

## SPSO decision report



**Case:** 201905575, Borders NHS Board  
**Sector:** Health  
**Subject:** clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

C, a support and advocacy worker, complained on behalf of their client (A) about a failure to provide them with reasonable care and treatment for a rectal prolapse (a condition where the rectum protrudes through the anus).

We took independent advice from a consultant colorectal consultant (a surgeon who specialises in conditions in the colon, rectum or anus). We found that A's initial symptoms were indicative of haemorrhoidal disease (swollen veins in the lower part of rectum and anus). We noted that A was appropriately treated with banding (a procedure whereby the base of the haemorrhoid is tied with a small rubber band to stop the blood flow to the haemorrhoid as first line treatment). A later developed a full thickness prolapse and treatment for this changed accordingly at that time. We did not consider A had been misdiagnosed as their condition deteriorated over time.

However, prior to the full thickness prolapse developing, we noted that the team continued to give A painful banding treatment for two and a half years when there was little prospect of improving A's symptoms. Whilst A's consent was given for this, we could not see any notes to indicate that there was a discussion with A about possible surgical removal of haemorrhoids which would have been reasonable to expect. We therefore upheld the complaint on the basis that it would have been reasonable to expect alternative treatment was discussed.

C also complained about the board's failure to provide a clear response to the complaint. We found that, whilst in the complaint response there was reasonable general information about prolapses, there was no reference to A's specific case. A thought that they had been misdiagnosed. The board did not explain the decisions made by the clinical team and how they were informed by A's symptoms at each appointment. This would have provided A with the information they were looking for and it was reasonable for A to expect this would be provided. We upheld this complaint.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to A for failing to keep contemporaneous records of discussions and decisions in the clinical records, failing to consider surgical treatment for a third degree prolapse (where the patient has to push the piles back in) when banding failed to improve symptoms of haemorrhoids and failing to provide a clear response to the complaint which referred to A's particular experience. The apology should meet the standards set out in the SPSO guidelines on apology available at [www.spsso.org.uk/information-leaflets](http://www.spsso.org.uk/information-leaflets).

What we said should change to put things right in future:

- To ensure clinical staff discuss, assess and document alternative treatments.
- To ensure clinical staff keep accurate records of appointments, examinations and discussions.

In relation to complaints handling, we recommended:

- Responses to complaints should be specific to the patient in question and address all points raised.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.