SPSO decision report

Case: **201102230, Dumfries and Galloway NHS Board**
Sector: health
Subject: clinical treatment; diagnosis
Outcome: not upheld, no recommendations

Summary

Mr C's wife (Mrs C) was treated at a hospital for a number of health problems over a period of 13 years. This included a hip replacement in 2001, following which Mrs C developed a bacterial infection - Methicillin-resistant Staphylococcus aureus (MRSA). This was treated at the time, but Mrs C complained of pain in the hip from that point on.

In 1998, Mrs C was referred to haemotology for investigation of a blood abnormality. The subsequent investigations concluded that it was likely that she had a cancerous mass on her pancreas. A whipple's resection (an operation) was carried out to remove part of her stomach, duodenum, bile duct and head of pancreas. The mass was found to be benign.

Mrs C, however, experienced complications of the surgery, which left her with gastrointestinal problems (problems with the stomach and large and small intestines). In 2005, these began causing her to collapse. One such collapse caused the dislocation of Mrs C's hip replacement. The hip was put back in place, but Mrs C was discharged without a clear diagnosis of the cause of her collapse. In 2008, the hip scar became inflamed and swollen, then burst, releasing a large amount of blood and pus and immediately resolving her pain. Tests found that the hip replacement was infected with MRSA. Revision surgery was carried out, but as the bone had degraded, it was decided not to provide Mrs C with another hip replacement.

Mr C complained that the whipple's procedure had been unnecessary. He was also critical of the board's investigation of the cause of Mrs C's blackouts and the failure to resolve her MRSA infection. He believed that this had been present since 2001 and had caused the bone degradation which prevented a further hip replacement from being provided.

We did not uphold Mr C's complaint. We took advice from one of our medical advisers, who said that the risks associated with the whipple's resection were significantly lower than that of carrying out a biopsy (which might lead to a false-negative result and a lack of treatment for an incurable cancer). If identified early enough, pancreatic cancer can be cured by surgical resection and we, therefore, found it appropriate for the whipple's resection to go ahead without tissue analysis.

We found that there was an opportunity to diagnose Mrs C's gastrointestinal problems after she collapsed in May 2005. However, appropriate investigations were carried out to rule out obvious causes for her collapse and we found the conclusions reached to be reasonable. A clear diagnosis was made within the following four weeks and treatment was provided quickly.

With regard to the MRSA infection to Mrs C's hip, the evidence that we reviewed suggested that it was very unlikely that this had been present since 2001. Our adviser explained that infection can be contracted through any part of the body via a number of means and can accumulate at a single site. X-ray evidence showed no sign of bone degradation in 2006, but it was obvious in 2008. We, therefore, considered that surgery in 2005 was a likely source of the infection and the bone degradation would have occurred after that.

Whilst the combination of significant, overlapping, health issues clearly had a significant impact on Mrs C's overall wellbeing, we were generally satisfied that the board provided reasonable and appropriate treatment through each of the three departments that treated her.