

SPSO decision report

Case: 201202531, The Golden Jubilee National Hospital
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C, an advocacy worker, complained on behalf of Miss A, who had hurt her leg by tearing her anterior cruciate ligament (ACL) in a skiing accident in March 2010. Miss A was referred to the hospital where she was seen by a consultant orthopaedic surgeon, who arranged for her to undergo ACL reconstruction surgery about seven months after the accident. Screws were used to reattach tendons between her knee and thighbone.

Two months after the operation, Miss A fell and hurt her knee again. She went to an accident and emergency (A&E) unit and was referred back to the consultant. X-rays taken at A&E showed that the screw in Miss A's thighbone had become dislodged. However, due to the amount of pain she was in, and the level of swelling, the consultant was unable to carry out a full examination. He noted that Miss A had a good range of movement and concluded that the screw was likely in the soft tissue, holding the ACL reconstruction in place. A few days later, Miss A's pain increased and her knee began to lock. She returned to A&E where further x-rays found that the screw was inside her knee joint. Surgery was arranged to remove it and to re-do the ACL reconstruction.

After taking independent advice from our medical adviser, we upheld this complaint. We found that there was very little detail recorded at the time about what procedure the consultant initially performed. However, from the x-ray evidence we were able to establish that the ACL reconstruction had been placed in a less than satisfactory position. We also found that the advice given to Miss A by the consultant after her second fall was inappropriate. Although the x-ray evidence was not conclusive, it was most likely that the screw had migrated into the knee joint, and in any case, it was known that the screw was not in the thighbone. As such, the ACL graft was not performing its intended task and we took the view that revision surgery should have been arranged at that time.

Recommendations

We recommended that the hospital:

- apologise for the issues highlighted in this case; and
- draw our adviser's comments to the consultant's attention.