

SPSO decision report

Case: 201805674, Fife NHS Board
Sector: Health
Subject: clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

Miss C complained about a number of aspects of the care and treatment her mother (Mrs A) received at Victoria Hospital.

We took independent medical advice from three advisers – a consultant radiologist (a doctor who specialises in diagnosing and treating disease and injury through the use of medical imaging techniques such as x-rays and other scans), a consultant gynaecologist (a doctor who specialises in the female reproductive system) and a consultant colorectal surgeon (a surgeon who specialises in conditions in the colon, rectum or anus).

Miss C said that a radiologist failed to identify the thickened area in part of her mother's bowel on a CT scan. We found that an opportunity was missed at the time of the reporting of Mrs A's CT scan to identify a tumour in this area, in addition to making the new diagnosis of an ovarian tumour. However, given the limited sensitivity and specificity of unprepared CT scan for bowel tumours, we consider this not to be unreasonable.

Miss C complained that there was a delay in Mrs A's hysterectomy (surgical removal of the uterus) taking place which she said was due to the gynaecologist's leave delaying Mrs A's case being discussed at the multi-disciplinary team meeting. We found that Mrs A was referred for her case to be discussed at the next gynaecology multi-disciplinary team meeting the day after she was admitted to hospital. This was then processed in accordance with the department's normal procedures and Mrs A's case was discussed at the next available multi-disciplinary team meeting. We considered that the consultant gynaecologist's leave was not relevant to Mrs A's care and did not delay it in any way.

Miss C said that following the results of Mrs A's CT scan and the suspicion of cancer, the board should have carried out Mrs A's colonoscopy (examination of the bowel with a camera on a flexible tube) and PET scan while she was still in hospital. We found that Mrs A's colonoscopy was carried out within appropriate timescales, taking into consideration the risks from her previous surgery, her potential pain/discomfort and the likely success of the procedure. We found that Mrs A's PET scan was also carried out within a reasonable time, allowing for tissue healing and resolution of infection to take place following Mrs A's surgery, and in order to produce meaningful results to assist clinical decision-making and patient management. The timescales for these procedures would have had no impact on the treatment provided.

We did not uphold this complaint.