

SPSO decision report



Case: 201805210, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector: health
Subject: clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

Ms C complained about the care and treatment she received following a total abdominal hysterectomy (surgery to remove the womb). The day after the surgery, Ms C began to feel unwell and experienced severe pain in the lower right-hand side of her abdomen. Ms C requested help from a nurse and was advised that her symptoms could have been wind. Based on this, the nurse gave her some peppermint water. After the pain persisted, Ms C asked to be seen by a doctor. Ms C was given pain relief and monitored throughout the night. The following day, Ms C's haemoglobin level dropped and she required surgery to treat a rectus sheath haematoma (internal bleeding). Ms C felt that the hospital should have identified earlier that she was bleeding internally. She also complained about the nursing care she received while in hospital, especially in relation to one particular nurse who Ms C felt displayed inappropriate attitude and behaviour.

We took independent advice from a consultant gynaecologist and a nurse. We found that it was not unreasonable for the rectus sheath haematoma not to be identified or addressed earlier. We considered that the board's actions, including their post-operative treatment plans for Ms C's care, were reasonable. Therefore, we did not uphold this complaint.

In relation to nursing care, we found that it was not unreasonable for nursing staff to have suggested Ms C's pain was caused by wind and there was nothing in the medical records to suggest nursing staff unreasonably delayed contacting a doctor. We noted that the medical records indicate that there was some conflict or difficulty in the communication between Ms C and nursing staff. However, we did not consider what was recorded in the records to be unreasonable or a cause for concern. We acknowledged that Ms C's account differed from what was recorded in the medical records and that we had no reason to doubt what she had told us. However, we concluded that we would not be able to reach a conclusive view on the interactions between Ms C and the nursing staff, as there was no evidence that the nursing care provided was inappropriate or unreasonable. We did not uphold this complaint.