

Case: 201004982, Ayrshire and Arran NHS Board
Sector: health
Subject: clinical treatment; diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C was a patient of a consultant gynaecologist for about five years, during which time she had gynaecological surgery, including a hysterectomy. At the time of this surgery, the consultant noted signs of endometriosis (a condition in which cells from the lining of the uterus appear outside the uterus). Five years after the surgery, Mrs C was suffering intermittent pelvic pain and her GP referred her to the board's gynaecology department.

Mrs C was unhappy with the care and treatment she received after the referral. In particular, she was unhappy with the information that was provided to her before surgery to remove her ovary. She felt that information was an insufficient basis for her to give fully informed consent before surgery. She was also unhappy about the removal of a stent, and complained that her ureter was damaged during the ovary surgery. She also said that, due to failures in care and treatment, she developed preventable infections, including MRSA.

We could not say with certainty what was said to Mrs C in advance of the two procedures. From looking at the evidence, we found that Mrs C signed consent forms for each procedure. Both forms stated that the nature and purpose of the procedures had been explained to her, and that she consented to further alternative operative measures that might be found necessary during the course of the operation. In addition, the consent form for the ovary surgery had been annotated and showed that the potential for bowel and bladder damage were discussed. We were satisfied from the evidence that consent was properly obtained and Mrs C was provided with sufficient information, and therefore, we did not uphold this complaint.

We took advice from three of our medical advisers. One adviser said it was not possible to say exactly how, or at what stage of, the ovary surgery Mrs C's left ureter was damaged. The adviser was critical of the sparse record of the operation and was also of the view, based on the available information, that the

damage to Mrs C's ureter could have been avoided. Given the deficiency in record-keeping, and taking into account the views of the adviser, we upheld this complaint.

In terms of Mrs C's treatment in hospital, two of our advisers found no evidence of failures in care and treatment leading to Mrs C developing preventable infections. However, based on the medical notes provided by the board, one adviser was of the view that Mrs C should have been seen by a consultant gynaecologist more urgently in another hospital, especially when she was still unwell on the two days following her readmission after ovary surgery. In addition, the adviser was critical of the wait for a CT urogram (a scan of the urinary tract) before her move to another hospital. Given these failings in care and treatment, we upheld this complaint.

Recommendations

We recommended that the board:

- apologise to Mrs C for the damage to her ureter during surgery;
- ensure operation notes include appropriate details, taking account of Royal College of Obstetrics and Gynaecology guidelines and the comments made in our decision; and
- draw the failings in care and treatment to the attention of medical staff in the gynaecology department.