Office of the West Bengal Clinical Establishment Regulatory Commission
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Case Reference:WBCERC/NOR/234/2024-25

Mr. Sumukh Chatterjee..... **Complainant**

vs

UMA Medical Related Institute Pvt. Ltd. and Peerless Hospital.....**Respondent/ Respondents**

ORDER SHEET

Office Note	Order No.	Date	Order
	2.	27/02/2025	The complaint would relate to questioning the treatment protocol of a 45 year old female patient who had post-operative complication in a case of surgery for abdominal ventral hernia. Surgery was done for about 3 to 4 hours. After the surgery, her vitals were irregular. She was kept in ICU and her vitals were rectified. Ultimately, she was transferred to cabin at about 4:20 pm when her BP was 120/86 and other vitals were also normal. The patient was again seen by the RMO at 7:50 pm when BP was 110/70. At 10 pm the patient was seen by Dr. Saheli Sarkar who recorded her BP as 110/70. According to Dr. Sarkar, the

			patient was sleeping but "responded in verbal". She was seen again by Dr. Sarkar at 3 a.m. when the status was almost same as before. At 7:40 am on the next day, the patient was found gasping by Dr. Sarkar. She was unconscious. Her BP was not recordable. Concerned surgeon was intimated over phone. Patient was transferred to ICU. Ultimately she was transferred to higher set-up on January 08, 2025 as intubated. The patient was shifted to Peerless Hospital where she was treated. She was initially kept in ICU and ultimately released on February 25, 2025. The complainant is critical about the Case Summary given at the time of discharge by the primary Establishment. The relevant extract from the transfer certificate is quoted below:- " *On 05/01/2025 she underwent-open repair of abdoninal ventral hernia + abdominoplasty (elective) under SA.*

			Post operatively while at cabin- 32 at around 6.40 a.m. on 6/01/2025 she developed gasping breathing with froathing from mouth, became unconscious with unrecordable BP. She was resuscitated(& shifted to ICU) , intubated and ventilated, require pressor support (NORAD). AVG showed T2RF. Relevant investigations done. Reports enclosed. Case was seen by Dr. J. dutta(Sr physician), Dr. S.S. Chowdhury(Neurologist), and Dr. S.N. Mitra(Anasthetist) and opinion noted/followed." From the relevant extract quoted supra, it appears that the patient was resuscitated and shifted to ICU, intubated and ventilated, required pressor support. Peerless hospital however, in their case summary mentioned, the patient was received by them in a complete gasping, unconscious, unrecordable blood pressure and patient had possible "cardiac arrest". This created confusion that the Peerless has now clarified in their letter dated February 13, 2024 where they categorically observed that the "CPR" mentioned in

			their report would actually mean cardio pulmonary resuscitation that was because of quadruple hypoxia suffered by the patient who was received by them in a ventilated state. According to our esteemed member, Dr. Sukumar Mukherjee, the patient must have respiratory arrest followed by cardiac arrest due to hypoxia and acute renal injury due to hypoxia. While reviewing the entire medical records, we find that the surgery was conducted for about 3 to 4 hours that is not normal. Moreover, the patient had post operative complication for which she was shifted to ICU straight from the OT and was kept for a considerable period under medication. Vitals were rectified and she was transferred to cabin. After about 24 hours of surgery the patient was found gasping at 7:40 am on the next day. From the Bed Head Ticket we find, the patient was last seen by Dr. Sarkar at 3 a.m when she was found sleeping without

			having any discomfort. The vitals were all within normal limit. Such a patient could not have been found gasping after an interval of about 5 hours. Dr. Sarkar present online, would fairly admit, she did not see the patient in between. The nurse on duty would however submit that she checked her vitals at 6 a.m and found it normal. We are not impressed. Dr. Mukherjee, with his wide experience, would refuse to believe that the patient whose vitals was constantly under normal mode for a considerable period, could not have been found gasping within an hour or two. We have carefully gone through the response given by the CE. We do not find any explanation offered by the CE on that score. By the grace of God, the patient is now cured. Although we appreciate the right approach of the CE from 7:40 am onwards we cannot but ignore their lackadaisical approach for not keeping the patient under

observation for about five hours which became crucial for her.

We impose a penalty of Rs. 1,00,000/- to be paid to the patient on sharing of her bank details.

Before we part with, we would be failing in our duty if we do not appreciate the immense effort of Peerless to get the patient back home. They would definitely deserve a great appreciation for the same.

The Learned Advocate representing the CE, would pray for reduction of the amount of compensation.

Considering the scenario as discussed above, we reject such prayer.

The patient is directed to share her bank details with the CE so that money could be transferred to her account directly.

The complaint is disposed of accordingly.

Sd/-

The Hon'ble Chairperson

			Sd/- Prof. (Dr.) Sukumar Mukherjee – Member Sd/- Dr. Maitrayee Banerjee – Member Sd/- Smt Madhabi Das – Member Authenticated Secretary West Bengal Clinical Establishment Regulatory Commission