Scottish Parliament Region: Glasgow

Case 200400944: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospital; Clinical Treatment.

Overview

The complainant (Mr C) was concerned that the failure of the Southern General Hospital in Glasgow (Hospital 1) to diagnose a trapped nerve in his neck caused him pain and stress that could have been avoided.

Specific complaint and conclusion

The complaint which has been investigated is that Hospital 1 failed to diagnose a trapped nerve in Mr C's neck when he attended Hospital 1 in February 2002 and March 2003 *(not upheld).*

Redress and recommendation

The Ombudsman has no recommendation to make.

Main Investigation Report

Introduction

1. On 30 August 2004, the Ombudsman received a complaint from a man, referred to in this report as Mr C, about the care and treatment he received at the Southern General Hospital in Glasgow (Hospital 1) in February 2002 and March 2003. Mr C had a history of pain in the back of his head and in his neck, which radiated down his left arm.

2. In August 2001, Mr C had an MRI scan (see Annex 2) at a hospital in Edinburgh (Hospital 2). In February 2002, Mr C attended Hospital 1 and was seen by Mr D, a Specialist Registrar in Neurosurgery, who advised him that the results of the MRI scan taken in August 2001 showed that, while there were signs of degenerative changes in the cervical spine, there were no indications that would require neurosurgical intervention.

3. In March 2003, Mr C was admitted to Hospital 1 to have another MRI scan. He was seen a Consultant Neurosurgeon (Mr E), who advised him that the MRI scan showed that, while there were signs of 'wear and tear', there was no evidence of any compressive pathology that would be amenable to surgical intervention.

4. In November 2003, Mr C attended another Glasgow Hospital (Hospital 3) where he had another MRI scan. In January 2004, Mr C attended a hospital in Dumfries and Galloway (Hospital 4) where he was seen by an Orthopaedic Surgeon (Mr F). Mr F told Mr C that the scan showed a possible trapped nerve and he referred Mr C to another Consultant Neurosurgeon (Mrs G) for a neurological opinion.

5. Mr C was subsequently seen by Mrs G at Hospital 2 in May 2004. Mrs G diagnosed him as suffering from a trapped nerve in his neck. He was advised that an operation might allow the nerves to recover and relieve his arm pain, but as they had been squashed for a long time, they might not recover.

6. The complaint from Mr C which I have investigated is that Hospital 1 failed to diagnose a trapped nerve in Mr C's neck when he attended Hospital 1 in February 2002 and March 2003.

Investigation

7. The investigation of this complaint involved obtaining and reading all the relevant documentation and medical records. I was assisted in the investigation by one of the Ombudsman's advisers, a Consultant Neuroradiologist (the Adviser). His role was to explain to me, and comment on, the complaint's clinical aspects. In particular, I sought his advice regarding whether the two MRI scans the complainant had in 2001 and 2003 had been interpreted in a reasonable fashion by Hospital 1.

8. In line with the practice of the Ombudsman's office, the standard by which the actions of Hospital 1 were judged was whether they were reasonable. By that, I mean whether the decisions and actions taken were within the boundaries of what would be considered to be acceptable practice by the medical profession in terms of knowledge and practice at the time.

9. I have set out below my findings of fact and conclusions. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. A list of abbreviations used in the report is given at Annex 1 and an explanation of the medical terms used is at Annex 2. Mr C and the Board have been given the opportunity to comment on a draft of the report.

Complaint: Hospital 1 failed to diagnose a trapped nerve in Mr C's neck when he attended the hospital in February 2002 and March 2003

10. The key issue to determine in the investigation was whether the MRI scans taken of Mr C's neck in August 2001 and March 2003 showed a trapped nerve in his neck. The question I had to answer was: was Hospital 1's interpretation of the scans (detailed at paragraphs 2 and 3 above) reasonable? To answer that question, I consulted the Adviser.

11. The Adviser carried out a review of the two MRI scans. He produced a report which compared his interpretation of the MRI scans with Hospital 1's interpretation of the scans.

12. In prefacing his report, the Adviser told me the scans showed Mr C was suffering from mid-cervical degenerative disease, which was an extremely common condition (the majority of adult males developed some mid-cervical degenerative change by the time they were 50 years old). He told me,

however, that the scans did 'not show any particular sinister features – there is no cord compression and no severe nerve root compression'.

13. In his report, the Adviser concluded that there were no material differences between his interpretation of the scans and that of Hospital 1, and that there was no evidence of cord or nerve root compression. He went on to explain that surgeons would need to interpret the results of scans along with the clinical features of the patient. Such clinical features included physical signs and the Adviser understood that there were no physical signs (such as objective muscle wasting, reflex or sensory abnormalities) highlighted and that was consistent with the scans' findings. His final conclusion was that:

> 'It is entirely appropriate for a surgeon faced with a symptomatic patient who has no objective neurological signs and only minor radiological findings to decide that the risks of surgery outweigh any benefits. The decision to offer surgery is a matter of clinical judgement, which I believe has been properly exercised in this case.'

(a) Conclusion

14. The Adviser noted that there were no signs (either clinical or from the scans) of a trapped nerve before the scan taken at Hospital 3 in November 2003. In light of his very clear advice, I concluded that Hospital 1 did not fail to diagnose a trapped nerve in Mr C's neck in February 2002 and March 2003.

15. I understood why Mr C would have felt he had been misdiagnosed In February 2002 and March 2003, given that a further scan only eight months later revealed the presence of a trapped nerve. However, I am satisfied that, based on the evidence available at the time, Hospital 1's diagnosis of Mr C was reasonable. Consequently, I do not uphold the complaint.

27 March 2007

Annex 1

Explanation of abbreviations used

Mr C	The complainant
Hospital 1	Southern General Hospital, Glasgow
Hospital 2	A hospital in Edinburgh, which Mr C attended in August 2001 for an MRI scan and again in May 2004 to be seen by Mrs G
The Adviser	Consultant neuroradiologist adviser to the Ombudsman
Mr D	Specialist Registrar in Neurosurgery at Hospital 1
Mr E	Consultant Neurosurgeon at Hospital 1
Hospital 3	Another hospital in Glasgow, which Mr C attended for an MRI scan in March 2003
Hospital 4	A hospital in Dumfries and Galloway, which Mr C attended in January 2004
Mr F	Orthopaedic Surgeon at Hospital at Hospital 4
Mrs G	Consultant Neurosurgeon at Hospital 2

Annex 2

Glossary of terms

MRI Scan	Magnetic Resonance Imaging, a diagnostic procedure that uses a magnetic field to provide three-dimensional images of internal body structures
Neurological	Pertaining to nerves or the nervous system

Annex 1

Explanation of abbreviations used

Mrs C	The complainant
Consultant 1	Consultant Gynaecologist at Falkirk and District Royal Infirmary
Consultant 2	Consultant Gynaecologist at Falkirk and District Royal Infirmary
The Board	Forth Valley NHS Board
The Convener	Forth Valley Health Board's Convener
The Adviser	Ombudsman's medical adviser
The Chairman	Forth Valley Health Board's Independent Lay Chairman

Annex 2

Glossary of terms

Adhesions	Response of tissue anywhere in the body to scarring, bleeding, infection or inflammatory changes in the surface tissue concerned
Anterior vaginal wall repair	Surgical correlation of anterior vaginal wall prolapse (bulging of front wall of vagina due to pressure on muscles and fascial tissue from beneath vaginal wall by bladder and urethra). It involves vertical vaginal wall incision and tightening of stretched tissues, excision of vaginal wall skin and restructuring
Cauterisation	Destruction of excess tissue usually in suture line by chemical or thermal means
Granulated tissue	Scar tissue formed around the site of an operation
Vaginal adhesions	Bands of tissue between two raw bleeding or inflamed surfaces. These may form in response to the lack of oestrogen post-menopause which can lead to a thin inflamed sore vaginal skin and the "sticking" of the anterior and posterior vaginal walls. This fusion may be followed by true adhesion formation which is like bands of tissue joining up the two surfaces.