

SPSO decision report

Case: 201906999, Fife NHS Board
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C's adult child (A) had a history of intravenous drug use and was on a methadone programme. A suffered from osteoarthritis (a condition that causes joints to become painful and stiff) in their knee. A sought surgical treatment for this on a number of occasions. On the latter two occasions, the board determined that A was physically suitable for surgery. Surgery was initially scheduled but it did not take place. A sought surgery again the following year, however, the consultant surgeon did not consider A would cope with the possible postoperative pain of a total knee replacement (TKR) and decided not to schedule any surgery. C complained to the the board about this decision.

The board's response noted recent x-rays showed A was physically suitable for surgery but that the board was concerned about how A would cope with the postoperative pain, and noted the likelihood that A would be in more pain following the surgery than previously. The board said that pain control following this operation can be exceptionally difficult and that this, coupled with the high doses of methadone A was prescribed and any heroin injections they may have been taking, meant that there was a risk of A's pain becoming chronic and untreatable after the operation. Clinicians recommended that A's chronic pain be managed, A's dose of methadone reduced and A be free of heroin before surgery be considered. The board said that clinicians intended to await a multidisciplinary team meeting outcome and liaise with A's psychiatrist before discussing options with other colleagues. The board said that A's GP would be updated with information about these outcomes and the board's recommendations at that point.

We took independent advice from an orthopaedic surgeon (a specialist in the treatment of diseases and injuries of the musculoskeletal system). We found that the board's reasons for caution regarding A's TKR were well documented and their decisions were reasonable. In considering the complaint, we also took into account that the board, despite deciding not to proceed with surgery at that time, outlined the route that could lead to further consideration of A having a TKR and remained open to that possibility for at least 12 months afterwards. We did not uphold this complaint.