DMC/DC/F.14/Comp.2818/2/2020/ 28th May, 2020

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station Sarai Rohila, seeking medical opinion in respect of death of Shri Rahul Kumar, allegedly due to medical negligence in his treatment at Sharma Medical Centre, Shubdra Colony, Delhi, resulting in his death on 02.06.2019 at Maharaja Agrasen Hospital where he subsequently received treatment.

The Order of the Disciplinary Committee dated 16th March, 2020 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station Sarai Rohila, seeking medical opinion in respect of death of Shri Rahul Kumar (referred hereinafter as the patient), allegedly due to medical negligence in his treatment at Sharma Medical Centre, Shubdra Colony, Delhi (referred hereinafter as the said Medical Centre), resulting in his death on 02.06.2019 at Maharaja Agrasen Hospital where he subsequently received treatment.

The Disciplinary Committee perused the representation from police, copy of complaint of Smt. Nirmala Dev, written statement of Dr. Suresh Kumar Abrol and Medical Superintendent, Sharma Medical Centre, opy of medical records of Sharma Medical Centre, Maharaja Agrasen Hosptial Post mortem report No.378/2019, final opinion as to cause of death in respect of Post Mortem No. 378/2019 and other documents on record.

The following were heard in person :-

1) Smt. Nirmala Devi Complainant

2) Ms. Seema Daughter in law of the complainant (the

 patient’s wife)

3) Shri Mohit Son of the complainant

4) Dr. Ram Kishan Son of the complainant

5) Shri Mohit Brother in Law

6) Shri Sunil Brother

7) Dr. Suresh Kumar Abrol Surgeon, Sharma Medical Centre

8) Dr. Nupur Abrol Daughter of Dr. Suresh Kumar Abrol

9) Dr. Rama Sharma Medial Superintendent, Sharma Medical Centre

It is noted that the police in representation has averred that an information was received at P.S. Sarai Rohilla, Delhi vide D.D. No.63 A dated 25/5/19 regarding MLC No.316/19 about Rahul Kumar s/o Sh. Moti Chand R/o L-122, Shashtri Nagar, Delhi age 29 years from Maharaja Agrasen Hospital, Punjabi Bagh, Delhi. On receiving this information, S.I. Gangapal reached Maharaja Agarsen Hospital and collected MLC from the Hospital. As per the MLC prepared by Dr. Anil Jindal “patient Rahul Kumar was brought from other hospital with c/o pain abdomen and fever oligurea. Past H/o cholecystectomy done on 21/5/19 as per casualty record. Patient admitted on 23/5/19 vide UHIP 10013374460 (10013374460) during USG examination in our hospital some foreign body found intraperitonealy. So delayed MLC was required for follow up and MLC was made”. The operating doctor had verbally informed that one patient Rahul Kumar who was earlier operated at Sharma Medical Centre, Shubdra Colony, Delhi by Dr. Suresh Abrol and Dr. Rama Sharma, had left one mope (gauge piece) in the stomach of the patient Rahul Kumar, due to which, the condition of the patient got deteriorated. During enquiry, one plastic jar containing one mope sealed with the seal of Maharaja Agrasen Hospital, Punjabi Bagh, Delhi and same seal of Maharaja Agrasen Hospital, Delhi were seized on dated 25/5/19 as per the seizure memo. During treatment at Maharja Agrasen Hospital, the patient Rahul Kumar passed away on 02/06/19 in ICU and the information of passing away of the patient Rahul Kumar was received at P.S. Sarai Rohilla on 03rd June, 2019. The dead body of the deceased Rahul Kumar was shifted to Subzi Mandi Mortuary. Death Certificate, Death Summary alongwith 11 x-ray plates, 2 CECT report and 3 ultrasound report on dated 03/06/19 of the deceased were collected from the hospital. The statement of the family members and other relatives were recorded who have made allegations of gross medical negligence on the part of the doctors. The Delhi Medical Council is, therefore, requested to provide medical opinion whether it is the case of medical negligence or otherwise.

Ms. Seema, daughter in law of the complainant (the patient’s wife) stated that on 21st May, 2019, the patient Shri Rahul Kumar was admitted in Sharma Medical Centre, one Dr. Suresh Abrol, while he was being operated upon for removal of bladder stone at Sharma Medical Centre, left the foreign body objects such as metallic clip and medical sponge in his body. The true copy of admission slip and summary report issued by Sharma Medical has been submitted. She and her family had no information that the foreign objects have been left in the stomach of the patient, until his condition worsened and informed by the other hospital. When the doctors at Sharma Medical Centre suggested them to shift the patient to better hospital, he was immediately taken to Ram Manohar Lohia, however, due to unavailability of the doctor, the hospital asked the family to take Rahul to another hospital. On 23rd May, 2019 at 9.30 p.m., he was admitted to Maharaja Agrasen Hospital, where after ultrasonography, it was informed to the family that the doctors at Sharma Medical Centre have left the foreign objects in his body and suggested operation to remove the foreign object has to be conducted immediately because infection in his stomach had aggravated. On 24th May, 2019, the doctors at Maharaja Agarsen Hospital removed the foreign body objects and it was found that sponge of size 15 cm x 15 cam was retrieved from his stomach. Later on, 25th April, 2019, the patient was shifted to ICU in intubated state and he was kept on machines for his survival. There was barely any life left in the patient. On 2nd June, 2019 at 8.32 p.m., the doctors declared the patient dead. The copies of the Death summary and other relevant documents issued by Maharaja Agarsen Hospital have been submitted. This is a clear case where the principle of res ispa loquitur applies. Since then this matter is pending in Delhi Medical Council and without the enquiry report, the police is refusing to register the FIR or to take any action against the concern doctors and the hospital. She is distressed to see that no action has been taken against the said hospital and other doctors and they continued to perform operation upon innocent patients endangering their lives and even when the doctor does not have the requisite competence. The patient recently married, has left a widow, a disable brother and her mother. Now, the mercy lies in the hands of the Delhi Medical Council. She has been running pillar to post meeting various officials at the police station and the Delhi Medical Council but no information is being retrieved yet. She will not take the time of the Delhi Medical Council to express her brief and distress, but would point that under Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002, the Act bound to constitute a medical committee and submit the enquiry report the police station and herself. Hence, she requests for take strict action against them.

Dr. Suresh Kumar Abrol Surgeon, Sharma Medical Centre in his written statement averred that the patient Rahul Kumar, Male/29 years, attended OPD of Sharma Medical Centre in the 1st week of May, 2019 and as per the OPD Record he attended OPD again on 16th of May at 11.55 a.m. Before that the patient had been attending government hospitals- mainly Hindu Rao Hospital and RML Hospital since April, 2019 for chronic cholecystitis with cholelithiasis with fever and vomiting off and on. On 16.05.2019, the patient was seen by him and was advised surgery in a bigger institute, as the risk assessed was high and details regarding surgery, risks and complications associated with the surgery were duly explained by him in patient’s language. The patient again visited Sharma Hospital in the evening of 20.05.2019 with complaint of severe pain abdomen, vomiting and fever and the patient was given symptomatic treatment and in view of his medical condition and assessed risks, the patient was once again advised to attend some bigger/higher medical centre/institution. The patient returned to Sharma Hospital on the very next day, i.e., on 21.05.2019 when he was requested to manage the patient. He again explained to the patient and his attendants/family members (Brother, wife and cousin) about the high risk involved in the surgery. The patient’s party told that the patient Rahul had been suffering from acute pain, but the government hospital had given date for surgery at a quite late and not before the 20th July, 2019 and, therefore, the surgery should be done in Sharma Hospital without any delay. The patient was diagnosed as a case of cholelithiasis with Chronic Cholecystitis with Empyema Gall Bladder. A well informed consent for high risk was also taken for Cholecystectomy and the surgery planned was laparoscopic cholecystectomy, but if required the same could be converted into laparotomy cholecystectomy. It was specifically explained by him to the patient party that the facilities of ICU and ventilator were not available in Sharma Hospital. It was further explained that in case of emergency, the patient might require shifting from Sharma Hospital to other hospital. After knowing all these facts, the patient party insisted for surgery and signed the well informed High Risk Consent. The mother of the patient told that the patient Rahul was jobless and his wife was doing some private job and his mother had some rental income. Since the patient was not getting any early date in a government Hospital before 20.07.2019, and the patient party lacked resources to pay hefty bills of big private hospitals, the patient was taken up for surgery on compassionate grounds after explaining risks/complications involved and the available facilities in the hospital. All requisite tests/investigations were got done and pre-Anaesthetic check-up was done and only after getting consent, the patient was taken up for surgery of cholecystectomy at 5.00 p.m. on 21.05.2019. The patient underwent exploratory laparoscopy which was later converted to conventional Laparotomy due to excessive bleeding during laparoscopy and the surgery was successfully completed. Cholecystectomy was done and the gall bladder and stones were removed by him assisted by Assitant surgeon Dr R. Sharma and anaesthesia was given by Dr. Deepak and Senior Nurse Geeta sister was associated with the surgery. The abdomen was explored and in the findings, there were dense adhesions between gall bladder and other parts (duodenum, colon etc) and on lysis of adhesions, there was pericholecystic purulent discharge, which was sucked out. Thickened oedematous intensely inflamed gall bladder with frozen Callot's Triangle. After lysis of adhesions, cystic duct was dissected with great difficulty, clip ligated. Further, dissection was hampered by spontaneous torrential bleeding. Laparoscopy was abandoned and abdomen was opened by right sub costal incision. Bleeding vessel was identified and repaired after pringle manoeuvre and area was packed. The Cystic duct was transfixed ligated. The gall bladder was densely adherent to gall bladder fossa. The serosal part of gall bladder was removed in small pieces and the posterior mucosa (in the gall bladder bed) was fulgurated. There was serosal tear of duodenum which was repaired by Vicryl 3 o.Sponge count taken and abdomen was closed in layers after leaving a tube in the gall bladder bed. The details are written in the OT Notes. After proper grouping and cross matching, 2 units of P.R.B.C, were prescribed post operatively. Other medication was given as mentioned in the case sheet of the patient. On 2nd post operative day, i.e., 23.05.2019, mild icterus with oliguria warranted shifting of the patient to a higher medical centre and the patient was, therefore, after explaining to the patient and his attendants, was shifted at 6.10 pm from Sharma Medical Centre firstly to RML Hospital, where he was refused admission for lack of services and then to Maharaja Agrasen Hespital, Punjabi Bagh, New Delhi, where further management was carried out. The hospital cannot comment on the investigations done, diagnosis made, line of treatment followed, actual treatment given, surgeries, if any performed and the medical condition of the patient during the period of hospitalisation of 9 days from 23.05.2019 to 02.06.2019 in Agrasen Hospital, when the patient allegedly died in that Hospital. For want of knowledge of the Post Mortem Report, the hospital cannot comment on the actual cause of death also. The treatment record of the patient for the period of his hospitalisation in Sharma Medical Centre has been submitted.

He further averred that he is a registered senior surgeon with Delhi Medical council since the inception of DMC and have been practising surgery since 1980 and laparoscopic procedures since 1991 and that he has due qualification and skills required performing these kinds of procedures. This is also evident by the fact that there are no outstanding proceedings in any such kind of matter against him at the Delhi Medical Council. There is no allegation against the treating doctors of Sharma Hospital relating to the diagnosis, line of treatment, surgery performed and post operative care. The only allegation is that in Maharaja Agrasen Hospital, one gauze was found in the abdomen of the patient when the USG was performed and the same deteriorated the condition of the patient and after 10 days of hospitalisation the patient died in Maharaja Agrasen Hospital. The allegation levelled in the complaint regarding leaving the foreign body during the surgery in Sharma Medical. Centre (Gauze of 15cms x15 cms size) is patently wrong and false and is denied specifically and vehemently. As is evident from the OT Notes, after the surgery, Sponge Count was taken as per normal procedure followed after the surgery and then abdomen was closed in layers after leaving a tube drain in the Gall Bladder Bed. The team of the treating doctors of Sharma Medical Centre performed the surgery(Cholecystectomy) as per standard protocols using requisite knowledge, skills and with due care at all stages and, therefore, neither any negligence nor any deficiency can be attributed to the treating team. It is claimed that the patient was subjected to open cholecystectomy instead of non-invasive and safer laparoscopic procedure. As the honourable members of the Council are well aware that laparoscopic procedure are minimally invasive and not non invasive as claimed, secondly the surgery on the patient was planned and started as laparoscopy but had to be converted to open procedure (laparotomy). This is a standard practise and was explained to both the patient and his attendants before wheeling the patient into the OT, that laparoscopic procedure may not always be successful and may have to be converted to open procedure at any time. This is evident from the signed high risk consent that the complainant has refused to produce before the Delhi Medical Council and he has submitted. The rate of conversion to open procedure is between 5-11% i.e. almost one in every 10 patient. Also the rate of conversion is higher in male patients than in female patients. This is supported by the studies published in International Surgery Journal 2018, Jan: 5 (I) 132-137 and Journal of surgical research 2002 July 106 (I) 20-4 which, he has submitted. Both these Journals are PubMed indexed Journals and are credible. The complainants were well aware about the high risk condition of the patient, the treatment required and planned, and also the available facilities in the hospital. Yet they insisted that the procedure to be performed at Sharma Medical Centre, as they did not want to wait for the .time of surgery given by the government hospital and reportedly could not afford the fees of other higher centres and so the case was taken on compassionate basis. They were also aware that there is no ICU and ventilator set up available and that they would have to be shifted to a hospital where such facilities are available, if the need arises for which they gave an informed written consent. Diligent care was taken managing the condition of the patient both during the surgery and also in the post operative period. The patient was observed regularly in the post op-period, the complication of oliguria was diagnosed at the earliest (as it takes almost 24 hrs to make the exact diagnosis) and the patient was immediately referred to a higher centre, as it was quickly identified that the management needs of the patient was now beyond the scope of the current set up. There was no mal-intent and due diligence was practised in managing this patient. It is claimed by the medical team at Maharaja Agrasen Hospital that a foreign body was allegedly found in the peritoneal cavity of the patient when the patient was re-operated. At the onset, he would begin by vehemently denying this; however, as a trained clinician he accepts that this is a known complication of intra-abdominal surgeries. The incidence is reportedly variable between one in 1000 to one in 5000 surgeries. As per the WHO protocol for safe surgical practise, the incidence is greatly increased by 3 factors- emergency surgery, high BMI and change in the intra-operative course of the surgery. This patient had two of the three risk factors. Also high volume blood loss is also a risk factor, which has also been mentioned in the OT notes. The guideline clearly states that even if due care is taken during mop count, yet there remains a possibility of leaving a mop in situ. Due diligence involves counting the mops before closing any cavity, and that the same person must do the count preferably if the team is not changed. Both these precautions had been taken for this case, however, if there is any omission despite taking due care it is deeply regretted. The patient was a high risk case with empyema and associated sepsis prior to being operated. This was also clearly explained to the patient and his attendants, yet they insisted that the surgery to be performed at Sharma Medical Centre. By no stretch of imagination, the death of the patient can be linked to the surgery performed in Sharma Medical Centre. At the time of admission in Sharma Hospital on 21.05.2019, the patient was diagnosed as a case of Cholelithiasis with Chronic Cholecystitis with Empyema Gall Bladder, which makes it amply clear that there was pus in the Gall Bladder. As the post-mortem report is not available with the hospital, nothing can be said about the actual cause of death - whether it was due to septicaemia or some other cause. Also the hospital cannot comment on the discrepancies regarding the date of alleged detection of foreign body, alleged date of its removal (24.05.2019) and the alleged date of DD Entry(25.Q5.2019) made by the Police. As such, the allegation levelled in the complaints of Police and one given by Smt. Nirmala Devi (the mother of the patient) against the doctors of Sharma Medical Centre are denied, more so when there is no direct nexus between the surgery of Cholecystectomy performed on 21.05.2019 and the death of the patient which occurred on 02.06.2019, i.e., after 12 days of the date of surgery. The complainant has lodged the complaint with the Delhi Medical Council for registration of a criminal case against the treating doctors of the hospital and since a credible opinion is required from experts of the subject for registering a criminal case/FIR against the doctors, the police has requested for the opinion to ascertain whether there is any medical negligence or otherwise. A perusal of the complaint and the allegations made therein and the contents of letters of police and the OT notes of Sharma Hospital, as contained in the treatment record reveal that there is absolutely no medical negligence warranting any criminal action against the treating doctors of Sharma Medical Centre. The complainant has wilfully hidden multiple documents from the complaint especially like that of High risk consent, wherein it has clearly been mentioned about the patients high risk condition, the procedure planned i.e. laparoscopy which may have to be converted to open procedure and also of the lack of ICU and ventilator setup in their own language. The same consent has been signed both by the patient and his attendant yet they have failed to produce this important document which indicates their intent to mislead this honourable council and to try to malign my record of spotless practise of past 40 years. He has recently undergone open heart surgery and have had associated post op complications and he has also been advised rest by his treating doctor yet he appearing before the honourable council to assure the Delhi Medical Council his stand as a qualified, skilled and respectable member of the fraternity and at the same time to assure the complainant of his due care not only to the patient when the patient was brought to him but also his attendants whom he would like to assure, that the deeply regretted death of their patient was not due to any negligence in the hands, of the doctors that they had trusted; but because of known complications. It is therefore, most humbly prayed that the present complaint may kindly be dismissed and filed.

Dr. Rama Sharma, Medial Superintendent, Sharma Medical Centre in her written statement averred that the patient Rahul Kumar, Male/29 years, attended OPD of Sharma Medical Centre in the 1st week of May, 2019 and as per the OPD record he attended OPD again on 16th of May at 11.55 a.m. Before that the patient had been attending government hospitals- mainly Hindu Rao Hospital and RML Hospital since April, 2019 for chronic cholecystitis with cholelithiasis with fever and vomiting off and on. On 16.05.2019, the patient was seen by Dr. Suresh Abrol and advised surgery in a bigger institute, as the risk assessed was high and details regarding surgery, risks and complications associated with the surgery were duly explained by him in patient’s language. 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A well informed consent for high risk was also taken for Cholecystectomy and the surgery planned was laparoscopic cholecystectomy, but if required the same could be converted into laparotomy cholecystectomy. It was specifically explained by Dr. Suresh Abrol to the patient party that the facilities of ICU and ventilator were not available in Sharma Hospital. It was further explained that in case of emergency, the patient might require shifting from Sharma Hospital to other hospital. After knowing all these facts, the patient party insisted for surgery and signed the well informed High Risk Consent. The mother of the patient told that the patient Rahul was jobless and his wife was doing some private job and his mother had some rental income. 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The abdomen was explored and in the findings, there were dense adhesions between gall bladder and other parts (duodenum, colon etc) and on lysis of adhesions, there was pericholecystic purulent discharge, which was sucked out. Thickened oedematous intensely inflamed gall bladder with frozen Callot's Triangle. After lysis of adhesions, cystic duct was dissected with great difficulty, clip ligated. Further, dissection was hampered by spontaneous torrential bleeding. Laparoscopy was abandoned and abdomen was opened by right sub costal incision. Bleeding vessel was identified and repaired after pringle manoeuvre and area was packed. The Cystic duct was transfixed ligated. The gall bladder was densely adherent to gall bladder fossa. The serosal part of gall bladder was removed in small pieces and the posterior mucosa (in the gall bladder bed) was fulgurated. There was serosal tear of duodenum which was repaired by Vicryl 3 o.Sponge count taken and abdomen was closed in layers after leaving a tube. in the gall bladder bed. The details are written in the OT Notes. After proper grouping and cross matching, 2 units of P.R.B.C, were prescribed post operatively. Other medication was given as mentioned in the case sheet of the patient. On 2nd post operative day, i.e., 23.05.2019, mild icterus with oliguria warranted shifting of the patient to a higher medical centre and the patient was, therefore, after explaining to the patient and his attendants, was shifted at 6.10 pm from Sharma Medical Centre firstly to RML Hospital, where he was refused admission for lack of services and then to Maharaja Agrasen Hespital, Punjabi Bagh, New Delhi, where further management was carried out. The hospital cannot comment on the investigation done, diagnosis made, line of treatment followed, actual treatment given, surgeries, if any performed and the medical condition of the patient during the period of hospitalisation of 9 days from 23.05.2019 to 02.06.2019 in Agrasen Hospital, when the patient allegedly died in that Hospital. For want of knowledge of the Post Mortem Report, the hospital cannot comment on the actual cause of death also. The treatment record of the patient for the period of his hospitalisation in Sharma Medical Centre has been submitted. There is no allegation against the treating doctors of Sharma Hospital relating to the diagnosis, line of treatment, surgery performed and post operative care. The only allegation is that in Maharaja Agrasen Hospital, one gauze was found in the abdomen of the patient when the USG was performed and the same deteriorated the condition of the patient and after 10 days of hospitalisation the patient died in Maharaja Agrasen Hospital. The allegation levelled in the complaint regarding leaving the foreign body during the surgery in Sharma Medical. Centre (Gauze of 15cms x15 cms size) is patently wrong and false and is denied specifically and vehemently. As is evident from the OT Notes, after the surgery, Sponge Count was taken as per normal procedure followed after the surgery and then abdomen was closed in layers after leaving a tube drain in the Gall Bladder Bed. The team of the treating doctors of Sharma Medical Centre performed the surgery(Cholecystectomy) as per standard protocols using requisite knowledge, skills and with due care at all stages and, therefore, neither any negligence nor any deficiency can be attributed to the treating team. By no stretch of imagination, the death of the patient can be linked to the surgery performed in Sharma Medical Centre. At the time of admission in Sharma Hospital on 21.05.2019, the patient was diagnosed as a case of Cholelithiasis with Chronic Cholecystitis with Empyema Gall Bladder, which makes it amply clear that there was pus in the Gall Bladder. As the post-mortem report is not available with the hospital, nothing can be said about the actual cause of death - whether it was due to septicaemia or some other cause. Also the hospital cannot comment on the discrepancies regarding the date of alleged detection of foreign body, alleged date of its removal (24.05.2019) and the alleged date of DD Entry(25.05.2019) made by the Police. As such, the allegation levelled in the complaints of Police and one given by Smt. Nirmala Devi (the mother of the patient) against the doctors of Sharma Medical Centre are denied, more so when there is no direct nexus between the surgery of Cholecystectomy performed on 21.05.2019 and the death of the patient which occurred on 02.06.2019, i.e., after 12 days of the date of surgery. The complainant has lodged the complaint with the Delhi Medical Council for registration of a criminal case against the treating doctors of the hospital and since a credible opinion is required from experts of the subject for registering a criminal case/FIR against the doctors, the police has requested for the opinion to ascertain whether there is any medical negligence or otherwise. A perusal of the complaint and the allegations made therein and the contents of letters of police and the OT notes of Sharma Hospital, as contained in the treatment record reveal that there is absolutely no medical negligence warranting any criminal action against the treating doctors of Sharma Medical Centre. It is therefore, most humbly prayed that the present complaint may kindly be dismissed and filed.

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

1. It is observed that the patient a 29 years male was admitted in Sharma Medical Centre on 21st May, 2019 at 09.15 p.m. with complaints of pain and fever with decreased urine output since two days. The patient was diagnosed as case of ? chronic cholecystitis with cholelithiasis. Initially, laparoscopic cholecystectomy was planned but since there were adhesion of gallbladder with colon, duodenum and omentum with pericholecystic pus,an open cholecystectomy was done on 21st May, 2019 by Dr. Suresh Abrol at Sharma Medical Centre. Serosaland wall of gallbladder was removed with stone. Two units of packed red blood cells were transfused. On 2nd post-operative day. i.e. 23rd May, 2019, the patient had mild icterus with oligura , hence, referred to the higher centre for further management.

The patient, then was admitted in Maharaja Agrasen Hospital on 23rd May, 2019. At the time of admission, the vitals were as follows: Respiratory rate: 22/minute, Blood pressure: 110/60 mmHg, Pulse rate: was 114/minute, Respiratory system: bilateral air entry was present, Cardiovascular system: S1 and S2 were normal, Per abdomen: soft and drain was present, bilious discharge, Central nervous system : conscious and oriented,Skin: yellowish discoloration of entire body and Anuria. Conservative line of management was started with intravenous antibiotics, intravenous antacids, intravenous fluids, intravenous antiemetic, tablet Udiliv, antipyretic, intravenous diuretic, and intravenous analgesic. GI Surgeon and gastro physician references were taken. The lab reports were suggestive of low haemoglobin increased total leukocyte count (24100), deranged liver function test and kidney function test and INR. G.I. Surgeon advised for CECT abdomen and gastro physician advised for ultrasonography whole abdomen and conservative line of management. The patient was transferred from medicine department to G.I. Surgery unit. Ultrasonography whole abdomen done on 24th May, 2019, was suggestive of mild ascites with internal echoes. Liver enlarged in size with altered echo-texture of parenchyma. Evidence of pneumobilia was seen in left lobe. Gallbladder was not visualized(post cholecystectomy). Contrast-enhanced computed tomography (CECT whole abdomen (Requisition dated 24-5-19) was suggestive of liver normal in size and showed hypo-density in right lobe of liver with few tiny air foci in segment VII. The right hepatic artery and its branches appeared severely attenuated beyond the surgical clip. The portal vein was thrombosed with hypodense filling defect with possibility of transient hepatic attenuation difference/ischemia/hepatic infarction. Both kidneys were normal in outline and appeared homogeneously hypo-dense in attenuation suggestive of medical renal disease. Mild free fluid was seen in pelvis. A focal area of intermediate/mixed attenuation with mottled lucencies with air locules (HU of -499 to -640) and hyperdense linear foci (of HU 1680 to 2002) with adjacent rim of fluid seen in epigastric region just beneath the subcutaneous tissue indenting the stomach and abutting the transverse colon. In view of post-operative status of the patient, possibility of foreign body was considered. The lesion measured70 x 72 x 46 mm. There was evidence of post-operative changes in the form of superficial and subcutaneous oedema along right anterior abdomen wall with foci of air, pneumoperitoneum, drain in gall-bladder fossa and areas of mesenteric inflammation. On the basis of CT findings, G.I. surgeon planned for the surgery. Poor prognosis was explained to family members. On 24th May, 2019, exploratory laparotomy, removal of foreign body (surgical sponge) and tubo-hepaticostomy was done. Findings in OT: foreign body (sponge of size 15 cm x 15 cm) retrieved from subcostal area intraperitoneally, turbid fluid and bile at subhepatic region, completely transacted tubular structure with a lumen of 3-5 mm with bile leaking. Subhepatic drain was present. The procedure was done in by opening the abdomen through previous right subcostal incision and foreign body was retrieved. Previously kept drain was removed. Tubo-hepaticostomy was done using 7F infant feeding tube, subhepatic drain was kept. Incision was closed in layers. The patient was shifted to intensive care unit on 25th May, 2019 at 12.30 a.m. in intubated state with drain present and on sedation and paralyzing agent. The patient was attached to mechanical ventilator on CMV mode. Infusion Midas, injection Fentany1, Sodabicarbonate infusion was started. Nephrologist opinion was taken who advised for hemodialysis. The patient’s hemodialysis was done on 25th May, 2019.

During dialysis, two units fresh froze plasma were transfused. Blood cultures/sensitivity (23-05-2019) was sterile done on 27th May, 2019. Urine culture/sensitivity (23.05.2019) was sterile. The patient underwent repeat haemodialysis with transfusion of two units fresh frozen plasma. Culture of foreign body was suggestive of enterococcus faecium. Arterial line insertion was done on 27th May, 2019. Fever last was recorded at 02.00 p.m. on 27th May, 2019. The patient’s repeat USG whole abdomen was done on 28th May, 2019. Right lobe of liver showed altered echo texture withloss of normal architecture. Portal vein and its branches on right side was not visualized. Gallbladder was not seen, spleen mildly enlarged. Bilateral kidneyswere normal in size with cortical echo mildly increased, CMD is maintained. Urinary bladder was empty. Mild ascites and mild bilateral PE were seen. No localized collection could be appreciated. The patient remained unstable during ICU stay, TLC count increased to 54000/MM3. CECT was repeated on 29th May, 2019 which was suggestive of portal vein and its branches thrombosed with thrombus extending into the proximal half of superior mesenteric vein. Metallic clips were seen medial to the second part of duodenum and right lobe of liver. Infarct involving mild and lower pole of left kidney and mild ascites and diffuse oedema of right sided colon were seen. The patient had increased requirement of oxygen and ventilation and inotropes were started on 31st May, 2019 and poor prognosis was explained to family members. On 2nd June, 2019, the patient had bradycardia followed by cardiac arrest with HR <30, BP-NR; accordingly resuscitation measures were initiated but the patient could not be revived. The findings were: HR-0, BP-NR, pupil bilateral dilated and fixed, ECG showed straight line. The patient was declared dead on 02nd June, 2019 at 08.32 p.m.

The cause of death as per subsequent opinion dated 05th October, 2019 in respect of post-mortem report No.378/2019 dated 05th June, 2019 was septicaemia consequent to liver and kidney necrosis in a post-operative case of open choleclystectomy and foreign body retention thereof in the abdomen.

2) The decision to proceed with cholecystectomy in the patient who had features of sepsis (preoperative fever and oliguria and intra-operative adhesions with pericholecystic pus) is questionable.

1. It is noted that based on the radiological findings (CECT requisition dated 24-5-19) of whole abdomen which was suggestive of foreign body, an MLC was initiated vide no.316/19 dated 25-5-19.

The pre-operative diagnosis at Maharaja Agrasen Hospital was follow-up case of open partial cholecystectomy with retained intraperitoneal foreign body. The findings in O.T. notes dated 24th May, 2019 clearly stated that a foreign body (sponge 15 cm x 15 cm) was retrieved from subcostal area intraperitoneally, turbid fluid and bile at subhepatic region, completely transacted tubular structure with a lumen of 3.15 cm with bile leaking, sub-hepatic drain present.

During the procedure of exploratory laparotomy and tubo-hepaticostomy, the foreign body (sponge) was removed. The microbiology report (Reg no.47187258 requisition dated 25-5-19) of Maharaja Agrasen Hospital of foreign body was suggestive of enterococusfaecicum. The seizure Memo of the Police also reflected seizure of one plastic jar containing one mop, sealed with the seal of Maharaja Agrasen Hospital, Punjabi Bagh.

We hold that there is, thus, an overwhelming evidence, which establishes that the foreign body (sponge/mop) removed during surgery done on 24th May, 2019 at Maharaja Agrasen Hospital, was left during the surgery (open cholecystectomy) performed on 21st May, 2019 at Sharma Medical Centre.

1. The first surgery (dated 21.05.2019) in presence of sepsis and adhesions to all the issues around the gall bladder and biliary tree is likely to be the cause of difficult surgery, which might have resulted in vascular and visceral injury requiring desperate measures including packing by sponge. In such a situation, the operating team was expected to be more careful about instrument and sponge count, which probably didn’t happen and a sponge was left in situ inadvertently, which would not have happened if the WHO surgical safety checklist would have been followed. The retained sponge may have further aggravated the already existing sepsis, which did not improve inspite of the second surgery (done on 24.05.2019) and may have resulted in portal vein thrombosis.

In the light of the observations made hereinabove, the Disciplinary Committee recommends that the name of Dr. Suresh Kumar Abrol (Delhi Medical Council Registration No.8677) be removed from the State Medical Register of the Delhi Medical Council for a period of seven days.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Subodh Kumar), (Dr. Ashwini Dalmiya) (Dr. U.C. Biswal)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

The Order of the Disciplinary Committee dated 16th March, 2020 was taken up for confirmation before the Delhi Medical Council in its meeting held on 20th March, 2020 wherein whilst confirming the decision of the Disciplinary Committee, the Council observed that in light of the gravity of the lapses committed by Dr. Suresh Kumar Abrol, the punishment of removal of name from the State Medical Register of the Delhi Medical Council for a period of seven days awarded by the Disciplinary Committee to Dr. Suresh Kumar Abrol, will not serve the interest of justice, hence, the Council directs that punishment awarded to Dr. Suresh Kumar Abrol be enhanced and name of Dr. Suresh Kumar Abrol (Delhi Medical Council Registration No.8677) be removed from State Medical Register of the Delhi Medical Council for a period of 30 days.

The Council further observed that the Order directing the removal of name from the State Medical Register of Delhi Medical Council shall come into effect after 30 days from the date of the Order.

This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed.

 By the Order & in the name

 of Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to:-

1. Smt. Nirmala Devi, L-122, Shastri Nagar, Delhi.
2. Dr. Suresh Kumar Abrol, Through Medical Superintendent, Sharma Medical Centre, B-112, Subhadra Colony, Sarai Rohilla, New Delhi-110035.
3. Medical Superintendent, Sharma Medical Centre, B-112, Subhadra Colony, Sarai Rohilla, New Delhi-110035.
4. S.H.O. Police Station Sarai Rohilla, Delhi-w.r.t. letter Dy. No.1268/R/SHO/SARAI ROHILLA, DELHI/Date 3/6/19-**for information**.
5. Registrar, Punjab Medical Council, Medical Education Bhawan, Second Floor, Sector-69, SAS Nagar, Mohali, Punjab **(Dr. Suresh Kumar Abrol is also registered with the Punjab Medical Council under registration No.18502 darted 25.10.1977**- **for information & necessary action.**
6. Secretary, Medical Council of India, Pocket-14, Sector-8, Dwarka, Phase-1, New Delhi-110077-**for information & necessary action.**

 (Dr. Girish Tyagi) Secretary