DMC/DC/F.14/Comp.3855/2/2024/ 20th March, 2024

**O R D E R**

The Delhi Medical Council through its Executive Committee examined a representation from Police Station Mansarover Park, seeking medical opinion on a complaint of Shri Anil Kumar Verma s/o late Shri Net Ram Verma r/o H.No. 685, Kunderwalan, Ajmeri Gate, Delhi alleging medical negligence on the part of doctors of East Delhi Medical Centre, in the treatment of complainant’s wife Smt. Baby.

The Order of the Executive Committee dated 20th February, 2024 is reproduced herein below:-

“The Executive Committee of the Delhi Medical Council examined a representation from Police Station Mansarover Park, seeking medical opinion on a complaint of Shri Anil Kumar Verma s/o late Shri Net Ram Verma r/o H.No. 685, Kunderwalan, Ajmeri Gate, Delhi(referred hereinafter as the complainant) alleging medical negligence on the part of doctors of East Delhi Medical Centre(referred hereinafter as said Hospital), in the treatment of complainant’s wife Smt. Baby (referred hereinafter as the patient).

The Executive Committee perused the representation from police, copy of complaint, written statement of Dr. Ajay Bedi, Medical Superintendent, East Delhi Medical Centre enclosing therewith joint written statement of Dr. Jyoti, Dr. Ramesh Subedi, Dr. Paras Gangwal, copy of medical records of East Delhi Medical Centre and other documents on record.

It is noted that as per the complaint it is alleged that the complainant’s wife Smt. Baby, was taken up for hysterectomy procedure on 28.04.2023 at East Delhi Medical Centre. During the procedure patient suffered from cardiogenic shock which was due to the medical negligence of the doctors of East Delhi Medical Centre. Further, the doctors neither conducted the surgery nor gave any satisfactory explanation about the medical condition of his wife. His wife had to be kept in the ICU where she struggled for her life. The complainant requested that appropriate action be taken against the doctors of East Delhi Medical Centre.

Dr. Jyoti Singh Consultant Gynecologist & Obstetrician East Delhi Medical Centre in her written statement averred that the patient Smt. Baby w/o Shri Anil Kumar, 41 years old female, came to OPD in the hospital, with chief complaint of Menorrhagia for 5-6 years for same complaint. She has taken medication from several practitioners, as she was having fibroid uterus. She was already having all the pre-anesthetic report needed for surgery and all were normal, except her Hb, so they arranged 2 unit PRBCs as precautionary, and decided her surgery on 28th April, 2023 at 11am, with patient and her husband consent, for total abdominal hysterectomy under spinal anesthesia. During surgery on the table in early few minutes her vitals became unstable, till that time she had given one skin incision, as patient was taking time to revert back, she explained her condition to the patient’s relative (husband) that she is not in stable condition. Anesthetic and intensivist were taking care of her but if she does not come out early in stable condition further surgery will add on extra stress to her health. So better they discontinue further, and they would close the abdomen. The patient’s husband himself decided that he wanted patient to be safe and agreed/consented to discontinue surgery so she (Dr. Jyoti) closed her abdomen in the usual manner in the best interest of patient. Meanwhile the patient reverted back and was shifted to ICU, where she was taken care by intensivist and discharged in a satisfactory condition.

Dr. Ramesh Subedi, Consultant Anaesthetist, East Delhi Medical Centre in his written statement averred that the patient Baby, 41 years old female, a housewife, was posted for total abdominal hysterectomy on 28th April, 2023. Pre-anaesthetic checkup was done, and the patient was found to be a known hypertensive, controlled on regular medication. All investigations were within normal limits and echocardiography was not advised as the patient had good effort tolerance and ECG was within normal limits. One-unit PRBC was arranged, as the surgery involved risk of blood loss. She was taken inside the operation theatre after proper pre-medication. Patient showed signs of stress and anxiety inside the operation theatre. She even demanded that her husband be brought inside the operation theatre before undergoing surgery. She was properly counselled and agreed to proceed with the anaesthesia. Spinal anaesthesia was planned and after co-loading with Ringer Lactate 500ml, she was given 3ml of Injection Bupivacaine heavy 0.5% along with 25mg (0.25ml) of injection tramadol as adjuvant. Patient started complaining of anxiety after a few minutes of spinal anesthesia. The level of sensory block and motor block was assessed at T4 and T6 level respectively. Due to the patient showing signs of anxiety, injection promethazine 25mg and injection Pentazocine 30mg (Fortwin + Phenergan) was given intravenously for sedation. Oxygen was provided with a mask at the rate of 5 litres per minute. The blood pressure and heart rate fell to 80/40 mmHg and 60 per minute respectively and oxygen saturation also started dropping suddenly and reached up to 80%. Immediately bag and mask ventilation was started with 100% oxygen using Bain's circuit and Injection atropine 0.6 mg was given intravenously. Ventilation with Bain's circuit was difficult and heart rate drop to 39 per minute. Immediately, injection adrenaline 1mg IV was given and endotracheal intubation was done, and patient was mechanically ventilated with 100% oxygen. BP, heart rate and oxygen saturation started improving soon after manual ventilation with Bains's circuit. Patient was still unconscious and hence manual ventilation was continued and decision was taken to abort the surgery in view of the adverse event. All the sequence of events were explained to the patient's husband immediately. Patient started breathing spontaneously after some time and consciousness was regained a little later. The patient was extubated as airway reflexes had been regained and she was opening eyes to command. The patient was then shifted to ICU for observation. Thereafter, she was fully conscious inside the ICU and started communicating with the doctors and her attendants. All the relevant investigations were done to rule out any other cause and were found to be normal. She was discharged four days later after ensuring that no post adverse event sequelae were left.

Dr. Paras Gangwal Consultant Physician & Internist East Delhi Medical Centre in his written statement averred that Mrs. Baby suffered from Low BP and Bradycardia while in O.T. on 28th April, 2023 and he was called as Physician/Intensivist and after that patient has been managed as per standard guidelines and protocols with standard ICU CARE and it's because of expertise and facilities available at the hospital that she recovered well and was discharged in a stable condition. Patient and family members were briefed in detail about the situation and progress of patient, with sharing of all records, observation and treatment lines, to their complete satisfaction and patient and family has always acknowledged her good care and management during hospital stay, even when they were given option to shift and take opinions, they expressed full faith in the expertise of treating team and felt satisfied enough, that they preferred to stay at East Delhi Medical Center till adequate and appropriate recovery. Details of her management are as per enclosed hospital records and he shall co-operate to explain, if any query of family members or Delhi Medical Council Review Board, regarding treatment provided to her as per standard guidelines, protocols, and principles of Medical Science.

Dr. Ajay Bedi Medical Superintendent East Delhi Medical Centre in his written statement averred that the patient named Baby, 41yrs, female, a housewife, was posted for Total Abdominal Hysterectomy on 28 April 2023. Pre-anaesthetic checkup was done, and the patient was found to be a known hypertensive controlled on regular medication. All investigations were within normal limits and echocardiography was not advised as the patient had good effort tolerance and ECG was within normal limits. One-unit PRBC where was arranged as the surgery involved risk of blood loss. She was taken inside the operation theatre after proper pre-medication. Patient showed signs of stress and anxiety inside the operation theatre. She even demanded that her husband be brought inside the operation theatre before undergoing surgery. She was properly counselled and agreed to proceed with the anaesthesia. Spinal anaesthesia was planned and after co-loading with Ringer Lactate 500ml, she was given 3ml of Injection Bupivacaine heavy 0.5% along with 25mg (0.25ml) of injection Tramadol as adjuvant. Patient started complaining of anxiety after a few minutes of spinal anesthesia. The level of sensory block and motor block was assessed at T4 and T6 level respectively. Due to the patient showing signs of anxiety, injection promethazine25mg and injection Pentazocine 30mg (Fortwin + Phenergan) was given intravenously for sedation. The blood pressure and heart rate fell to 80/40mmhg and 60per minute respectively and oxygen saturation also started dropping suddenly and reached up to 80%. Immediately bag and mask ventilation was started with 100% oxygen using Bain's circuit and Injection atropine 0.6 mg was given intravenously. Ventilation with Bain's circuit was difficult and heart rate drop to 39 per minute. Immediately, injection adrenaline 1mg IV was given and endotracheal intubation was done, and the patient was mechanically ventilated with 100% oxygen. BP, heart rate and oxygen saturation started improving soon after manual ventilation with Bains circuit. Patient was still unconscious and hence manual ventilation was continued and decision was taken to abort the surgery in view of the adverse event. All the sequence of events were explained to the patient's husband immediately. Patient started breathing spontaneously after some time and consciousness was regained a little later. The patient was extubated as airway reflexes had been regained and she was opening eyes to command. The patient was then shifted to ICU for observation. Thereafter, she was fully conscious inside the ICU and started communicating with the doctors and her attendants. All the relevant investigations were done to rule out any other cause and were found to be normal. She was discharged four days later after ensuring that no post adverse event sequelae was left. Mrs. Baby suffered from Low BP and Bradycardia while in O.T. on 28/04/23 and physician/Intensivit was called and after that patient has been managed as per standard guidelines and protocols with standard ICU CARE and it's because of expertise and facilities available at the hospital that she recovered well and discharged in a stable condition. Patient and family members were briefed in detail about the situation and progress of patient, with sharing of all records, observation and treatment lines, to their complete satisfaction and patient and family has always acknowledged her good care and management during hospital stay, even when they were given option to shift and take opinions, they expressed full faith in the expertise of treating team and felt satisfied enough, that they preferred to stay at East Delhi Medical Center till adequate and appropriate recovery.

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

1. The Executive Committee noted that the patient Smt. Baby a 41 years old female presented to the said hospital on 27th April, 2023 with complaint of bleeding per vagina for since last 5-6 months. She was a known case of Hypertension with menorrhagia with Anemia with uterine fibroid. After initial assessment and investigation, pre-anesthesia check up, patient was taken up for hysterectomy under consent on 28th April, 2023 under spinal anesthesia. Post 5 minutes of spinal anesthesia, patient developed severe hypotension, bradycardia and apnea. The patient was endotracheally intubated immediately and ventilated with bag and mask. IV adrenaline was given. Trop T was sent and came negative. The patient started breathing spontaneously after about 15 minutes and was maintained on 100% oxygen on bain’s circuit. After some time, she regained consciousness and started following verbal commands, moving all four limbs, no complaints of chest pain, heaviness and throat suffocation. The patient was extubated and shifted to the ICU. Patient continued with low BP again dropped to 80mmHg hence Norad infusion was started at 4ml/hr. ECG showed ‘ST’ sagging in inferolateral leads. Patient maintained on Ambu ventilation and serial ECG was done, ST sagging gradually improved. The patient Noradrenaline infusion was tapered overnight (with 6-8 hours). The patient maintained normal BP and heart rate, without any complaints of chest pain, heaviness and throat suffocation or left arm pain. The patient’s Echo was done next morning on 29.04.2023 which showed global hypokinesia EF-35-38% and case was discussed with cardiology team online with details of event and records were shared. It was decided to manage as per stress myocardiopathy and evaluate with serial echo and repeat Trop-T/Trop-I with serial ECG. Patient was given standard protocols guided management as per the given clinical scenario. Patient continuously showed improvement. Her Trop-T on 30.04.2023 early morning came positive, Trop-I also sent came positive. Patient repeat echo done on 30th April 2023 showed no RWMA, grade I LV diastolic dysfunction. And LVEF 55% (significant improvement). Patient family was continuously informed about the sequence of event and status of the patient and was given option to have cardiology opinion and any 2nd opinion for, as per their wish and all records and data were provided to them. The patient also had episode of PV bleeding which was evaluated by gynaecologist. After discussion Dispirin and dose was optimized and patient was given shot of IV Tranexa with which patient gradually improved. HB was initially low, HB 8.6mg.dl. Plan of blood transfusion and IV iron therapy was discussed with family, but in view of the clinical scenario and possibilities of risk associated with blood transfusion and IV iron it was planned to give her oral iron supplementation therapy with natural iron therapy to recover her Hb. The patient also had low potassium on lab investigation for which she was given medical management and potassium replacement. Correction of same and repeat potassium was normal. The patient family was cautioned regarding for slightly long QT in ECG with an advice to avoid drugs which can cause long QT. The patient’s repeat Hb was 9.4mg/dl. Patient was mobilized and was comfortable moving without dyspnea or angina on exertion. There was no throat suffocation or chest pain or left arm radiation. In chamber opinion with cardiologist (Dr. Rajiv Passey) was done with patient’s attendants and hospital staff with all records and video of patient and was advised conservative management as per discussion, with serial Echo’s and Angio at later date. Patient was also given opinion of Dr. Rahul Ramteke on 3rd May 2023 who agreed with the conservative management with optimized drug management for the clinical scenario statin/antiplatelet/cardioprotetive with serial Echo and angio at later date with patient stabilization with medical management.
2. It is observed that following spinal anesthesia with heavy bupivacaine, the patient developed severe hypotension, bradycardia, respiratory depression and cardiac arrest. This is a common and known complication of the spinal anesthesia. The complication was promptly diagnosed and the patient was managed as per accepted professional practices for hypotension, bradycardia and cardiac respiratory arrest. She was intubated and ventilated and regained consciousness with adequate respiratory efforts. She recovered from the complications without any residual effects. However, it was rightly decided to postpone the surgery to avoid any further complications and she was shifted to ICU, where she was extubated.

In view of the observation made hereinabove, it is, therefore, the decision of the Executive Committee that prima facie no case of medical negligence is made out on the part of doctors of East Delhi Medical Centre, in the treatment of complainant’s wife Smt. Baby.

Complaint stands disposed. “

Sd/: Sd/: Sd/:

(Dr. Arun Kumar Gupta) (Dr. Ashwini Dalmiya) (Dr. Saudan Singh)

Chairman, Member, Member,

Executive Committee Executive Committee Executive Committee

Sd/: Sd/: Sd/:

(Dr. Raghav Aggarwal) (Dr. A.G. Radhika) (Dr. Vishnu Datt)

Member, Expert Member Expert Member

Executive Committee Executive Committee Executive Committee

The Order of the Executive Committee dated 20th February, 2024 was confirmed by the Delhi Medical Council in its meeting held on 21st February, 2024.

By the Order & in the name of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:

1. Shri Anil Kumar Verma s/o late Shri Net Ram Verma r/o H.No. 685, Kunderwalan, Ajmeri Gate, Delhi-110006.
2. Medical Superintendent, East Delhi Medical Centre, 1/550, G.T. Road, Mansarover Park, Shahdara, Delhi-110032.
3. SHO, Police Station, Mansarover Park, Shahdara Distt, Delh.-110032. (w.r.t No. 89570082300624 dated 15.05.2023, P.S.-M.S. Park, Shahdara, Distt.)-

(Dr. Girish Tyagi)

Secretary