

## SPSO decision report

**Case:** 201204890, Lothian NHS Board - University Hospitals Division  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** some upheld, recommendations

### Summary

Miss C complained about the care and treatment she received when she was admitted to the Royal Infirmary of Edinburgh with acute appendicitis. She complained about a procedure that was carried out when her wound became infected and was reopened on the ward several days after surgery. Miss C complained that excessive force was used during the procedure and that her pain was not adequately managed. She also complained about the level of scarring she suffered, and said that the board failed to explain the procedure or obtain her consent for it, and had failed to respond appropriately to her complaint.

We took independent advice from one of our advisers, who is a consultant surgeon. There was no evidence to allow us to comment on how much force was used or about the management of Miss C's pain, although there was evidence of three types of pain relief being prescribed that day. Our adviser said that it was reasonable for the procedure to be carried out on the ward without anaesthetic, as local anaesthetic is much less effective in infected tissue. He also said that it would be expected that staff would consider, as part of the implied consent for the procedure, whether it would be appropriate to provide pain relief in advance. He said that there was no need for this consideration to be documented. We also found that it was unlikely that the procedure was the source of the scarring that Miss C suffered, which was more likely to result from the wound infection. We did not, therefore, uphold her complaint that the procedure was not carried out appropriately.

Although our adviser said that written consent was not required for this type of procedure, we upheld Miss C's complaint about failure to explain, as we were concerned that she was not given enough information on how the procedure was to be carried out. We did not make any recommendation as the board had already taken action to address this for the future.

Finally our investigation showed that, while the board's initial response failed to address all of the issues Miss C raised, they had later met with her and provided a further response. We did not uphold this complaint.

### Recommendations

We recommended that the board:

- ensure that the senior specialist registrar reflects on how implied consent is taken and how it might be recorded; and
- ensure that the senior specialist registrar reflects on this episode to guide future practice in relation to the consideration of a patient's comfort, analgesia and overall experience of care.