



Blocked intestine after cesarean—a nonsurgical cause?

A 34-YEAR-OLD WOMAN GAVE BIRTH to a healthy baby by cesarean delivery. Several weeks later, the mother reported abdominal pain, distention, and nausea. Her ObGyn suspected it was related to a somatic disorder.

Two months after delivery, the mother came to the emergency department with increasingly severe symptoms. One month later, at another hospital, physicians diagnosed a bowel obstruction. During emergency surgery, a lap sponge was found within the lumen of the patient's small intestine.

▶ **PATIENT'S CLAIM** The ObGyn left the lap sponge in her abdomen during cesarean delivery.

▶ **PHYSICIAN'S DEFENSE** The sponge count from the cesarean delivery was correct. The ObGyn suggested that the patient had swallowed the sponge, because it was found within the lumen of the intestine, not in free space. The surgeon who removed the sponge agreed with the ObGyn, and recommended a psychiatric consult.

▶ **VERDICT** A Louisiana defense verdict was returned.

when the stitch migrated through the anterior wall of the vagina.

▶ **PATIENT'S CLAIM** The gynecologist was at fault for injuring the bladder during surgery, and repairing it with a nondissolving suture.

▶ **PHYSICIAN'S DEFENSE** Injury to the bladder and ureters is a known risk of the procedure. The correct type of suture was used; it was supposed to dissolve. The gynecologist tested the bladder and ureters using Indigo carmine-based dye before closing.

Over time, as the suture failed to dissolve, scar tissue occluded the ureter. Subsequent surgery returned the patient to baseline health.

▶ **VERDICT** A Pennsylvania defense verdict was returned.

Baby stillborn. Vasa previa missed?

ULTRASONOGRAPHY REVEALED that the patient probably had a vasa previa. Her ObGyn referred her to an OB specialist, who ordered a second scan, which ruled out vasa previa. A month later, the patient was taken to the hospital with vaginal bleeding. It was determined that she was in labor, and her ObGyn performed a cesarean delivery. The baby was stillborn.

▶ **PATIENT'S CLAIM** Both ObGyns failed to diagnose a vasa previa, which caused the stillbirth. Proper diagnosis would have allowed for cesarean delivery before labor began, resulting in a successful birth.

▶ **PHYSICIANS' DEFENSE** The pregnancy was properly managed. Vasa previa had been ruled out by ultrasonography. Placental abruption or a fetal-maternal hemorrhage was responsible for the stillbirth.

▶ **VERDICT** A Kentucky defense verdict was returned.

Did vacuum extraction cause developmental delays?

SUCCESSFUL DELIVERY was performed using vacuum extraction. Later, mild balance and coordination issues, cognitive deficits, and speech delay were diagnosed in the child.

▶ **PATIENT'S CLAIM** Use of the vacuum extractor was unnecessary; the instrument caused a subdural bleed that resulted in the child's developmental delays.

▶ **PHYSICIAN'S DEFENSE** Vacuum extraction was necessary because the baby was not progressing down the birth canal and was beginning to show signs of distress. Vacuum extraction did not cause the child's injuries.

▶ **VERDICT** A confidential South Carolina settlement was reached during jury deliberations.

Suture fails to dissolve; fistula develops

A WOMAN UNDERWENT SURGERY for uterine fibroids, during which injury to the bladder was repaired with a single suture.

A few weeks later, she developed abdominal pain, blood in her urine, and urinary incontinence. It was determined that the suture had not dissolved, and caused obstruction of the right ureter and kidney. A vesicovaginal fistula developed

These cases were selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska (www.verdictslaska.com). The information available to the editors about the cases presented here is sometimes incomplete. 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.

Delay in delivery, then uterine infection, then hysterectomy

A 29-YEAR-OLD WOMAN was 34 weeks' pregnant with her third child when she suspected that her water broke, and went to the hospital. Testing revealed the membranes had ruptured, but the ObGyn elected to delay delivery.

Amniotic fluid continued to leak for 5 days when suddenly the woman's temperature spiked. A healthy baby was delivered by cesarean section 24 hours later.

After delivery, an intrauterine infection was diagnosed in the mother. She was transferred to another hospital, where she underwent a hysterectomy.

▶ **PATIENT'S CLAIM** The ObGyn was negligent in failing to deliver the child when membranes initially broke. Leaking amniotic fluid contributed to the uterine infection.

▶ **PHYSICIAN'S DEFENSE** It was appropriate to allow the pregnancy to continue because the fetus was premature. Infection could have occurred regardless of when delivery was performed.

▶ **VERDICT** A \$25,000 Mississippi verdict was returned.

What caused this child's brain damage?

DURING PROLONGED DELIVERY, the physician assistant and residents in charge of labor and delivery noted meconium-stained amniotic fluid discharge. When advised, the mother's ObGyn directed the hospital staff to perform amnioinfusion. The child was born vaginally several hours later and determined to have suffered brain damage.

The child cannot swallow and receives nutrition through a feeding tube. She cannot speak, is confined to a wheelchair, and has the cognitive function of an 18-month old.

▶ **PATIENT'S CLAIM** The child suffered a hypoxic event caused by meconium aspiration, resulting in encephalopathy and cerebral palsy. The finding of stained amniotic fluid should have prompted the ObGyn to perform an emergency cesarean delivery.

▶ **PHYSICIAN'S DEFENSE** Electronic fetal monitoring never indicated fetal distress. Amnioinfusion cleared the amniotic fluid, making a cesarean delivery unnecessary. The child's condition resulted from preexisting neurological problems and/or a genetic condition that also caused microcephaly, a heart defect, and polydactylysm.

▶ **VERDICT** A New York defense verdict was returned.

Bowel is perforated: "Now I can't conceive"

A WOMAN WAS GIVEN A DIAGNOSIS of endometriosis. During laparoscopic surgery to treat the condition, the gynecologist used a unipolar laparoscopic coagulator wand.

Eighteen days later, the patient went to the emergency department with severe lower abdominal pain. Peritonitis, caused by bowel perforation, was diagnosed, and she underwent surgery. A portion of bowel was removed. A colostomy was created, which was later reversed.

She developed adhesions from the peritonitis and required additional surgeries that, she alleged, caused subsequent fertility treatments to be unsuccessful.

▶ **PATIENT'S CLAIM** The coagulator

wand perforated the bowel. The gynecologist was negligent in his use of the wand; the wand manufacturer and the electro-surgical generator manufacturer were negligent in the equipment's design; and the hospital was negligent in its maintenance of the equipment.

▶ **DEFENDANTS' DEFENSE** The instrument manufacturer denied any design defect and argued that the injury was not a burn but was caused by the coagulator wand making contact with another surgical instrument. The physician, generator manufacturer, and hospital denied negligence.

▶ **VERDICT** The claim against the gynecologist was dismissed by summary judgment. The hospital and the generator manufacturer settled for an undisclosed amount. A \$2.2 million California verdict was reached against the wand manufacturer.

Child has spina bifida despite evaluation

ULTRASONOGRAPHY RESULTS indicated normal fetal growth during a woman's pregnancy. However, the child was born with spina bifida and required back and brain surgery shortly after birth. She wears ankle and foot orthotics and is incontinent.

▶ **PATIENT'S CLAIM** The ObGyn failed to perform a prenatal alpha-fetoprotein test. The radiologist misinterpreted the sonogram.

▶ **PHYSICIANS' DEFENSE** The ObGyn believes that most spina bifida conditions are detectable by ultrasonography, and the radiologist's report did not indicate spina bifida.

▶ **VERDICT** The radiologist settled for \$1 million before the trial. A \$2.5 million New Jersey verdict was returned against the ObGyn. ☹