

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

**Present: Justice Ashim Kumar Roy, Chairperson.**

**Dr. Sukumar Mukherjee, Member.**

**Dr. Madhusudan Banerjee, Member.**

**COMPLAINT ID: NPG/2018/000393.**

**Ms. Barna Roy Chowdhury.....Complainant.**

**-versus-**

**Narayan Hridalaya Eye Care.....Respondents.**

**Date of judgment: 11<sup>th</sup> December, 2018.**

**J U D G M E N T.**

The allegation made in the letter of complaint goes like this,

The father of the complainant, Mr. Sukhendu Kumar Roychowdhury was suffering from cataract in his left eye. When he was taken to Narayan Hrudalaya Eye Care Hospital, which was situated very close to their residence. At the said hospital, Dr. Shishendu Das examined him and advised some investigations before operation. Accordingly, those investigations were done at the in house lab of the said hospital and the test result having shown the parameters are within normal limit the operation was fixed on December 15, 2017. On the date of operation, the patient was taken to the hospital with the complainant and other members of their family. At the hospital, his blood pressure was checked and they were told by the concerned sister that it was bit high. They were further told that unless the pressure is lowered down, the operation has to be postponed but no final decision shall be taken until the arrival of the doctor. In the meantime, keeping them waiting outside, the sisters pushed some medicines to bring down the BP level without their consent. Around 10.10a.m. the doctor arrived and called the sister of the complainant inside the ward, when her father was found unconscious,

convulsing and his blood pressure was fluctuating at a rapid rate and constantly lowering down. However, she could not understand that their father had suffered a cerebral stroke and that resulted from low blood pressure causing lack of blood supply to the brain. The hospital authority then called another doctor, who arrived around 11.15a.m. and advised to put him on saline and to remove him to a nearby nursing home for observation. The said doctor only told them that this was due to some side effect of medicine and her father would recover very soon suppressing that he has already suffered a cerebral attack and that has caused severe damage of his brain cells. On the way to the nursing home her father was slowly gaining his consciousness and they thought that the doctor could be trusted. When their father was again examined by the doctor, at the nursing home, he advised two blood tests for Sodium Potassium level and Serum CPK, and informed them that would be enough to ascertain his medical condition. Surprisingly, as a doctor he should have advised a CT scan and could have saved the father of the complainant. No one had ever heard of such an outcome from a cataract operation, that too just at the preparatory stage. For the rest of the day her father was kept at the nursing home without any special care and in the evening the doctor advised for his discharge. At about 7.30pm, he was then brought back home and around midnight, he suffered a massive cerebral attack which was an aftershock of his first stroke and this finally left him right side paralyzed and he lost his ability to speak. They rushed him to Charnock Hospital and then to Institute of Neuroscience Kolkata, there he underwent brain surgery and the doctors of Neuroscience and Charnock saved him from dying, however in spite of prolonged treatment and physiotherapy and speech therapy, the patient is still paralyzed and speechless. They spent about Rs.8lakh for his treatment and more is to be spent for his cranioplasty operation and further treatment. The complainant prayed for adequate compensation.

2. In response to the above complaint, the Clinical Establishment filed their reply in affidavit, denying all the allegations made against it.
3. Heard the parties at length. Considered their respective submissions and perused the content of the letter of complaint and the reply of the Clinical Establishment.

The medical members of the Commission took active part in the deliberation and gave their valuable opinion.

4. On perusal of the medical records, we find,

The service recipient, Sukhendu Kr. Roy Chowdhury, 64, was admitted in Narayan Hridalaya Eye Care for hypermature cataract left eye with very shallow anterior chamber due to cataract intraocular pressure 24 mmHg-higher side of normal on 08/12/2017.

He was advised immediate cataract Surgery with prior Mannitol 20% IV infusion (200 ml) to lower intraocular pressure and to achieve a deeper anterior chamber during operation to provide a safe phaco surgery for the patient (Ref Essential of Medicine Pharmacology 6Ed K. D. Tripathi P-572 Section 9. Pharmaco emulsification and intraocular implantation, W. J. Fishkind 2<sup>nd</sup> Ed Chapter No. 4).

Necessary Physicians' fitness certificate and appropriate investigations were done. The patient was admitted on 15/12/2017 with BP 140/80, Pulse 86/min, Blood Sugar 167 mg% and intraocular pressure was high. Nursing Staff informed the patient relatives that IV Mannitol infusion was to be started at 10 AM. Mannitol was started only to reduce the intraocular pressure and not BP. Informed written consent was taken from the patient and patient relatives during the admission process and prior to the procedure.

After around 15 minutes of IV infusion (50ml injected by that time), the patient became drowsy with fall of BP to 80/50 as per BHT dated 15/12/2017 at around 10.30 AM. He was attended by Dr. Shirshendu Das, Ophthalmology Surgeon, under whom he was supposed to be operated. Infusion stopped, IV saline given along with Cardiac monitoring by RMO Dr. Joydeep Banerjee. BP restored to 120/80 but patient was bit drowsy. The patient's relatives were told to shift him nearby Nursing Home. He was shifted to Health Care Centre under Dr. Joydeep Banerjee on 15/12/2017 at 11.20 AM for conservative treatment. He was discharged when he stable.

The patient was admitted at 03.14 hrs. on 16/12/2017 and discharged on 16/12/2017 at 14.16hrs when NCCT brain was done and Cerebral infarct was detected. He was taken to Institute of Neurosciences, Kolkata on 16/12/2017 at 16.10hrs. The patient developed hemiparesis with altered sensorium. He had to undergo post Decompressive craniectomy for Left middle cerebral territory infarction. He was discharged on 08/01/2018.

5. Having regards to above, in our conclusion, no case for deficiency in patient care service can be said to have been made out for the reasons as follows,

(a) Though IV Mannitol infusion is indicated to reduce intraocular pressure prior to Cataract Surgery but IV Mannitol infusion and its rate of infusion has not been entered in BHT.

(b) Cerebral blood flow remained unchanged over a wide range of arterial pressure (mean arterial pressure of 50-150 mm Hg) through a process of autoregulation of blood flow. (Harrison's principle of internal medicine (19 Ed Vol.2 P 1615).

In this patient BP dropped from 140/80 to 80/50 at 10.30AM. The patient was timely attended with adequate support of saline infusion, Inj Decadron 1 vial IV. There was no neuro deficit.

(c) It is unlikely that autoregulatory failure could have been the cause of the Cerebral infarction.

(d) Since the patient had been advised to be shifted to another Centre on 15/12/2017, CT scan was not possible on that day.

6. This case accordingly, stands closed and disposed of.

Sd/-

Justice Ashim Kumar Roy  
Chairperson.

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Authenticated  


ARSHAD HASAN WARSI  
WBCS (Ex)  
Secretary  
W. B. C. E. R. C.