

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference:INT/SPG/2023/154

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr. Sukumar Mukherjee,

Prof. (Dr.) Makhan Lal Saha

Sri. Sutirtha Bhattacharya, IAS (Retd)

Smt Madhabi Das

Mr. Putul MondalComplainant

- Versus-

**R G Stone Hospital, KPC Hospital and Islamia Medical
Institute.....Respondents**

Heard on:October 5, 2023.

Judgment on: December 21, 2023.

BACKDROP

Ms. Jhuma Naskar aged about 38 years approached Dr. Pallab Saha with a complain of pain abdomen. After series of investigations Dr. Saha suggested gallstone surgery and advised her to get admission at R G Stone Hospital. Accordingly, the patient was admitted on March 20, 2023. The surgery was initially scheduled on the next day. However, the surgery was rescheduled on March 22, 2023 at about 9.30 am. It was decided that firstly endoscopy would be done.

On March 22, 2023 ERCP was done in the morning. At the later part of the evening Dr. Pallab Saha as well as Dr. Indranil Saha both the concerned doctors informed the complainant the patient had infection. The complainant saw the patient having tremendous discomfort and entire abdomen got swollen and stiff. The patient was immediately transferred to KPC hospital and was admitted under Dr. Debjani Chatterjee, who suggested laparotomy to be done. Accordingly, laparotomy was done. However, patient did not get cured. On April 5, 2023 the patient was advised dialysis to be done. Ultimately patient was shifted to Islamia Hospital and she succumbed to her illness on April 8, 2023.

Our esteemed member Dr. M. L. Saha examined the medical records and opined as below:-

"Mrs Putul Mondal was admitted at RG Stone center on 20.3.2023.night with acute pain abdomen. Seen By Dr Pallb Saha on same day and advised some investigations. USG revealed Cholecystitis with Sludge in CBD. There is no mention of CBD stone in USG. Dr Pallab Saha reviewed the patient on 21.3..23. at 8.30pm and in view of presence of sludge in CBD advised for ERCP. Dr Indraneel Saha Performed ERCP on 22.3.23. at 1.30 pm. and did a endoscopic sphincterotomy, CBD stone extraction and stenting. At 2pm patient was checked by RMO and found her hemodynamically stable but having pain abdomen. At 6.48 pm on 22.3.23. patient was reviewed and found to have raised serum amylase and lipase and a diagnosis acute pancreatitis was made and treatment initiated. Dr Pallob saha reviewed the patient on 22.3.23. at 8pm and noted abdominal distension. Put NG tube and asked to inform Dr Indraneel saha. Pulse rate was raised. At 11.15pm reviewed by RMO on duty found her vitals to be stable, but complaining of pain abdomen. One unit of FFP was transfused. On 23.3.23. at 5.30 am. In view of pain analgesic was administered. On 23.3.23. at 8.30 am jointly reviewed by Dr Pallob Saha and Dr Indrneel Saha and advised for USG/CECT scan of abdomen. On 23.3.23. at 3.40pm in spite of FFP transfusion antibiotics and analgesics patient did not respond to treatment. Pulse rate was increasing though blood pressure was stable. At 7.15pm reviewed by Dr Pallob Saha advised for urgent CECT abdomen, Chest X ray and advised plan for urgent Laparotomy SOS after CECT report in view to exclude duodenal perforation/ In view of lack of ICU and postoperative support

patient was advised to be shifted to a higher setup. Patient was counselled and EMO of KPC medical College was informed. Patient was shifted to KPC Medical College as per wish of patient party.

Patient attended KPCMCH on 23.3.2023 at 8.16pm. and a clinical impression of ? Severe acute pancreatitis and ? Duodenal perforation with AKI was made . Patient was seen by PGT of surgery at ER and advised admission under Dr D. Bhattacharya at ICU and advised treatment and a number of investigations. Admission sheet serial No. 13... intimation to consultant points are blank suggesting that senior doctor was not consulted on the day of admission. A diagnosis of severe acute pancreatitis with sepsis and AKI was made. At 8.47pm a high risk consent was taken from elder brother of patient Mr Arizit Mondal. On 24.3.2023. at 8,30am patient was seen by VS of KPCMCH and advised for conservative treatment and a referral to Medicine. On 24.3.2023. at 2.10pm patient was reviewed by Dr D Bhattacharya and advised Nephrology consultation. On 24.3.2023. at 4pm a decision for emergency exploratory was made on consultation with consultant. Case was reviewed by Dr D Bhattacharya on 24.3.2-23 at 8pm. 24.3.2023 at 11.09pm postoperative note is written. As per OT note on 24.3.2023. surgery was done by Dr D Bhattacharya, assistant professor of surgery at KPCMCH. Exploratory laparotomy with peritoneal toileting. Intra abdominal fluid collection of 2.5 to 3 litres of fluid

found. Saponification of fat seen in mesentery. Exploration of duodenum revealed no leakage.

Postoperatively patient was on ventilation. Patient was seen by VS unit IV GS on 27.3.2023. at 10.35am and noted as prognosis very very poor. Patient was monitored by ICU team and Unit IV GS team. Patient was reviewed by VS Unit IV on 30.3.2023., 31.3.2023. 1.4.2023., 3.4.2023.. 5.4.2023. 7.4.2023.

A medical board was suggested by Dr D Bhattacharya on 5.4.2023. and a medical board comprising of Prof D. Ghosh, Prof. Dr G Chatterjee, Dr S Panja and Dr D Bhattacharya reviewed the patient and suggested some treatment which was followed.

On 7.4.2023. noted as Patient party is taking patient away with DORB.

This patient had an unfortunate death subsequently.

Observation and comments:-

- This patient was suffering from gall stone disease and admitted at RG stone urology and laparoscopy hospital with acute pain abdomen. Repeat USG done showed gall stone and sludge in bile duct.
- MRCP is a very sensitive test for diagnosis of CBD stone. In this patient MRCP was not done and decision was taken for ERCP. ERCP was done by Dr Indrneel Saha and a sphincterotomy and stenting was done.

- *Patient complained of severe pain from the same evening, suggesting some ERCP induced complications.*
- *A diagnosis of Post ERCP pancreatitis was made and started on treatment. Based on CT scan there was a suspicion of ERCP induced duodenal perforation in view of gas in the retroperitoneum.*
- *Surgeon Dr Pallob Saha decided to do laparotomy . In view of no facility of ICU and post operative care a decision was taken for shifting this patient to a higher center. Accordingly patient was shifted to KPCMCH.*
- *R G Stone Urology and Laparoscopy Hospital, Kolkata makes huge publicity in Kolkata with Bill boards in different places as an advanced center for urology and laparoscopic surgery. It is astonishing that R G stone clinic could not manage a complication that happened in their establishment and patient needed to be shifted to a different center.*
- *ERCP complications are well known and there has to have arrangement for management of those complications in the same clinical establishment particularly the CE who publicises them as an advanced center for such treatment .*
- *This patient has a suspicion of Duodenal perforation and in fact decision for surgery was taken for managing duodenal perforation as*

ERCP induced acute pancreatitis treatment is conservative at initial phase.

- *The surgery for ERCP induced duodenal perforation is a very difficult and has to be done in an advanced gastro surgery setup with very experienced surgeon.*
- *KPCMCH does not have an advanced gastro surgery unit and decision to refer this patient to KPCMCH was not a rational decision.*
- *RG stone has a small facility for intensive care of surgical patients. They wanted to refer this patient to KPCMCH for the reasons best known to them.*
- *The outcome of treatment may have been different if the patient would have been referred to a better Centre.*
- *This case may be referred to WBMC to assess whether correct line of treatment was followed in this patient."*

The esteemed medical members on the panel are of the opinion, there had been Bile Duct injury at the time of doing the procedure at R G Stone Hospital. They initially could not identify the problem that made the situation more complex. Even after laparotomy at KPC the problem could not be taken care of and we lost the patient.

Primarily our medical members are of the opinion it was a case of post surgical complication that could not be effectively taken care of. However, this is our

prima-facie view, it could only be gone into properly on an authorised investigation by a body of expert.

We refer the issue to the West Bengal Medical Council for evaluation of the entire treatment protocol. However, we cannot but express our strong displeasure as to the way the initial establishment R G Stone Hospital dealt with the situation. R G Stone Hospital claims to be uni-speciality hospital having appropriate infrastructure. Hence, they should have done the curative process instead of shirking of the responsibility by shifting the patient to another establishment. However, we reserve our final comment on the issue.

In case the complainant get a favourable response from the authorised body of experts being the West Bengal Medical Council.

In R G Stone Hospital the total bill was Rs. 47,151/-. Initially the patient was admitted on deposit of Rs.10,000/-. Balance sum was never asked for by R G Stone Hospital as it appears from the response.

So far the KPC is concerned, a sum of Rs. 6,87,412/- was realised as treatment cost.

In course of hearing we also felt KPC should also reconsider the issue as to whether they would refund substantial part of the treatment cost in view of the observations that our esteemed members have made in course of hearing.

Mr. Karmakar representing KPC was candid enough to agree to have reconciliation on such issue.

While judgement has been under preparation the Commission has received a mail dated November 2, 2023 from KPC informing that despite best efforts they could not resolve the issue. In such event, we direct refund of 50 per cent of the total amount of Rs. 6,87,412/- being Rs. 3,43,706/- to the next to kin of the deceased patient on sharing of bank details by the concerned person.

We abundantly make it clear, refund of 50 per cent of the said sum being Rs. 3,43,706/- would not debar the patient family to ask for appropriate compensation for the medical negligence if any, established before the appropriate authority being the West Bengal Medical Council.

We grant liberty to the complainant to approach us afresh in case they succeed before the West Bengal Medical Council.

Our esteemed member and the renowned surgeon Dr. Saha has clearly observed, the ERCP injury is not an uncommon problem in a case of gall stone. RG Stone, claiming to be a uni-speciality hospital of repute, should have done the curative process. Moreover, they sent the case to KPC where there is no proper gastro setup.

We do not wish to take a final decision and prefer to wait for a decision from the West Bengal Medical Council.

We hope and trust, during pendency of the proceeding before the West Bengal Medical Council and so long a logical conclusion is not arrived RG Stone would stop making any advertisement attracting patients claiming to be “uni-speciality gastro setup of repute.”

We request the Director, Health service and / or the licensing authority to issue necessary order in this regard to the CE accordingly.

The complaint is disposed of accordingly.

Sd/-

(ASHIM KUMAR BANERJEE)

We agree,

Sd/-

Dr. Sukumar Mukherjee,

Sd/-

Prof. (Dr.) Makhan Lal Saha

Sd/-

Sri. Sutirtha Bhattacharya, IAS (Retd)

Sd/-

Smt Madhabi Das

Authenticated

[Signature]
Secretary
West Bengal Clinical Establishment
Regulatory Commission