

Case: 201004839, Greater Glasgow and Clyde NHS Board - Acute Services Division

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, no recommendations

Summary

Ms C, an advice worker, complained on behalf of Mr A that, as a result of a hip replacement operation being performed inadequately, his muscle was damaged.

Mr A underwent a hip replacement operation in July 2009. He subsequently attended a number of follow-up appointments with the consultant surgeon who had performed the operation. Mr A complained of continuing pain in his hip and that he had developed a pronounced limp. The consultant initially stated he could not identify what was causing the problems. However, following the consultation in June 2010, he stated that the problem was likely to be due to underdevelopment of the abductor muscles and advised Mr A to carry out appropriate exercise to build up the muscles.

Mr A continued to suffer pain and discomfort and attended his GP in July 2010. He asked for a second opinion. He was referred to another consultant surgeon who order an ultrasound scan which identified a rent in Mr A's abductor muscle. Mr A was informed this could not be operated on to be healed; the consultant also could not identify whether the rent was due to an incision in the muscle failing to heal, or whether it had been reopened following a subsequent aggravation (Mr A had suffered a bad fall the night of his discharge from hospital).

Mr A complained that the original consultant had never informed him that this was the cause of the pain, and, as a result, he queried whether the operation had in fact been performed adequately.

One of our advisers, a consultant orthopaedic surgeon, provided advice in this case. He said the operation had been performed to an acceptable standard. He commented that the tear was not an accident, but that the muscle initially

required to be incised (and then reattached to the bone) as part of this type of procedure. He too stated it was impossible to tell whether the rent was because the muscle had failed to heal (a risk of this type of surgery) or whether a subsequent aggravation had re-opened it. Our adviser commented that the original surgeon could have provided Mr A with more detail in the consultations to save him requiring a second opinion, but that essentially the original surgeon had identified the same problem as the second one. The complaint was, therefore, not upheld and no recommendations were made.