

Errors that may lead to death linked with surgery



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In March 2008, a female patient was admitted to a highly reputable hospital with a swelling in the neck that was diagnosed as a toxic thyroid goitre. She underwent surgery to remove it, and shortly after the operation, the patient was noted to be in high spirits and was due to be discharged the following day.

The patient left the theatre at 5pm and was reportedly seen at 6pm and at 10pm, but at 3.30am, the patient developed difficulty in breathing and was given oxygen and propped up, as is the procedure. The doctor on ground, an ENT specialist, was called and came to see the patient at 4am. Efforts to resuscitate the patient failed, and she was pronounced dead shortly afterwards.

The doctor who operated on the patient confirmed that the patient had died due to lack of oxygen as a blood clot (technically known as a hematoma) kept on compressing her breathing system. This was discovered after the surgical wound was opened up at the post-mortem examination. The doctor admitted that had the wound been opened up when the patient was still alive, and the pressure released, the patient may not have died.

An investigation into the patient's death established that parts of the patient's nursing

notes were missing and that the patient's blood pressure was actually not monitored for 10 straight hours. In fact, the surgeon who operated on the patient learned of the patient's death during the ward round the following day. Clearly, the patient's death could have been avoided if she had been keenly monitored as instructed.

It is not uncommon that patients die during surgical or medical procedures or as a consequence of these. In most cases, these deaths are not attributed to natural causes and, therefore, require a death audit, as well as a forensic post-mortem examination. During such a death audit, a number of important areas need to be interrogated.

Necessity of procedure

One important area that needs to be investigated is the necessity of the procedure, or, technically phrased, the medical or surgical reason for carrying out the procedure. Medical and surgical procedures are not without side effects and may end up in deaths, and

should, therefore, only be carried out if there is a genuine and sound scientific reason. It is not enough that the patient would like the procedure carried out.

On October 14, 2010, a 34-year-old woman died in a prestigious private hospital in Kampala at the beginning of a major surgical operation to remove a single fibroid from her uterus. The planned procedure used to remove the fibroid was laparoscopic surgery. The patient died at the beginning of the procedure.

Fibroids are painless abnormal swellings of and in the uterus. They are not cancerous and hardly ever cause the death of a patient by themselves. The reasons why fibroids are removed include: if they cause too much bleeding and, therefore, lead to loss of blood, or if they cause recurrent pregnancy loss, or if they cause discomfort because of their size. Some of the fibroids may twist on their stalk, causing pain, and this may necessitate an emergency surgical intervention.

When the case of the 34-year-

old woman was investigated, it was found that there was actually no sound reason why the surgery was carried out. In the operation notes, the indication of the surgery was stated as primary infertility. The woman was not married and had not been investigated for infertility. It is not uncommon for women to conceive and bear children even if they have fibroids. She paid Shs8 million for the surgery that ended her life.

In another bizarre case, a man was operated on to remove a mass in the lungs. The complaint of the patient was a persistent, irritating cough. He was a known diabetic. A diagnosis of cancer of the lungs was made purely on radiological investigations. In the course of the surgery, the diseased part of the lung was removed and sent for further investigations. It turned out that the patient had no cancer but tuberculosis. The patient, unfortunately, did not recover from the surgery but died shortly afterwards. The facts of the case did not see the light of day.

A patient should be assessed by the doctor and the anaesthetist before a surgical procedure to ensure the patient is fit for anaesthesia and the procedure. This involves reviewing any medical or surgical condition that the patient may have and how such a condition may impact the anaesthesia and surgery. It is for this reason that patients may need to have their hearts and kidneys evaluated before critical medical and surgical procedures.

Anaesthetists will independently take a patient's blood pressure and carry out an assessment of the patient's condition. This is known as a pre-anaesthetic evaluation, and it will inform the best type of anaesthesia to be administered to the patient. When a patient dies during a medical or surgical procedure, the pre-anaesthetic evaluation will be critically looked at.

It is also during this time that a patient is informed of the material risks associated with the procedure and the anaesthesia, and informed consent is got from the patient. Informed consent is defined as consent based on disclosure of risks, as well as benefits of a proposed medical intervention.

Doctors ought to warn their patients of what may happen by misfortune, however well the operation is done, if there is a real risk of misfortune inherent in the procedure. The consent must be documented and witnessed, and there must be proof that the patient understood what the consent was about.

Patients must also be adequately prepared for the surgery. This may involve requesting the patient to starve overnight for planned surgery and ensuring there is blood for emergency transfusion should the

ASSESSMENT BEFORE SURGERY

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