

SPSO decision report

Case: 201507976, Dumfries and Galloway NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Miss C, an advocacy and support worker, complained on behalf of Mr A about the care and treatment he received at Dumfries and Galloway Royal Infirmary for the surgical removal of haemorrhoids. Mr A developed a wound infection (a recognised complication of surgery) and he had to have a permanent colostomy. Miss C complained that Mr A had not been fully informed about the risks of the surgery, that his operation was not performed properly, and that care of his wound was poor.

We took independent advice from a general and colorectal surgeon. We found evidence to support that the surgery carried out was to a reasonable standard. However, Mr A reattended the hospital by ambulance with post-operation wound-related problems and we considered that the registrar doctor who reviewed Mr A at this point should have contacted the surgeon who had carried out the surgery or the consultant surgeon responsible for admissions that day. We therefore upheld this aspect of Miss C's complaint.

We also took independent advice from a nursing adviser and found evidence of appropriate care of Mr A's wound following surgery. We were critical that a full nursing assessment was not carried out at the time Mr A re-attended hospital. However, we did not consider this to have been a failing by the nurses, due to Mr A having been discharged.

We found insufficient evidence to show which risks and complications of surgery had been discussed with Mr A prior to him consenting to the operation. We were also critical that the consent form did not include all of the known risks and complications of the surgery. We therefore upheld this aspect of Miss C's complaint.

Recommendations

We recommended that the board:

- apologise to Mr A for the failings identified;
- demonstrate there is an effective process in place to ensure review takes place with the operating consultant or, if unavailable, the consultant surgeon with responsibility for acute surgical receiving when post-operative patients re-present to the emergency department;
- ensure the speciality doctor reflects on the findings of this investigation at their annual appraisal as part of shared learning and improvement;
- review their consent process to ensure that all risks and complications relevant to surgery are fully documented, that they have been discussed with the patient and that written patient information has been provided where relevant; and
- draw these findings to the attention of the consultant surgeon and the trainee doctor who completed the consent form.