Scottish Parliament Region: Glasgow

Case 200503022: Argyll and Clyde NHS Board[1]

Summary of Investigation

Category

Health: Hospital: Surgery and Nursing Care

Overview

The complainant (Mr C) raised concerns about the hernia surgery which he had and about his post-operative nursing care.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) Mr C was asked by nursing staff to walk too early after his first operation (*not upheld*);

(b) Mr C was asked by nursing staff to walk unaided despite the fact that he complained of numbness in his leg *(upheld)*; and

(c) Mr C's operations were not carried out with a reasonable degree of skill (*not upheld*).

Redress and recommendations

The Ombudsman recommends that the Board apologise to Mr C for the distress caused to him with regard to complaint (b). She also suggests that relevant staff are reminded of the importance of adequate documentation of the pre-operative consent process.

The Board have accepted the recommendations and will act on them accordingly.

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[1] Argyll and Clyde Health Board (the former Board) was constituted under the National Health Service (Constitution of Health Boards) (Scotland) Order 1974. The former Board was dissolved under the National Health Service (Constitution of Health Boards) (Scotland) Amendment Order 2006 which came into force on 1 April 2006. On the same date the National Health Service (Variation of the Areas of Greater Glasgow and Highland Health Boards) (Scotland) Order 2006 added the area of Argyll and Bute Council to the area for which Highland Health Board is constituted and all other areas covered by the former Board to the area for which Greater Glasgow Health Board is constituted. The same Order made provision for the transfer of the liabilities of the former Board to Greater Glasgow Health Board (now known as Greater Glasgow and Clyde Health Board) and Highland Health Board. In this report, according to context, the term `the Board' is used to refer to the former Board or Greater Glasgow and Clyde Health Board as its successor. However, the recommendations within this report are directed towards Greater Glasgow and Clyde Health Board.

Main Investigation Report

Introduction

1. The complainant (Mr C) was admitted to the Day Surgical Unit (DSU) of the Vale of Leven Hospital (the Hospital) on 10 May 2005 for a hernia operation. Mr C was discharged the day after the operation was carried out. Due to recurrence of the hernia he underwent another operation on 19 July 2005.

2. Mr C complained to Argyll and Clyde NHS Board (the Board) on 8 September 2005 that after his operation, although he had expressed concern about the lack of feeling in his leg, his named nurse (Nurse 1) had asked him to walk unaided to ensure he was ready for discharge. He stated that this resulted in him falling over, banging his head and overstretching his wound. Mr C complained that the recurrence of his hernia was due to his fall in the hospital.

3. The Board responded to his complaint on 6 January 2006. They explained that Nurse 1 did not recall Mr C's fall and that the consultant who had carried out the operation (the Consultant) had said that she was unable to determine the cause of the recurrence of the hernia but that it was quite possible that it was unrelated to any fall.

4. The Board later explained that they had interviewed the staff involved and it would appear that Mr C had stumbled when he was being assisted out of bed but that neither of the nurses involved recalled him falling to the ground. The Board also said that the normal dose of anaesthetic had been administered and that the technique was appropriate.

5. The Ombudsman received Mr C's complaint on 7 February 2006.

6. The complaints from Mr C which I have investigated are that:

(a) Mr C was asked by nursing staff to walk too early after the first operation;

(b) Mr C was asked by nursing staff to walk unaided despite complaining of numbness in his leg; and

(c) Mr C's operations were not carried out with a reasonable degree of skill.

Investigation

7. During the course of this investigation, I have reviewed the correspondence between Mr C and the Board as well as the Board's complaints file on this matter. I have discussed the events with Mr C and his wife (Mrs C),

obtained copies of Mr C's medical records from the Board and have asked both a nursing (the Nursing Adviser) and surgical adviser (the Surgical Adviser) to review these and advise me on Mr C's complaints.

8. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Both Mr C and the Board were given an opportunity to comment on a draft of this report.

(a) Mr C was asked by nursing staff to walk too early after the first operation; and (b) Mr C was asked by nursing staff to walk unaided despite complaining of numbness in his leg

9. Mr C underwent surgery to repair a left inguinal hernia on 10 May 2005 in the DSU under a general anaesthetic. An anaesthetist (the Anaesthetist) administered a nerve block at the same time, the aim of which was temporary pain relief in the immediate post-operative period. Mr C arrived back from surgery at 15:45 and was reviewed by the Consultant at 16:10. Mr C told me that, later that day, Nurse 1 asked him to walk unaided to ensure that he was ready to be discharged. In his records, on a form entitled 'discharge plan', a box entitled 'Unaided walking assessed' has been signed by Nurse 1 at 17:40. Further down this form, Nurse 1 has noted 'not ready for discharge, still dizzy when up on feet'.

10. Mr C recalls that he expressed concern, upon standing up, that he had no feeling in his leg down to his toes. He had had hernia surgery several years earlier and did not think this feeling was normal as he did not recall experiencing it previously. Mr C told me that he had absolutely no sensation in his leg and felt no pain. He stated that he was told by Nurse 1 that this was entirely normal and that he should try to walk. Mr C informed me that this resulted in him falling to the floor and banging his head, as well as stretching his wound. He believes that the recurrence of his hernia resulted from this.

11. Mrs C also witnessed these events. She told me that Nurse 1 asked Mr C to walk to the bathroom. Mr C had previously told Mrs C that he had no sensation in his leg. Mrs C recalls that Mr C clearly informed Nurse 1 that he could not feel his leg. Mrs C told me that Mr C fell and hit his head on the arm of a chair and was assisted back to bed by Nurse 1 and another nurse (Nurse 2).

12. Mr C was transferred to another ward and kept in the Hospital overnight.

At 20:00 a nurse noted that Mr C 'continues to complain of numbness in leg' and, at 06:00 the following day, a further note indicates that he 'continues to complain of numbness in thigh down to knee'. There is no record of any kind of stumble or fall. Mr C was discharged the day following his operation.

13. The Board interviewed Nurse 1 twice in relation to Mr C's complaint. She stated that she had no particular recollection of him as the DSU is a busy unit with a large through-put of day cases. She stated that she would at the very least have documented a fall in the patient's medical notes – there is no record of a fall in Mr C's records. She also stated that, in her experience, it is normal for patients to experience varying degrees of numbness after this type of anaesthesia. Nurse 1 stated that Mr C would not have been allowed out of bed unescorted, whilst still complaining of numbness and being dizzy. She also stated that Mr C was kept in the Hospital overnight due to his unsteadiness on his feet.

14. The Board also interviewed Nurse 2 twice. Nurse 2 was making beds in the ward at the time of the alleged fall. She stated that Mr C got out of bed, lost his balance and stumbled, but she did not recall him falling to the floor or knocking against anything. In the first interview, Nurse 2 said that she 'could not say for definite if he fell entirely to the floor or not, although she did not recall any injury to his head and did not recall having to lift Mr C from the floor'. She said that Mr C's leg appeared to give way. She remembered helping Nurse 1 to assist Mr C into his bed and stated that, although she was not involved in closely monitoring Mr C after the incident, he appeared not to have sustained any obvious injury. She recollects Mr C stating that his leg was still very numb and that he felt a bit dizzy.

15. Both nurses stated that they follow standard procedure which is to fill in an incident form if a fall occurs. There was no incident form relating to this.

16. The Anaesthetist gave Mr C a 'hernia field block' (ilio-inguinal and ilio-hypogastric nerve blocks). He stated that this block is designed to provide analgesia for a few hours post-operatively and is extremely unlikely to result in any muscle weakness – this was confirmed by the Surgical Adviser. The Anaesthetist stated that Mr C would also have received, as part of his anaesthetic, strong opiate analgesics. The Anaesthetist stated that it was likely, but by no means certain, that the combination of all of these factors, as well as possible pain or discomfort on movement, might have made Mr C more

unstable on his feet.

Nursing Adviser's comments

17. Mr C was asked to get out of bed for the first time around two hours after arriving back from the recovery room. This time in itself would not be unreasonable. However, following any procedure I would expect nursing staff to be familiar with circumstances which might have an impact on a patient's ability to mobilise effectively, in this case, the use of a pain-relieving nerve block. Hence, I would expect nurses to be aware that numbness could occur and to give direct support to a patient when they first attempt to stand. Mr C arrived back on the ward fairly late in the day and staff would need to make a decision as to his fitness for discharge prior to closing DSU.

18. If Mr C had fallen as he describes I would have expected an incident form to have been completed and for medical staff to have been informed in order to carry out a more in-depth examination of Mr C's operation wound. When the wound was checked the following morning, the dressing was noted to be dry and intact.

Surgical Adviser's comments

19. Post-operative care after the first procedure included very early mobilisation. This would be standard policy after day case hernia repair. Ilio-inguinal blocks are used precisely to allow the patient to walk away from the operating table. An ilio-inguinal block would result in numbness in the skin of the scrotum, but no motor loss (muscle weakness). This means that there should not be any weakness or numbness in the leg. However, an inadvertent femoral nerve block due to tracking of the anaesthetic solution further to the groin or back to the lumbar plexus is a recognised complication of ilio-inguinal blocks and this would then result in numbness and weakness of the leg. It is impossible to say whether this occurred in this case. A fall may have been related to inadvertent femoral nerve block secondary to an ilio-inguinal block.

20. Recurrence of hernia after open mesh repair ranges from 0 – 5%. There are a great many causes for recurrence but most frequently the cause is unknown. The initial recurrence could have been caused by a fall immediately after surgery. Such a recurrence may be detectable on immediate examination but if the recurrence is small and there is some post-operative swelling and discomfort then it may not be detectable.

(a) Conclusion

21. Both the Nursing and Surgical Adviser stated that early mobilisation is normal procedure for the type of surgery which Mr C underwent. For this reason I do not uphold this complaint.

(b) Conclusion

22. Mr C recollects that he mentioned the numbness in his leg twice to the nurse before he was asked to walk. Mrs C also recalls that Mr C told Nurse 1 that he had no sensation in his leg. It is not recorded in Mr C's medical records that he mentioned the numbness in his leg prior to being asked to walk unaided. It is, however, recorded that he complained of numbness in his leg and dizziness after the incident and Nurse 2 remembers that Mr C complained of numbness and dizziness after the incident when she was assisting him to bed. Nurse 1 stated that she would not ask a patient to walk unassisted if they had complained of numbness and dizziness. She also stated that, in her experience, it is normal for patients to experience varying degrees of numbness after this type of anaesthesia.

23. During my conversations about this with Mr C, I found his account of events convincing. Mr C had undergone hernia surgery in the past and knew what feelings to expect after the surgery. The feelings which Mr C described are consistent with a femoral block and, on the balance of probabilities, I accept that he did experience a sensation of numbness and loss of feeling in his leg following the operation and that he expressed his concerns when he was asked to walk. Moreover, whilst I accept that patients may experience some discomfort when attempting to walk after an operation and that this can manifest itself in different ways, it appears that Nurse 1 was not aware of the possibility that Mr C could have been given an inadvertent femoral block and consequently was not fully aware of the degree of numbness that this could entail. In all the circumstances, I uphold the complaint.

24. The Board recently informed me that they will now include a checklist of the necessary procedure for patients who have had blocks in the 'Recovery to Discharge Procedure', which is currently being reviewed. Although the Board have informed me that, when Mr C was in their care, it would be normal clinical practice for staff to verbally go through these questions with the patient, there was no process in place to ensure that this was done and no evidence that such care was taken in Mr C's case. I have reviewed the new procedure and am satisfied that it will prevent the occurrence of situations similar to Mr C's. I

commend the Board for devising and implementing this new procedure.

(b) Recommendations

25. The Ombudsman recommends that the Board should apologise to Mr C for the distress caused to him by this with regard to complaint (b).

(c) Mr C's operations were not carried out with a reasonable degree of skill

26. Mr C stated that the Consultant had informed him that she had not performed the operation properly. The Board told Mr C that the Consultant was unable to determine the cause of the initial recurrence of his hernia.

Surgical Adviser's comments

27. The operation notes adequately describe the surgical techniques employed; these are standard techniques in widespread use in UK surgical practice. There is no documentary evidence that there was any untoward event during any of these procedures.

28. Recurrence of hernia after open mesh repair ranges from 0 – 5%. There are a great many causes for recurrence but, most frequently, the cause is unknown. Surgical technique does influence recurrence rate. Recurrence is so common that patients should be specifically advised about the possibility prior to giving consent. There is no evidence of this on the consent form and there is no documented evidence that Mr C was supplied with a patient information booklet about hernia repair. There is no record of any discussion around the risks of surgery in the case records of the pre-operative surgical assessment. Failure to do so would fall below a reasonable standard of surgical practice in the UK.

29. The initial recurrence could have been caused by a fall immediately after surgery.

30. Mr C has told me that he does recall being informed of the possibility of recurrence and also that he should not physically exert himself after the operation.

(c) Conclusion

31. Mr C suffered a well recognised complication of hernia repair, namely recurrence. There is no evidence from the case notes that this was related to

surgical technique. It is impossible to state why Mr C developed recurrence of his hernia. The standard of surgical care appears to have been reasonable but the standard of documentation of the consent process is inadequate.

32. There is no evidence that the operation was not carried out with a reasonable degree of skill and I do not uphold this complaint.

33. The Ombudsman does, however, suggest that relevant staff are reminded of the importance of adequate documentation of the pre-operative consent process.

23 May 2007

Annex 1

Explanation of abbreviations used

Mr C	The complainant
DSU	Day Surgery Unit
The Hospital	Vale of Leven Hospital
The Board	Argyll and Clyde NHS Board
The Consultant	The Consultant who carried out Mr C's surgery
Nurse 1	Mr C's named nurse
The Nursing Adviser	The Ombudsman's nursing adviser
The Surgical Adviser	The Ombudsman's surgical adviser
The Anaesthetist	The anaesthetist who administered Mr C's anaesthetic
Nurse 2	A nurse who was on duty in the DSU

Annex 2

Glossary of terms

Femoral Block	Anaesthetic which results in anesthesia of the entire anterior thigh and most of the femur and knee joint
Hernia Field Block	Anaesthetic which blocks the ilio-inguinal and ilio-hypogastric nerves as they approach the skin - this provides surface anaesthesia
Inguinal Hernia	A condition in which part of the intestine bulges through a weakened segment of the abdominal wall