

**THE WEST BENGAL CLINICAL ESTABLISHMENT
REGULATORY COMMISSION.**

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Madhusudan Banerjee, Member.

COMPLAINT ID:DJRZ/2017/000044.

Anindya PaulComplainant.

-versus-

R.N. Tagore International Institute of Cardiac Sciences & others.....Respondents.

Date of judgment: 20th April, 2018.

J U D G M E N T.

The case of the complainant, as it transpires from his letter of complaint in substance is as follows:

The service recipient Sudhansu Sekhar Kar on March 26, 2017 admitted at R.N. Tagore International Hospital under Dr. Nirmalendu Das for bypass surgery. Before surgery, various tests were done as advised including CT Scan. However, before receipt of CT Scan report, the son of the service recipient got a phone call in his mobile from the hospital and was asked to deposit a further sum, in addition to Rs.2.5 lakhs, which was already deposited for bypass surgery, for a surgical operation of swelling in groin. The hospital authority insisted the son of the service recipient for depositing that additional amount and was calling him over phone repeatedly. On the next day, i.e. on 31st March, 2017, the doctor after considering the CT Scan report opined that operation was not needed at that stage. The service recipient was then taken to OT for bypass surgery and after completion of surgery, he was shifted to bed and had

normally talked with his relations but from the next day, the service recipient started feeling distension. Two days after he was again surgically operated, however without intimating the relation of the service recipient as to why such operation was undertaken and nature of surgery. During the surgery a large portion of intestine was removed and same was shown to the wife of the service recipient and his other relations and they were told by the doctor they had to remove a part of the intestine as the same was rotten. It is quite unusual that a patient with diseased and rotten intestine, was moving and walking normally. There is no answer how in the hospital the intestine was rotten. Thereafter, the medical condition of the service recipient turned from bad to worse and he has to undergo repeated dialysis and finally went into coma. In all likely, the patient died on April 4, 2017 due to the negligence and inefficiency of the doctor but the hospital authority officially declared him dead on next morning and this delay on the part of the hospital was deliberate and due to realize the hospital's outstanding.

2. Immediately, upon receipt of the complaint notice was issued against the clinical establishment seeking its response and the bed head ticket was called for.

3. A response in writing was received by the Commission from the clinical establishment (The response was under the joint signature of Dr Mrinalendu Das , senior consultant cardiac surgeon and Dr. S.K Dubey , senior consultant general and laprascopic surgeon).

4. According to the reply, Mr. Sudhanshu Shekhar Kar (MRN: 17510000617617) had undergone coronary angiogram which revealed left main with double vessel coronary artery disease for which Coronary Artery Bypass Grafting was suggested. He was admitted under the care of Dr. Mrinalendu Das at Rabindranath Tagore International institute of Cardiac Sciences (RTICS) on 26th March 2017 with adequate explaining about the operation. After admission he was found to have a pseudoaneurysm at the groin which is basically a connection with the artery in the groin (femoral artery). In such situation during operation after full body heparinisation (using blood thinning medicine) it can bleed profusely. Therefore, it is necessary to take care of that during operation. Opinion of vascular surgeon Dr. Amitava Chakraborty was taken.

However, after further investigation (CT scan as suggested by Dr. A Chakraborty) it was found that the connection with the main artery was closed naturally and therefore not necessary to operate that. This was communicated to patient's relative properly but due to ignorance it was misunderstood in a different manner. CT scan also revealed that he had extensive peripheral vascular disease. Also, he had carotid artery stenosis detected by Carotid Doppler, these patients are prone for vascular complications which was explained to patient's son in detail by Dr. M Das in his chamber and after understanding all risks he gave a written consent to go ahead with the operation.

Mr. S.S. Kar's cardiac operation went on uneventfully and he was extubated in the intensive Care Unit.

However, on 2nd post-operative day he started to have abdominal distension. Gastroenterology consultation with General Surgeon was obtained. CT scan of abdomen was advised. On 3rd post-operative day early morning he was intubated due to respiratory distress. He developed acidosis and was started on inotropes. CT of whole abdomen and CT angiogram revealed small and large bowel ischemia with diffuse severe celiac and mesenteric vasoconstriction.

He was advised by General Surgeon Dr. S.K. Dubey for laparotomy, which was done on 3rd April 2017. Ischemic bowel was resected. He remained on ventilator and critical with inotropic support. On 4th April 2017 he developed renal failure. After informing relatives (Son) dialysis consent was obtained and dialysis started. However, he remained haemodynamically unstable. High inotropic support was needed to maintain mean blood pressure. His condition deteriorated further, and he expired on 5th April early morning.

During this whole period of stay in intensive care, relatives were updated at every stage as documented in the patient's file. Consent for both cardiac surgery and abdominal surgery was obtained. Patient's son himself has signed high risk consent as documented in the patient's file. Both the doctors explained patient's son Mr. Subrata Kar about the developments and reason for abdominal surgery. At no stage was he kept in the dark about the patient's condition or the need for abdominal operation. Bowel ischemia following cardiac surgery is a rare but

dreadful complication reported in literatures. Mortality is always very high particularly in elderly and severely arteriosclerotic patients.

It has been stated that there was neither negligence nor incompetence from the part of the doctors in this case. It has been put forward that every event of the case has been well documented in the patient's file and all the allegations have been contested with the following premises.

- a. Patient's intestinal gangrene developed after surgery due to low flow to intestine in presence of severe atherosclerotic background of peripheral vessels. There are known complications though happen infrequently.
- b. Risk of surgery and consent for every procedure was obtained and explained to patient's relatives.
- c. There was no wrong treatment and all treatments were done as per requirement by the competent doctors.
- d. Patient's death was declared as per protocol and there was no delay.

5. The parties were heard at length and their respective submissions were considered. Both the letter of complaint and the written response were perused.

6. The Members of the Commission with medical backgrounds actively participated in the deliberation.

7. The case of the complainant is partly of medical negligence by the doctor and deficiency in service on the part of the Clinical Establishment. So far as the medical negligence by the doctor is concerned same is beyond the scope of adjudication by the Commission on the face of the provision of the first proviso to sub-section (iii) of section 38 of the West Bengal Clinical Establishments (Registration, Regulation and Transparency) Act, 2017.

8. The service recipient had wide spread chronic sclerotic vascular disease involving multiple/major and minor vessels. The strain of cardiac bypass surgery exacerbated the intestinal vascular sclerotic condition causing necrosis of the large section of intestine, necessitating

excision of the intestine which is a very major surgery. There was serious post operative adverse consequences which led to death of the patient.

No case of deficiency in patient care service on the part of the Clinical Establishment has been established. The complaint, thus, stands dismissed.

Sd/-

Justice Ashim Kumar Roy
Chairperson.

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Authenticated.

[Signature]

20/4/2018.

Secretary
West Bengal Clinical Establishment
Regulatory Commission

