

Scottish Parliament Region: Mid Scotland and Fife

Case 200501298: General Practitioner Practice in the Forth Valley NHS Board region

Introduction

1. On 16 August 2005 the Ombudsman received a complaint from Mr C about the care and treatment he received from two General Practitioners (GP 1 and GP 2) at his local practice (the Practice) in August 2004. In mid August 2004 Mr C underwent a vasectomy. Mr C said that on 17 August 2004 he saw a GP at the Practice (GP 1) because yellow pus was seeping from the wound. On completion of a course of antibiotics he was no better. The pain was so severe that he used the 24 hour GP service. Mr C then saw GP 2 at the Practice (on 25 August 2004). GP 2 examined him and told him that the infection was serious and had spread. He was prescribed another antibiotic and told to return two days later if there was no difference. Two days later, on 27 August 2004, Mr C returned to see GP 2. He was struggling to walk but GP 2 told him he was getting better. He advised Mr C to lie on his back for the weekend.

2. On 30 August 2004 Mr C was admitted to hospital. He was operated on the following morning. The Consultant Surgeon told him that he had a haematoma (an accumulation of blood within the tissues), a skin infection and that he had removed pus the size of a golf ball. Mr C was told that if he had not received treatment, he could have lost a testicle.

3. The complaints from Mr C which I have investigated were that:

- (a) GP 1 should have examined him at the consultation on 17 August 2004; and
- (b) GP 2 did not provide him with adequate care and treatment at the consultations on 25 and 27 August.

4. Following the investigation of all aspects of this complaint I came to the following conclusions:

(a) not upheld, see paragraph 9;

(b) not upheld, see paragraph 10.

Investigation and findings of fact

5. In the course of the investigation of this complaint, all the documentation supplied by Mr C and the Practice and Mr C's clinical records have been considered. Advice has been obtained from a clinical adviser to the Ombudsman, an experienced GP. Mr C and the Practice have been given the opportunity to comment on a draft of this report.

6. In making his formal complaint to the Practice, Mr C said he felt that if GP 1 had examined him at the consultation on 17 August 2004; and GP 2 had not incorrectly concluded, when he saw him on 27 August 2004, that he was getting better, his condition would not have developed as it did and he would not have required further surgery. He is now scarred which causes him embarrassment and he had to take 13 days off work because of the pain and the operation. He also suffers from a tingling sensation in his right knee which he believes is due to prolonged lying on his back. On 13 January 2005, Mr C complained to the Practice about the care he received.

7. The Practice replied to Mr C's complaint in a letter dated 11 July 2005 as follows:

'... You attended a consultation with [GP 1] on 17 August 2004 when it is noted that the wound was painful and infected. You were prescribed an antibiotic and Arnica, a homeopathic remedy. [GP 1] has stated that any examination at this time would not have changed the choice of treatment. This is [GP 1]'s choice of treatment for initial post-operative infections.

You then contacted the out of hours service on 19 August 2004 when it is noted that your wound was leaking and you were advised to contact the Practice the next day. There is no record of your doing so.

You called the out of hours service again on 21 August 2004 and you were seen by a doctor who prescribed another antibiotic for the wound infection.

You were seen by [GP 2] on 25 August 2004. Following examination you were issued with antibiotics and anti-inflammatories. [GP 2] advised you to return to see him in two days and discussed with you the possibility of referring you back to the surgeons at Falkirk and District Royal Infirmary if your condition had not improved. On 27 August 2004 you returned to see [GP 2] as requested. It is noted in your medical records that your condition had improved and you were advised to complete the course of antibiotics prescribed and continue to rest.

You attended the Practice again on 30 August 2004 when you were seen by [another GP] who referred you to hospital where you underwent incision and drainage of the haematoma. Following this you unfortunately developed another post-operative complication, which was further bleeding around the drain.

I am sorry you are left with scarring and some sensation in your leg and you feel that your care by [GP 1] and [GP 2] in some way contributed to this. The scarring is a direct result of the surgical intervention for the infected haematoma, which can be a post-operative complication of a vasectomy. Unfortunately you also suffered post-operative complications with the insertion of the drain which may also have contributed to this. Surgical intervention is always a last resort. The haematoma and infection is best treated initially with antibiotics and rest to avoid surgical intervention and subsequent scarring, which regrettably was the eventual outcome.'

8. I have received the following advice from the Ombudsman's clinical adviser:

'There is a known risk of post-operative complications to any surgical procedure. Infection of the wound is one, and bleeding at the site of the surgery – a haematoma – is another known risk.

The clinical events are relatively commonplace. There is the initial surgery,

and then secondary infection develops. The GP treats with antibiotics, sometimes with success, but sometimes needing a second antibiotic. Usually the infection and bleeding subside, but not uncommonly they do not, and surgical intervention is needed, as in this instance.

The consultation of 17 August 2004 with GP 1 was reasonable. The history was clear, and there was no need for an examination, as the treatment needed - provision of an antibiotic - was obvious. The choice of amoxicillin as the first choice was appropriate. The prescription for Arnica was reasonable.

There is a note from NHS 24 relating to advice given on 19 August 2004. Mr C was advised to contact the Practice the next morning. Mr C called NHS 24 again on 21 August 2004 with the history of there still being smelly pus, and the wound still being hot to the touch. He was examined and prescribed flucloxacillin (a second line antibiotic).

Mr C was seen at the surgery on 25 August 2004 by GP 2. The records show an appropriate history and examination. GP 2 changed the antibiotic to ciproxin which was appropriate, as it is recommended for skin and soft tissue infections. He also prescribed an anti-inflammatory (diclofenac) which was a reasonable course of action.

GP 2 recorded that if there was no improvement in two days then he would refer Mr C to the hospital. This demonstrates that GP 2 was not narrow-minded in his thinking, and open to offering Mr C any treatment needed.

On 27 August 2004 GP 2 recorded that there was less tenderness and less induration (inflammation). These are normally indications that the problem is easing.

The next consultation was on 30 August 2004, at which point as the infection was proceeding Mr C was referred to hospital.

I cannot easily comment on the tingling of the leg. It is not impossible that it is due to the pressure on the thigh at the time of the final drainage surgery.

I do not think it can reasonably be attributed to lying on one's back for a weekend.

My conclusion is that Mr C was appropriately cared for by his general practitioners.'

(a) GP 1 should have examined him at the consultation on 17 August 2004

9. Mr C said he felt that GP 1 should have examined him at the consultation on 17 August 2004. I am satisfied, in light of the above advice, that an examination was not necessary when Mr C attended GP 1 on 17 August 2004 and the actions taken by GP 1 were reasonable.

(b) GP 2 did not provide him with adequate care and treatment at the consultations on 25 and 27 August 2004

10. Mr C felt that if GP 2 had not incorrectly concluded, when he saw him on 27 August 2004, that he was getting better then his condition would not have developed as it did and he would not have needed further surgery. I am satisfied, given the advice above, that GP 2 provided appropriate care.

Conclusion

11. I therefore conclude that GP 1 and GP 2 provided Mr C with a reasonable standard of care that is not open to criticism. I do not uphold the complaints.

25 April 2006

Explanation of abbreviations used

Mr C	The complainant
GP	General practitioner
The Practice	GP Practice in the Forth Valley NHS Board region
GP 1	The GP who saw Mr C on 17 August 2004
GP 2	The GP who saw Mr C on 25 and 27 August 2004

Glossary of terms

Haematoma	An accumulation of blood within the tissues
Flucloxacillin	A second line antibiotic
Diclofenac	An anti-inflammatory
Induration	Inflammation