

SPSO decision report

Case: 201608056, Highland NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Decision: not upheld, recommendations

Summary

Mrs C was admitted to Raigmore Hospital as she had a two day history of stomach pain and vomiting. She was found to have a small bowel obstruction for which she needed major surgery. The operation was carried out the next day and Mrs C was given an epidural (anaesthetic by spinal injection) and a general anaesthetic.

After the operation, Mrs C noted reduced mobility in her legs and a scan was carried out, but this showed no abnormality. Mrs C's mobility did not improve and she was seen by a neurologist and a repeat scan was performed but, again, was normal. It was explained to Mrs C that the likely cause of her lack of nerve sensation was a spinal stroke (where there is an interruption in blood flow to the spinal cord). Later, Mrs C complained to the board because she believed that she should not have been given an epidural and a general anaesthetic together because she had a history of heart problems. The board confirmed that she had had a spinal stroke, but said that the reason for it was unclear. Mrs C remained unhappy and brought her complaint to us.

We took independent advice from a consultant anaesthetist and a stroke specialist. We found that it was common practice for an epidural to be used in conjunction with a general anaesthetic for post-operative pain relief after major abdominal surgery like that given to Mrs C. We found that there was nothing in her medical history that would have discouraged clinicians from doing this and that the practice was in accordance with Royal College of Anaesthetists' advice. For this reason, we did not uphold the complaint. However, we also found that prior to the operation the full risks of an epidural, including the risk of nerve damage, were not discussed with Mrs C as we would have expected. We found that the consent checklist that was used did not have a box for relating to the risk of nerve damage. We made recommendations to address this failing.

Recommendations

What we asked the organisation to do in this case:

- Apologise for failing to fully discuss the risks of an epidural with Mrs C.

What we said should change to put things right in future:

- The consultants involved in this case should use it as part of their reflective discussion in their annual appraisal.
- The consent checklist should include nerve damage as a risk to be discussed.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.