DMC/DC/F.14/Comp.2509/2/2020/ 08th September, 2020

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station, North Avenue, New Delhi, seeking medical opinion in respect of death of Smt. Veenita, allegedly due to medical negligence on the part of doctors of Dr. RML Hospital, New Delhi, in the treatment administered to Smt. Veenita at Dr. RML Hospital.

The Order of the Disciplinary Committee dated 07th August, 2020 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station, North Avenue, New Delhi, seeking medical opinion in respect of death of Smt. Veenita (referred hereinafter as the patient), allegedly due to medical negligence on the part of doctors of Dr. RML Hospital, New Delhi (referred hereinafter as the said Hospital), in the treatment administered to Smt. Veenita at Dr. RML Hospital.

The Disciplinary Committee perused the representation from police, copy of Post Mortem report No. 757/16 dated 06.12.2016, written statement of Dr. Nutan Mehta, Head Accident & Emergency Services of RML Hospital enclosing therewith joint written statement of Dr. Nikhil Gupta (Surgery), Dr. Namita Arora (Anesthesia), copy of medical records of RML Hospital and other documents on record.

The following were heard in person :-

1. Shri Manoj Khanna Complainant
2. Dr. Nikhil Gupta Surgeon, Dr. R.M.L Hospital
3. Dr. Namita Arora Anaesthetist, Dr. R.M.L. Hospital
4. Dr. Ashok Kumar Professor of Anaesthesia, Dr. R.M.L. Hospital
5. Dr. Vinod Nagpal Professor of Anaesthesia, Dr. R.M.L. Hospital
6. Dr. Rana A.K. Singh HOD, Surgery, Dr. R.M.L. Hospital
7. Dr. Seema Wasnik Consultant Anaesthesia, Dr. R.M.L. Hospital
8. Dr. Minakshi Bhardwaj Medical Superintendent, Dr. R.M.L. Hospital

The complainant Shri Manoj Khanna stated that his wife Smt. Veenita was admitted in Dr. R.M.L. Hospital on 28th November, 2016, as her bariatric surgery was to done by Dr. Nikhil. On 30th November, 2016, she underwent the surgery and after the surgery, she faced acute pain. An ultrasound was advised but the same was not done. In the night of 01st December, 2016, she experienced acute abdominal pain but no doctor attended to her. It was only at 8.00 a.m. (02-12-2016) that doctors examined her and shifted her to the ICU. They were later informed that the patient expired. The complainant alleged that the patient died due to negligence act of the doctors who performed the surgery and those under whose supervision she was after the surgery.

Dr. Nikhil Gupta, Surgeon, Dr. R.M.L. Hospital stated that the patient was admitted on 28th November, 2016 for sleeve gastrectomy after taking consultation and clearance from anaesthetist, cardiologist, phychiatrist and chest physician (under surgery unit-1, Dr. (Prof.) C.K. Gupta, HOD). The patient was taken up for laparoscopic sleeve gastrectomy on 30th November, 2016 after taking high risk consent. The surgery went uneventful, intra-operative leak test was performed which was negative. The patient was shifted to ICU in post-op period for the observation. The patient was stable in the ICU on evening of 30th November, 2016 and in the morning of 01st December, 2016 (H.B.-9.4), so anaesthetist decided to shift the patient to ward. The patient was examined by the surgery team in the morning of 01st December, 2012 and found the patient to be stable. The patient was seen again by Dr. Dipankar Naskar (Senior SMO, Surgery Department) at 3.00 p.m. and by Dr. Nikhil Gupta (Associate Professor) at 4.00 p.m. and found the patient to be stable (Drain output = 100 ml, serous, mold blood tinged, emptied). The patient was seen by the surgery team on evening rounds on 01st December, 2016 at 7.30 p.m. and found the patient to be stable and recovering well (drain nil). The emergency surgery team examined the patient at 11.30 p.m. on 01st December, 2016 after receiving a call from ward and found the patient to be in shock (B.P.-50 mm hg) resuscitation started immediately. Dr. Nikhil Gupta and Dr. Dipankar Naskar examined the patient at 01.00 a.m. (02.12.2016) and advised urgent blood and FFP transfusion as resuscitation measures. The case was discussed with HOD and unit head Dr. C.K. Durga telephonically. Since, it was already 36 hours post-op, they made probable diagnosis of staple line leak or pulmonary embolism (drain-100ml). The antibiotics were upgraded, five units of blood and four units FFP’s was transfused, ionotropic agents were started despite all these resuscitation, the patient’s systolic blood-pressure fluctuated between 40-60 mm Hg(BP charting). The patient collapsed at 04.00 a.m. on 02nd December, 2016(systolic BP<40 mm Hg) was intubated in the ward then. The patient could not be shifted to ICU due to non-availability of bed. Resuscitation was continued. The poor prognosis and risk of life explained to the patient’s relatives. The patient was kept on Ambu bag ventilation in the ward and was shifted to ICU early morning of 02nd December, 2016 where multiple CPR’s were given at 08.45 a.m. and 11.45 a.m., but the patient could not revived and was declared at 12.30 p.m. on 02nd December, 2016. The bleeding after sleeve gastrectomy is common in first 12 hours post-operatively. Their patient was stable for initial 36 hours. So, they thought of staple line leak or pulmonary embolism as cause of shock. They tried to manage that by higher antibiotics, crystalloids, blood and FFP’s, patient never came out of shock and succumbed despite continued resuscitation.

On enquiry by the Disciplinary Committee, Dr. Nikhil Gupta stated that they had not advised for ultrasound after the surgery but for a leak test, which unfortunately could not be conducted, as the patient’s condition had deteriorated. He further clarified that in the post-op period, the patient was regularly seen and she remained stabled for initial 36 hours and it was only at 11.30 p.m. on 01st December, 2016 that the patient became hypotensive and her condition deteriorated. The patient could not be re-explored, as she remained hypotensive, inspite of blood transfusion and her condition remained critical.

Dr. Rana A.K. Singh, HOD Surgery, Dr. R.M.L. Hospital stated that at Dr. R.M.L. Hospital, the O.T. and blood bank facilities are available around the clock.

Dr. Seema Wasnik , Consultant Anaesthesia, Dr. R.M.L. Hospital stated that she was posted in the ICU at the time of this incidence

In view of the above, the Disciplinary Committee makes the following observations :-

1. It is observed that the patient Smt. Veenita, 35 years old female with a diagnosis of morbid obesity was admitted in the said hospital on 28th November, 2016, for undergoing laparoscopic sleeve gastrectomy (Bariatric surgery). The patient had no history of hypertension, diabetes mellitus, tuberculosis or any other chronic illness. The patient underwent pre-anaesthesia clearance. The patient had BMI (Body Mass Index) of 35.17. The patient was taken up for laparoscopic sleeve gastrectomy under general anaesthesia under high risk consent on 30th November, 2016. The surgery was performed by Dr. Nikhil Gupta. The surgery was uneventful; intra-operatively, leak test performed was negative. The patient was shifted to ICU in post-operative period and was started on anti-coagulants and DVT prophylaxis and in the morning of 01st December, 2016 around 9.00 a.m., the patient was shifted to the ward. In the post-operative period, the patient was regularly seen and as per the consultant surgery notes of 3.00 p.m. on examination, the patient was conscious oriented, cooperative, afebrile, hydrated, no fever spikes; blood-pressure-120/80 mm Hg; pulse-86/min; CVS-S1S2 (+); CNS-WNL; respi-B/L AE +, NVBS; per abdomen-soft, nontender, BS sluggish, drain 80 ml; bandage in situ, no soakage +. As per the notes of 04.30 p.m., the case was seen by Dr. Nikhi Gupta. Sleeve gastrectomy done yesterday, post-op day ‘1’, c/o pain upper abdomen, no vomiting, pulse-96/min, BP-110/70 mmHg, PA-mild tenderness upper abdomen, Chest-decreased air entry at left lung base, urine output-500 ml since morning, drain-100 cc since yesterday-emptied, (serous, mild blood tinged), Hb-9.4 gm% (today morning)-nupatch applied, adv 3-6 all incentive spirometry, P/BP charting. Similarily, the 7.35 p.m. notes dated 01st December, 2012 of senior resident surgery documented patient general condition to be good ; vitals: pulse-86/min, BP-112/86 mm Hg, R.R-24/min, temperature-Afebrile; per abdomen-soft, non tender abdomen, B.S.-present, Drain-nil input-1500 ml, output-850ml. No fresh complaint; continue same treatment and plan for leak test to be done tomorrow. However, at 11.30 p.m. (01-12-2016), the patient on being seen by the senior resident surgery was noted to be complaining of breathing difficulty; conscious, oriented, irritable. Her blood-pressure was 50 mm systolic; PR-feeble, CVS-S1S2 +, RS-BL equal AE +, per abdomen-general tenderness +, BS -. The drain 100 ml (serosanguineous). The patient was advised ABG, Hb/S eleclrolyt, inotropic support. Aggressive resuscitation was initiated.

At 2.00 a.m. (02-12-2016), the patient was seen by Dr. Nikhil Gupta who observed that the possibility of shock cannot be ruled out and considering the very poor general condition of the patient resuscitation measures to be continued till the patient becomes optimized for laparotomy. The drain in situ was 100 ml. At 04.00 a.m. (02-12-2016) case was seen by Dr. Nikhil Gupta who noted that the general condition continues to be poor despite blood transfusion and crystolloids; pulse-120/min, BP-88/54 mmHg; Advised two units of PRBC and two units of FFP transfusion. At 04.30 a.m., the patient’s blood pressure became non-recordable, peripheral pulse was not palpable, pupil mid dilated and sluggishly reactive. CPR was started and the patient intubated. The patient was revived at 4.40 a.m. (02-12-2016) and started on inotropes. ICU bed reference was made and the patient was continued on AMBU bag ventilation with oxygen. The patient was shifted to ICU at 08.45 a.m. on 02nd December, 2016 where multiple CPR’s were given, but the patient could not be revived and declared dead at 12.30 p.m. on 02nd December, 2016.

The cause of death as per the subsequent opinion dated 17th July, 2017 in respect of post-mortem report No.757/16 was hypovulemic shock consequent upon collection of about three litres of haemolysis fluid into the peritoneal cavity.

1. It is observed that with a BMI of 35.17 and with presence of co- morbidities, the surgical procedure of sleeve gastrectomy was justified. The procedure was done as per the accepted professional practices in such cases.
2. It appears from the perusal of records and the statement of doctors that the patient was hemodynamically stable throughout the day of surgery and the first post operative day and accordingly the patient was shifted out from the ICU to the ward. Late on 1-12-2016, the patient developed sudden hypotension which can be due to sudden acute blood loss from a slipped ligatire or clip from a major vessel leading to sudden collapse. The patient was adequately managed with fluids and blood transfusion was arranged and started. She was seen by the senior surgeons and all the surgical team was present however, she did not give enough time for surgical intervention and succumbed despite all measures in a short span of 4-5 hours.
3. It is observed that major bleeding can occur most commonly within first 24 to 48 hours and the sequence of events was more favourable towards hypotension due to hypovolemic shock rather than pulmonary embolism which occurs between 48-96 hours. Similarly staple line leakage does not cause such a catastrophic presentation and occurs either immediately due to technical failure or after 5-7 days due to ischaemia or infection. Overall management of the patient was adequate, and the hospital is equipped to handle such major surgery and has a back up of ICU, Blood Bank and availability of round the clock emergency surgery.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Dr. RML Hospital, New Delhi in the treatment administered to Smt. Veenita at Dr. RML Hospital.

Matter stands disposed.

Sd/: Sd/:

(Dr. Subodh Kumar), (Dr. Ashwini Dalmiya)

Chairman, Delhi Medical Association

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Shri Rajesh Gupta) (Dr. Pawanindra Lal)

M.L.A., Expert Member,

Member, Disciplinary Committee

Disciplinary Committee

Sd/:

(Dr. Anil Aggarwal)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 07th August, 2020 was confirmed by the Delhi Medical Council in its meeting held on 02nd September, 2020.

By the Order & in the name

of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:-

1. Shri Manoj Khanna, S/o Daya Ram, R/o House No. 96, H-Block, Najafgarh, Delhi
2. Dr. Nikhil Gupta, Through Medical Superintendent, Dr. R.M.L. Hospital, New Delhi-110001.
3. Dr. Namita Arora, Through Medical Superintendent, Dr. R.M.L. Hospital, New Delhi-110001.
4. Medical Superintendent, Dr. R.M.L. Hospital, New Delhi-110001.
5. SHO, Police Station North Avenue, New Delhi-110001-w.r.t. D.D No.-9 A, date-2/12/16, P.S.-North Avenue, New Delhi-**for information**.
6. Addl. Dy. Commissioner of Police-I, New Delhi Distt., New Delhi Office of the Addl. Dy. Commissioner of Police, New Delhi District, PS. Parliament Street Complex, New Delhi-110001-w.r.t. letter No. 2555/SO-Addl.DCP-I/NDD, Dated New Delhi the 26/08/2020-**for information.**

(Dr. Girish Tyagi)

Secretary