Scottish Parliament Region: Glasgow

Case 200502351: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospitals; Clinical treatment

Overview

The complainant's father suffered profuse haemorrhaging after an endoscopy. His son raised concerns about whether the procedure was conducted with a reasonable degree of care.

Specific complaint and conclusion

The endoscopy was not carried out with a reasonable degree of care and caused a haemorrhage (*not upheld*).

Redress and recommendation

The Ombudsman has no recommendation to make.

Main Investigation Report

Introduction

1. On 21 November 2005 the Ombudsman received a complaint from Mr C about the care and treatment received by his late father, Mr C senior, at the Southern General Hospital, Glasgow (the Hospital) on 29 December 2003. Mr C senior underwent an endoscopy. He was allowed home then, early on the morning of 30 December 2003, he began haemorrhaging from the back passage and had to be taken to hospital by ambulance. Mr C's quality of life after discharge from hospital had deteriorated significantly. He died in October 2004.

2. On 9 March 2004 Mr C took up his concerns with the Board. After exchanges of correspondence Mr C remained dissatisfied. He applied to the Board for an Independent Review Panel to consider his complaint. On 10 September 2004 the Convener refused the request.

3. The complaint from Mr C which I have investigated was that the endoscopy was not carried out with a reasonable degree of care and caused a haemorrhage.

Investigation

4. The investigation of this complaint involved obtaining all the relevant documentation and medical records. I also obtained advice from a clinical adviser to the Ombudsman, a Consultant Gastroenterologist (the adviser). I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Board were given the opportunity to comment on the draft of this report. The abbreviations used in the report are explained in Annex 1 and the medical terms used are explained in Annex 2.

5. Mr C senior was a 70 year old man with a dissecting aneurysm of the aorta. Because of difficulty in swallowing, a barium x-ray was carried out which detected an irregular area in his oesophagus. There was a possibility of oesophageal cancer, and it was decided that he should have an endoscopy in order to try to confirm or eliminate this possibility.

6. On 29 December 2003 he attended the Hospital as an out-patient for the endoscopy. The procedure was initially attempted without anaesthetic

unsuccessfully. Mr C senior then had to have the procedure carried out under anaesthetic. The notes record that during the endoscopy biopsies were taken from the stomach and from the oesophagus, and a CLO test (a test for the bacterium Heliobacter pylori) was carried out.

7. Mr C senior was discharged home later that day. Early on the morning of 30 December 2003 he began haemorrhaging from the back passage. A GP was called and he arranged an ambulance. Mr C senior was taken back to the Hospital. The GP's referral note suggested that the cause might be a perforated oesophagus. Mr C senior was admitted to the high dependency ward.

8. A second endoscopy was carried out on 31 December 2003 to try to identify the cause of the bleeding. This identified a blood vessel near the gastro-oesophageal junction which was bleeding. It was injected with adrenaline, which stopped the bleeding.

9. Mr C senior's recovery was complicated because he developed pulmonary emboli and acute retention of urine. He was discharged home on 4 February 2004.

10. The immediate discharge letter, a copy of which was given to Mr C senior, said that the main diagnosis of the bleeding was a perforated oesophagus. This was not referred to in the discharge letter to the GP. During the course of investigating the subsequent complaint the Board accepted that the immediate discharge letter was wrong in saying that the main diagnosis was a perforated oesophagus. They apologised for the error.

11. Mr C complained to the Board on 9 March 2004 about the first endoscopy. During the course of the complaint Mr C questioned not only whether it had been competently carried out, but also whether it had been necessary at all.

12. The Board had the treatment of Mr C senior reviewed by a consultant who had not performed either endoscopy. He was not able to be clear about the cause of the bleeding. He offered two possible explanations: that it resulted from one of the biopsies taken during the first endoscopy; or from a small prominent blood vessel not noted during the first endoscopy. He did not find any fault with the way the endoscopy was carried out. The Board rejected Mr C's complaint.

13. Mr C then requested an independent review of his complaint. A further review of the treatment given was undertaken by a clinical assessor, a consultant gastroenterologist from outwith the Glasgow area. He did not find any fault. He believed that the bleeding occurred at the site of a biopsy but was more likely to be from a small prominent blood vessel.

14. The adviser commented that Mr C senior was a high risk candidate for endoscopy, but the indications for the investigation were sound. He also said that there was nothing to suggest that the procedure was not carried out with a reasonable degree of care. Mr C's recovery after was apparently uneventful and there were no indications of any problems before he was discharged home three hours after the completion of the procedure.

15. The adviser confirmed that profuse bleeding is a recognised but unusual complication of gastric biopsy. He has also suggested that it is possible that bleeding could have resulted form the CLO test (whose site is unrecorded) rather than from one of the biopsy sites. The adviser said that when Mr C presented the following day with internal bleeding he was diagnosed rapidly and appropriately treated. His recovery was slow and complicated by two important events. He became acutely and progressively more breathless. This was shown to be caused by pulmonary emboli. These are clots of blood that form in veins which will sometimes break off and travel through the bloodstream to the lungs where they can cause serious and sometimes fatal damage by blocking the blood supply to the lungs. He also developed acute retention of urine. This is the inability to pass urine caused, in this case, by enlargement of the prostate gland which presses on the tube that conducts urine from the bladder through the penis.

16. The adviser said that both of these complications are common and they were appropriately treated. Mr C had prostatic enlargement prior to his endoscopy, but bed rest and the increased volume of urine caused by his treatment exacerbated the problem and resulted in retention. The venous thrombosis and pulmonary emboli result from increased viscosity of the blood and the decreased circulation rate resulting from bed rest. He said that it was likely that the episode of haemorrhagic shock (low blood pressure) and subsequent bed rest exposed, and

possibly exacerbated, Mr C's pre-existing frailty. The adviser said that this is not an unusual phenomenon in elderly people following a serious illness.

Conclusion

17. Mr C complained that the endoscopy was not carried out with a reasonable degree of care, resulting in the haemorrhage and subsequent decline of Mr C senior's health from which he never recovered.

18. Several possibilities have been suggested as to the cause of the haemorrhage. While I know that Mr C wants to understand what happened to his father I am unable to reach a definite conclusion about this, although, given the timing of events, I believe that it is likely that the haemorrhage was connected to the endoscopy in some way. I am also aware that the mistake on the initial discharge letter has added to confusion about what happened.

19. Even if the haemorrhage was a consequence of the endoscopy, it does not mean that that the endoscopy was carried out without due care. Haemorrhaging is a risk, albeit unusual, associated with this procedure. The endoscopy was to enable the clinicians to make a diagnosis, and in particular about the possibility of oesophageal cancer. The medical notes have been reviewed by three consultants. None of these reviewers have suggested either that the endoscopy was unnecessary or that it was it was carried out without proper care.

20. I accept that the haemorrhage probably contributed to a decline in the health of Mr C senior and I can understand the distress this has caused. Mr C has told me that after discharge from hospital his father needed two carers to visit on a daily basis to help him with what were basic tasks and he was virtually a prisoner in his own home. He said that although his father had not been in the best of health for the previous 10 years, his quality of life following the endoscopy deteriorated significantly. However, having considered all the evidence, I do not uphold the complaint.

31 October 2006

Annex 1

Explanation of abbreviations used

Mr C	The complainant
Mr C senior	The complainant's father
The Hospital	The Southern General Hospital, Glasgow
The assessor	A consultant gastroenterologist who provided advice to the Convener at the stage when Mr C requested an Independent Review of his complaint
The adviser	A clinical adviser to the Ombudsman, a Consultant Gastroenterologist

Annex 2

Glossary of terms

Biopsy	Sampled for microscopic analysis
Cardia	Upper end of the stomach
Catheter	Tube passed into the bladder
Dissecting aneurysm of the aorta	A swelling of the aorta (the main blood vessel that takes blood away from the heart) caused by blood entering the wall of the aorta through a defect or small tear in the inner lining of the aorta
Endoscopy	Inspection of the inside of an organ (usually stomach or colon) using a telescope-like instrument introduced into the body from the outside
Pulmonary emboli	Clots of blood that form in the veins which will sometimes break off and travel through the bloodstream to the lungs where they can cause serious and sometimes fatal damage by blocking blood vessels to the lungs
Oesophagus	Gullet
OGD (endoscopy)	Oesophago gastro duodenoscopy – examination of the gullet and stomach with an endoscope