

SPSO decision report

Case: 201200449, Lanarkshire NHS Board
Sector: health
Subject: clinical treatment; diagnosis
Outcome: some upheld, action taken by body to remedy, no recommendations

Summary

Mr C was admitted to hospital as an emergency case in October 2009 with a perforated colon (hole in the bowel). The surgeon treated it conservatively (with medical treatment avoiding radical therapeutic measures or operative procedures) and explained to Mr C that further investigation was needed once this had settled down. Mr C was discharged several weeks later, then had a further episode of pain and inflammation which was also managed conservatively. Mr C had a scheduled colonoscopy (examination of the bowel with a camera on a flexible tube) in December 2009 and was diagnosed with complex diverticular disease (disease of the colon). Shortly after the colonoscopy, Mr C was admitted to hospital with abdominal pain and inflammation, again managed conservatively. He was admitted again in February 2010 with a diverticular bleed (a bleed in the colon). In March 2010, he agreed to a surgical resection (partial removal of the colon) and to lose weight as he had a high body mass index (a measure for estimating human body fat).

The surgeon reviewed Mr C in September 2010 and agreed to proceed with surgery when a consultant urologist (a clinician who treats disorders of the urinary tract) became available. Surgery was planned for October 2010 but this had to be cancelled. However, Mr C in fact underwent surgery a few days earlier than originally planned. The surgeon said that the procedure was extremely complex and that participation from other specialists was needed. Mr C believed that the procedure was complicated because the hospital failed to perform it within a reasonable time.

Mr C had further procedures including repeat dilatation (enlargement) of the anastomosis (the site of the bowel after resection). One of these procedures was performed on a date in February 2012, after another cancellation. Mr C said nobody contacted him from the hospital to tell him of that cancellation, and he only found out when he phoned the surgeon's secretary the day before. A reversal ileostomy (a surgical procedure carried out on the small intestine) was then planned, but in March 2012 surgeons told Mr C that a stent (mesh tube) should be inserted first. The reversal was performed in May 2012.

Mr C said that the board failed to notify him of cancelled appointments and contact him to rearrange them. Mr C also said that the board failed to give reasonable or consistent explanations about why the appointments had been cancelled. As a result of these failures, and the failure to provide appropriate treatment within a reasonable time, Mr C said that his life had been on hold and he had been unable to work.

Our investigation found that the board provided Mr C with appropriate treatment for his perforated colon and post-operative complications, within a reasonable time, so we did not uphold this complaint. We did, however, uphold his complaints about cancellations. It was not clear that he was told about the cancellations within a reasonable time, and the board acknowledged that there were shortcomings in communication. They apologised and addressed this with administration staff. We also found that, while the board's explanation when responding to Mr C's complaint was reasonable, that did not appear to be the case when he initially brought this to the attention of staff. The board accepted that there were further shortcomings when Mr C was seeking explanations from staff, and regretted his poor experience at the time of the cancellations.