Scottish Parliament Region: Glasgow

Case 200802989: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Clinical treatment; diagnosis

Overview

The Complainant (Mr C) had Peyronie's disease and underwent surgery to correct it. He complained that the operation that was carried out was not the one that had been discussed prior to surgery and that it was not carried out properly. Mr C subsequently encountered a number of complications that resulted in further corrective surgery. Mr C also complained that Greater Glasgow and Clyde NHS Board (the Board) failed to offer appropriate aftercare following his operation.

Specific complaints and conclusions

The complaints which have been investigated are that the Board failed to:

(a) provide the correct treatment for Mr C's Peyronie's disease (*not upheld*);

(b) warn Mr C of the potential complications of the procedure that was carried out (*upheld*); and

(c) provide adequate aftercare following Mr C's surgery *(not upheld).*

Redress and recommendations

The Ombudsman recommends that the Board:	*Completion date*
(i) provide patients with information relating to the potential complications of surgery, in writing, at the point of gaining their consent;	30 July 2010
(ii) advise patients of the fact that the surgery provided may differ to that proposed prior to surgery and that they keep a record that this advice has been given; and	30 July 2010
(iii) remind staff of the importance of recording any advice, medication or supplies provided to patients.	30 July 2010

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

Main Investigation Report

Introduction

1. The complainant (Mr C) had Peyronie's disease and, after review by a consultant urological surgeon (Consultant 1) at Stobhill Hospital (Hospital 1), he underwent surgery in March 2008. Mr C experienced complications following the surgery and required further corrective surgery.

2. Mr C was dissatisfied with the treatment that he received from Consultant 1. Following his surgery he learned that a different procedure had been performed to that which he understood would be carried out. He felt that the consultation prior to his surgery was insufficiently thorough and that Consultant 1 failed to provide adequate aftercare following his surgery. Mr C believed that the complications that he experienced were caused as a result of Consultant 1 performing the wrong procedure and failing to monitor his condition after surgery. Mr C complained to Greater Glasgow and Clyde NHS Board (the Board) in May 2008. Dissatisfied with their response, he brought his complaint to the Ombudsman in March 2009.

3. The complaints from Mr C which I have investigated are that the Board failed to:

(a) provide the correct treatment for Mr C's Peyronie's disease;
(b) warn Mr C of the potential complications of the procedure that was carried out; and
(c) provide adequate aftercare following Mr C's surgery.

Investigation

4. In order to investigate this complaint, my complaints reviewer reviewed Mr C's clinical records and all correspondence between him and the Board. They also sought clinical advice from the Ombudsman's professional medical adviser (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 an opportunity to comment on a draft of this report.

(a) The Board failed to provide the correct treatment for Mr C's Peyronie's disease; (b) the Board failed to warn Mr C of the potential complications of the procedure that was carried out; and (c) the Board failed to provide adequate aftercare following Mr C's surgery

5. Peyronie's disease is a disorder affecting the penis. It can cause pain and deformity, typically in the form of a visible bend in the penis when erect. The deformity is caused by fibrous plaques developing within the tunica albuginea (hollow chambers in the penis), making the penis inflate unevenly when erect.

6. Mr C was diagnosed with Peyronie's disease by his GP and referred to Wishaw General Hospital (Hospital 2)'s Urology department. He was reviewed at Hospital 2 by a staff grade urological surgeon (Consultant 2) who referred him on to Hospital 1 for review by Consultant 1. Mr C was seen by Consultant 1 on 1 February 2008. He had been asked to bring with him a photograph of his erect penis. Mr C told me that Consultant 1 looked at the photograph which he had taken on his mobile phone, but did not examine him physically or induce a false erection during the consultation. Mr C felt that Consultant 1 was in a hurry during the consultation and did not take time to answer the questions that Mr C had. Consultant 1 wrote to Mr C's GP following that consultation noting that Mr C had presented with a 90 degree bend in his penis. Consultant 1 stated that a grafting procedure would be required and said that he had explained to Mr C a list of potential complications of the surgery. Mr C was reportedly advised that he could experience a residual curvature of the penis, erectile dysfunction, loss of penis length and numbness for 3 to 6 months. It was also noted that Mr C had a history of diabetes and, therefore, may have a long-term requirement for PDE5 inhibitors (medication which prevents blood flow to the penis being restricted).

7. Mr C was given an appointment on 17 March 2008 for surgery. He was advised that he would undergo plaque incision and vein grafting. This procedure involves cutting through the plaque and repairing the lost part of the tunica albuginea with a section of the saphenous vein (a large vein in the leg) and skin graft.

8. In his complaint to the Ombudsman, Mr C said that he received a telephone call from Hospital 1 on 16 March 2008, asking why he did not attend for surgery that morning. Mr C clarified that his appointment was for the following day. When he attended Hospital 1 on the day of his operation, he was

reportedly told that Consultant 1's patients for 16 and 17 March 2008 had been double-booked and that all were now being treated on the same day.

9. Mr C told my complaints reviewer that immediately after regaining consciousness following his operation, he 'knew something was very wrong'. The dressing was falling off his penis and Mr C was concerned at its appearance. He commented that his penis appeared as though he had been circumcised. Mr C said that he spoke to a nurse (the Nurse) and asked to see Consultant 1 right away. Mr C told my complaints reviewer that the Nurse advised him that Consultant 1 had 'changed his mind' during surgery and had performed a Nesbitt's procedure, rather than the planned plaque incision and vein grafting.

10. The Nesbitt's procedure is a simpler procedure used to correct less severe cases of Peyronie's disease. The procedure involves removing a section of the penis on the opposite side to the plaque. This corrects the distortion and straightens the erection.

11. In his complaint to the Board, Mr C noted that he had attended for surgery on the understanding that the plaque incision and vein grafting procedure was the correct treatment for his condition. He explained that, following his operation, his foreskin became extremely tight, restricting blood flow and he experienced a great deal of pain. He believed that the Nesbitt's procedure had gone wrong. Mr C told me that he subsequently found out that, as he was a diabetic, glue had been used to seal his wound rather than dissolvable sutures. He said that he had been advised more recently that glue should only be used in high risk patients. He said that his foreskin was glued to his penis, causing severe discomfort. He complained that, despite more than one request, Consultant 1 did not visit him following his operation.

12. Mr C's clinical records indicate that dissolvable sutures were used to seal his wound.

13. The Board responded to Mr C's complaint on 13 June 2008. In their letter they explained that, upon artificial inflation of his penis during surgery, the severity of Mr C's deformity was considered to be far less than originally indicated. Furthermore, Consultant 1 considered that the veins required to assist with the proposed procedure were of a very small calibre and unsuitable for grafting.

14. Mr C had been told prior to his operation that he would be kept in hospital overnight. However, he was discharged home later on the day of his surgery. He said that he was told that this was due to the change in operation and the fact that he did not have a catheter inserted during the procedure. Mr C told my complaints reviewer that he was discharged without any pain relief, antibiotic or dressings for his wound.

15. Upon returning home after his surgery, Mr C experienced considerable pain and discomfort. He telephoned Hospital 1 on 19 March 2008 and asked to speak to Consultant 1 but was reportedly advised that he would have to wait until his scheduled appointment some four weeks later. Mr C attended his GP and Hospital 2's Accident and Emergency department three times between 21 and 25 March 2008. He was again referred back to Consultant 1. He attended Consultant 1's clinic on 11 April 2008 and presented with swelling. Consultant 1 concluded that Mr C had developed paraphimosis (a condition whereby the foreskin is pulled back behind the glans penis and is unable to return to its normal position, causing swelling). In a letter written to Mr C's GP following this consultation, Consultant 1 noted that Mr C had presented 'late' with his paraphimosis and that there was little that could be done to relieve his condition at that time other than to rest and regularly apply an ice pack to his penis before further review on 22 April 2008.

16. Mr C returned to Hospital 1 for a follow-up appointment with Consultant 1 on 22 April 2008. Consultant 1 was called away to an emergency and Mr C was examined by a specialist registrar to Consultant 1 (the Registrar). The Registrar noted that Mr C's swelling was slowly settling. He also acknowledged Mr C's concern over his penis' appearance but advised that no action should be taken until the swelling had reduced as much as possible. Mr C was advised to wash his penis twice daily and to continue using ice packs.

17. Mr C was reviewed again by Consultant 1 on 9 May 2008. Consultant 1 wrote to Mr C's GP following this consultation and confirmed his prior diagnosis of paraphimosis. He suggested surgery to correct the problem and 'speed things up'. An appointment was made for surgery on 12 May 2008. As a post-script to his letter, Consultant 1 noted that Mr C had chosen not to have the surgery carried out by him. In his complaint to the Ombudsman, Mr C explained that he had lost all confidence in Consultant 1's ability. He said that, during his consultation with Consultant 1, he was given no information as to what

corrective surgery was to be carried out, what problems he was experiencing or what alternative treatments may be available. He told my complaints reviewer that Consultant 1 walked away from him while he was attempting to establish this information.

18. The Board contacted Mr C to discuss his concerns and proposed a meeting with Consultant 1. They also sought a second opinion from another urologist, however, as Consultant 1 was the only specialist within the Board able to treat Mr C's condition, they ultimately asked Consultant 2 to refer him to another specialist outwith the Board's area. Consultant 1 wrote to Consultant 2 in this regard on 3 June 2008. In his letter he noted that the paraphimosis had presented whilst Mr C was at home and had not been brought to Consultant 1's attention until the first review, one month after surgery.

19. Mr C was referred to a consultant andrologist in London (Consultant 3). He told me that Consultant 3 was 'shocked' by the state of his penis and advised that, had his paraphimosis been identified on the day of the operation, or shortly afterward, Mr C would have been taken back into surgery for remedial work. Consultant 3 carried out an examination of Mr C's penis and foreskin and noted extensive oedema (swelling), hyperkeratosis (thickening of the skin) and inflammation. He diagnosed chronic lymphoedema (swelling caused by damage to the lymphatic system). Consultant 3 redid Mr C's Nesbitt's procedure and carried out a modified circumcision. Following surgery he reportedly advised Mr C that further work would be required to fully rectify his condition.

20. When investigating this complaint, my complaints reviewer asked the Board to clarify what information was provided to Mr C prior to his surgery in March 2008. The clinical records indicate that, as well as the advice contained in Consultant 1's letter of 8 February 2008, the complications associated with penile surgery, generally, were discussed with Mr C at a consultation at Hospital 2 in August 2007. It was unclear, however, whether Mr C was informed prior to surgery that a Nesbitt's procedure may be performed, or what the potential complications of this procedure may be. The Board explained that Consultant 1's decision to carry out the Nesbitt's procedure rather than plaque incision and vein grafting was based solely on his intra-operative findings (a less pronounced curvature of the penis than previously indicated and lack of suitable veins). The Board told my complaints reviewer that the only other alternative available to Consultant 1 would have been to abandon the operation,

however, as it was clear that Mr C required surgery to correct his condition, it was felt that waking him up without any action would have been unsatisfactory. Consultant 1 advised the Board that his decision was taken on the basis that the complications associated with plaque incision and vein grafting are far more severe than those associated with the Nesbitt's procedure. Consultant 1 considered that there was no sense in putting Mr C through a more morbid operation if it was not surgically necessary.

21. My complaints reviewer drew the Board's attention to Mr C's opinion that his paraphimosis was apparent straight after surgery and his assertion that Consultant 1 did not examine him prior to his discharge from Hospital 1. Mr C's clinical records contain an entry on the date of his operation, following details of the procedure carried out, which reads as follows:

> 'Reviewed by [Consultant 1]. Discharged home. Outpatients appointment 6/52 at Andrology clinic. Patient to attend practice nurse for wound check.'

22. I understand that the term 'reviewed' can be used to describe a review of the patient records or to describe a physical review of the patient by a member of medical staff. My complaints reviewer asked Consultant 1 whether he physically reviewed Mr C post-operatively and what he remembered about that review and Mr C's condition prior to discharge. Consultant 1 explained that he could not specifically remember the events of that day, however, he was unaware of the term 'reviewed' being used in any other context than a physical review of the patient. He noted that this is also his normal practice. Whilst he was unable to recall his review of Mr C, he noted that such reviews are used to look for post-operative complications such as paraphimosis, therefore, had Mr C's paraphimosis been present upon review it would have been identified prior to his discharge from Hospital 1.

23. Mr C's discharge note records that he was admitted for 'Excision of penile plaque/Nesbits' and contains a further handwritten note which states:

> 'Admitted for above procedure. Nesbits procedure performed without complication – uneventful recovery.'

24. When investigating Mr C's complaint, my complaints reviewer sought advice from the Adviser. The Adviser was asked to comment on the treatment that Mr C received and the information and support provided pre and post-operatively.

25. The Adviser noted that the photographic evidence presented by Mr C at his initial consultation showed a 90 degree bend in his penis and that clinical notes recorded at the time of his surgery showed that the bend was considered to be less severe upon artificial inflation. The Adviser did not criticise the use of photographic evidence in the first instance and considered Consultant 1's decision to carry out the plaque incision and vein grafting surgery to be appropriate given the apparent severity of Mr C's condition. Based on Consultant 1's letter to Mr C's GP in February 2008, the Adviser was satisfied that advice had been given regarding the potential complications of surgery. However, he noted that an old style of consent form, which didn't list the potential complications, had been used to gain Mr C's signed consent for surgery.

26. The Adviser was also entirely satisfied with the decision taken during surgery to provide treatment in line with the symptoms present on the day. He explained that, whilst he understood Mr C's suspicions regarding the change of surgery given the problems that he subsequently encountered, he considered that the correct decision was taken based on the physical condition of the patient in surgery. The Adviser noted that paraphimosis is a well-known complication of penile surgery generally, and of the Nesbitt's procedure in particular.

27. With regard to the fact that Mr C was discharged on the same day as his surgery, the Adviser confirmed that the use of a catheter to drain the bladder is not required following a Nesbitt's procedure. He also stated that it is perfectly reasonable to perform this procedure on a day-case basis.

28. Based on Mr C's account of the period following his operation, the Adviser felt that the pain described by Mr C, and his comments regarding the state of his penis, indicated that paraphimosis occurred prior to his discharge from hospital. He did not feel that the Nurse would necessarily have been sufficiently experienced or knowledgeable to recognise the condition. The Adviser concluded that, had Mr C been seen by Consultant 1 or another consultant immediately after the operation, then steps could have been taken to resolve the situation conservatively (by manual manipulation). If this was unsuccessful, Mr C could have been taken back into surgery to ease the paraphimosis prior to his discharge.

29. With regard to the care that Mr C received following his surgery, the Adviser noted that, prior to discharge, pain medication should have been provided along with bandages and cleaning solutions. Whilst no record was made regarding any medication, bandages or solutions being provided, the clinical records note that prescriptions of intravenous morphine, dihydrocodeine and paracetamol were available for Mr C's use whilst he was in hospital. Only two doses of paracetamol are recorded as having been administered to Mr C and there are no records of any requests for further pain relief.

(a) Conclusion

30. It is clear from comments made by the Board, Consultant 1 and the Adviser, that plaque incision and vein grafting and the Nesbitt's procedure can both be used to correct Peyronie's disease. I am also aware that both procedures have potential complications. Complications of surgery can occur without any failures on the surgeon's part, therefore, I have considered whether there is any indication that the actions of, or decisions made by, Consultant 1 contributed to the problems that Mr C encountered.

31. I am satisfied that no decisions were taken regarding Mr C's surgical treatment based solely on the photographic evidence that he provided. The evidence that I have seen indicates that Mr C's photograph showed a deformity so severe that it required the more complicated plaque incision and vein grafting surgery. Artificial inflation of his penis during surgery showed a lesser deformity and, based on the Adviser's comments, I consider that it was appropriate to opt for the less complicated Nesbitt's procedure. I have seen no evidence to indicate that the Nesbitt's procedure was carried out incorrectly and notes taken at the time suggest that the procedure was considered to have been successful.

32. I acknowledge Mr C's comments regarding the use of glue to seal his wound and the subsequent discomfort that he encountered. Given the clear record in his clinical notes that dissolvable sutures were used, I consider that the treatment provided was appropriate and that the discomfort was more likely related to his paraphimosis.

33. With the above in mind, I do not consider that the decision to carry out the Nesbitt's procedure was inappropriate and I, therefore, do not uphold this complaint.

(a) Recommendations

34. I have no recommendations to make.

(b) Conclusion

35. The evidence that I have seen indicates that discussions may have taken place with Mr C regarding the complications of penile surgery generally during his early consultations with Consultant 1 and Consultant 2. Consultant 1 wrote to Mr C's GP in February 2008, specifically detailing the fact that such discussions had taken place and listing the information that had been provided regarding complications of penile surgery. This letter alone is not evidence of Mr C being made aware of the potential complications personally and I further note that paraphimosis was not listed among the potential complications reportedly discussed with Mr C.

36. As I explained above, I am entirely satisfied with the decision to change the surgery that Mr C would undergo, once he was in surgery. That said, I have seen no evidence to suggest that Mr C was ever told that this could happen. Like the Adviser, I understand Mr C's suspicions regarding his treatment, given the fact that he went into surgery expecting one procedure and awoke to learn that a different procedure had been carried out and that he had experienced complications of surgery, which the evidence suggests were not previously discussed with him.

37. I do not think that it would have been appropriate for Consultant 1 to abandon Mr C's operation to gain consent for the Nesbitt's procedure. However, I feel that more could have been done to explain the different surgical options available and the complications specific to those options. I also consider that whilst the Board met their obligations by having a general discussion with Mr C about the potential complications of penile surgery, this could have been reinforced closer to his operation. As the Adviser noted, it is now common practice to highlight the possible complications of surgery at the time of gaining signed consent from the patient.

38. With the above in mind, whilst I accept that some information was provided to Mr C prior to his treatment, I did not find that that information was sufficiently specific to his situation or that it was provided at the most appropriate time. I, therefore, uphold this complaint.

(b) Recommendations

39. I recommend that the Board:	*Completion date*
(i) provide patients with information relating to the potential complications of surgery, in writing, at the point of gaining their consent; and	30 July 2010
(ii) advise patients of the fact that the surgery provided may differ to that proposed prior to surgery and that they keep a record that this advice has been given.	30 July 2010

(c) Conclusion

40. Mr C complained that he wasn't seen by Consultant 1 following his operation and prior to his discharge from Hospital 1. He contends that his paraphimosis was evident immediately following the operation and could have been treated at the time, avoiding much of the discomfort and further treatment that he had to undergo subsequently.

41. There is a clear conflict in the recollection of events between Mr C and the Board. Mr C provides a compelling account of the events immediately following his surgery. Conversely, Mr C's clinical records note that he was 'reviewed' by Consultant 1 prior to discharge and, whilst Consultant 1 does not recall this review specifically, he stated that the record would confirm that a physical examination took place and that it is his normal practice to check for problems such as paraphimosis during these reviews.

42. Generally, as I explained above, I am satisfied that there is no evidence to suggest that Mr C's paraphimosis was caused by mistakes made by Consultant 1 during surgery. Furthermore, I am satisfied that the treatment proposed by Consultant 1, once he became aware of Mr C's paraphimosis, was appropriate. That leaves the specific questions of whether Mr C's paraphimosis was present prior to his discharge, whether Consultant 1 reviewed him prior to discharge and whether he could have received earlier treatment to avoid the problems that he later experienced.

43. I accept the Adviser's comments regarding the implications for Mr C's recovery if his account of events is accurate. Due to the conflicting information presented to me both via the written record of events and verbally by Consultant 1, it is impossible for me to establish with complete accuracy what

condition Mr C's penis was in when he was discharged, or what treatment he received from Consultant 1 after his surgery.

44. With regard to the medication and other supplies that Mr C complains were not provided, again, I accept the Adviser's comments regarding what should have been provided, but note that no records have been made confirming what, if anything, was actually provided. I consider it good practice to record any advice, medication or other supplies that are provided to patients upon discharge.

45. Just as the presence of conflicting views does not mean that Mr C's recollection of events is incorrect, the lack of a formal record of aftercare advice and products provided does not mean that no advice or supplies were provided. I have been unable to gather sufficient evidence to reach a useful finding on these matters and, therefore, do not uphold this complaint.

(c) Recommendations

46. Although I did not uphold this complaint, I was concerned by the lack of any records as to what medication and supplies, if any, were provided to Mr C when he was discharged from Hospital 1.

47. I recommend that the Board:	*Completion date*
(i) remind staff of the importance of recording any advice, medication or supplies provided to patients.	30 July 2010

48. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify him when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Mr C	The complainant
Consultant 1	A consultant urological surgeon for the Board
Hospital 1	Stobhill Hospital
The Board	Greater Glasgow and Clyde NHS Board
The Adviser	A professional medical adviser to the Ombudsman
Hospital 2	Wishaw General Hospital
Consultant 2	A staff grade urological surgeon for the Board
The Nurse	A nurse at Hospital 1
The Registrar	A specialist registrar to Consultant 1
Consultant 3	A consultant andrologist (a specialist in male reproductive and urological problems) at University College London Hospitals