directly to a cesarean delivery.

▶ VERDICT \$12 million Illinois settlement.

Mother wasn't admitted for bed rest, and baby is injured

TOWARD THE END OF HER PREGNANCY, a woman was given a diagnosis of pregnancy-induced hypertension. Over the next 2 weeks, she developed pedal edema, elevated blood pressure, and headaches. She was sent to Dr. C for a possible cesarean delivery. He ordered testing to rule out pregnancy-induced hypertension and recommended bed rest and close observation of the blood pressure. A week later, she suffered placental abruption. At the hospital, she delivered an infant born with severe asphyxia. The resulting hypoxic-ischemic encephalopathy caused the child's death at 5 months.

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▶ PATIENT'S CLAIM Dr. C should have admitted her to the hospital to ensure strict bed rest and monitoring of her blood pressure—and also should have ordered a nonstress test.

▶ PHYSICIAN'S DEFENSE There was no negligence.

▶ VERDICT \$350,000 Michigan settlement. Ⓞ