



Delhi Medical Council

368, 3rd Floor, Pathology Block,
Maulana Azad Medical College,
Bahadur Shah Zafar Marg,
New Delhi-110002

DMC/F.14/DC/2/Comp.248/2006/26613 to 26616

27th November, 2006

ORDER

The Delhi Medical Council examined a complaint of Shri G.C.Pant, E-1A, Vijay Nagar, Delhi – 110009, forwarded by Directorate of Health Services, alleging medical negligence on the part of Dr Samir Kapoor and Dr Rakesh Bhasin of Sant Parmanand Hospital (referred hereinafter as the said hospital), Delhi, in the treatment administered to complainant's son late Pankaj Pant, resulting in his death on 3-07-05. The Delhi Medical Council perused the complaint, reply of M.S. Parmanand Hospital & Dr Rakesh Bhasin made to the Directorate of Health Services, copy of medical records of Parmanand Hospital and other documents on record and heard the following in person :-

- | | | |
|----|-------------------|-----------------------------------|
| 1) | Shri G.C. Pant | Complainant |
| 2) | Dr. Rakesh Bhasin | Surgeon, Sant Parmanand Hospital |
| 3) | Dr. Mridul | Dy. M.S., Sant Parmanand Hospital |

The fact of the matter is that late Pankaj Pant (referred hereafter as the patient) was admitted in Sant Parmanand Hospital on 30.6.2005 at 10.45 pm with pain abdomen as an emergency admission through casualty. On admission, he was toxic looking, dehydrated, tachypnoic with tachycardia and fever. He was treated at Hindu Rao Hospital for similar complaints from 18.6.2005 to 22.6.2005 as an indoor patient and was diagnosed as Sub Acute Intestinal obstruction. He remained in his home since discharge from Hindu Rao Hospital on 22.6.2005 and when his conditions deteriorated further, he was brought to Sant Parmanand Hospital on 30.6.2005 where he was admitted with the provisional diagnosis of acute abdomen. He was immediately provided with necessary treatment as per his prevailing clinical conditions. Next day when his general condition was stabilized, CT scan abdomen was done which showed Hepatosplenomegaly, Superior Mesenteric vein thrombosis and vascular compromise of the small bowel loops with small amounts of Ascitis.

Contd/-

(Dr. R.N. Balhara)
Secretary

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On the basis of the clinical findings and CT scan findings, he was diagnosed as having Intestinal obstruction with superior mesenteric vein thrombosis with vascular compromise of a segment of small intestines with probable impending perforation.

In view of the serious condition, the patient was taken up for surgery on 2.6.2005, Laparotomy findings were :-

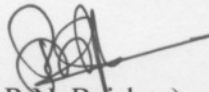
- (a) Mild haemoperitonium
- (b) Interloop abcess
- (c) Omental Migration
- (d) Matted bowels with adhesions with small gut perforation
- (e) Soiling present
- (f) Meckel's diverticulum present

Interloop abcess drainage with small gut resection anastomosis with Meckel's diverticulum was done.

Immediate post operatively patient was stable and as per protocol of the hospital, was shifted to the ward. He was conscious, afebrile, oriented, complained of pain at incision site for which necessary medication was given. On the first post-operative day patient was conscious, oriented, good respiratory efforts, abdomen was soft, he was comfortable. However, at about 11.05 am patient had severe chest pain with breathing difficulty, with peripheral cyanosis, indicating occurrence of pulmonary Embolism. He was immediately shifted to ICU where in spite all necessary resuscitation measures, he succumbed to his illness of Pulmonary Embolism.

Pulmonary Embolism is a known complication to occur in such patients with mesenteric vein thrombosis. Treatment provided to the patient was as per accepted protocol for such clinical conditions and no negligence could be made out. However, there is enough scope for the hospital to improve patients case sheet writing particularly post operative noting which should be speaking one.

By the order of and in the name of
Delhi Medical Council


(Dr. R.N. Baishya)
Secretary

Contd/-

Copy to :-

- 1) Shri G.C. Pant, E-1A, Vijay Nagar, Delhi - 110009 - 26613
- 2) Medical Superintendent, Sant Parmanand Hospital, 18, Sham Nath Marg, Civil Lines, Delhi - 110054 - 26614
- 3) Dr. Rakesh Bhasin, Through Medical Superintendent, Sant Parmanand Hospital, 18, Sham Nath Marg, Civil Lines, Delhi - 110054 - 26615
- 4) Medical Superintendent Nursing Homes, Directorate of Health Services, Govt. of NCT of Delhi, F-17, Karkardooma, Delhi - 110032 - With reference to letter No. F.23(31)2005-06/NH/DHS/31814 dated 30.8. 2005 - 26616



(Dr. R.N. Baishya)
Secretary

110009, forwarded by Directorate of Health Services, Govt. of NCT of Delhi on the part of Dr. Sant Parmanand Hospital & Dr. Rakesh Bhasin of Sant Parmanand Hospital, Delhi, in the treatment administered to complainant admitted to complainant's hospital, Delhi, on 7-07-05. The Delhi Medical Council perused the complaint, copy of M.S. Parmanand Hospital & Dr. Rakesh Bhasin made to the Directorate of Health Services, copy of medical records of Parmanand Hospital and other documents on record and heard the following in person:

- 1) Shri G.C. Pant Complainant
- 2) Dr. Rakesh Bhasin Surgeon, Sant Parmanand Hospital
- 3) Dr. Nridula Dy. M.S., Sant Parmanand Hospital

The fact of the matter is that Shri G.C. Pant (referred hereafter as the patient) was admitted in Sant Parmanand Hospital on 18.6.2005 at 11.45 pm with pain abdomen as an emergency admission through casualty. On admission, he was weak, febrile, dehydrated, tachypnoeic with tachycardia and fever. He was treated at Hindu Rao Hospital for various complaints from 18.6.2005 to 22.6.2005 as an indoor patient and was diagnosed as Sub Acute Intestinal obstruction. He remained in his home since discharge from Hindu Rao Hospital on 22.6.2005 and when his conditions deteriorated further, he was brought to Sant Parmanand Hospital on 30.6.2005 where he was admitted with the provisional diagnosis of acute abdomen. He was immediately provided with resuscitative treatment as per his prevailing clinical conditions. Next day when his general condition had deteriorated, CT scan abdomen was done which showed Hepatosplenomegaly, mesenteric adenopathy with mesenteric and vascular compromise of the small bowel loops with small amount of ascites.

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