

## Case 4: Retained intrathecal lumbar catheter

### Description

Following successful cranial surgery, a 54-year-old man experienced back and lower extremity pain which was ultimately diagnosed as being related to an intrathecal lumbar catheter left behind at the time of surgery eight months earlier.

### Clinical Sequence

After completing successful brain surgery on a 54-year-old patient, the attending asked the resident to remove the intrathecal catheter. As the resident started to remove the catheter, a piece broke off and attempts to remove the piece were not successful. The resident notified the attending, who decided to leave the catheter in place, with the intention of removing it at a later date. In the operative note, the resident noted that a portion of the catheter broke off and was retained in the lumbar spine. The patient was not informed of the retained catheter before his discharge.

When the patient returned to his surgeon for follow-up care, he complained of postoperative back pain.

Several months later, the patient complained to his primary care physician of continuing back pain so bothersome he could not drive or work. A CT Scan showed a retained tip of the spinal drain catheter from the surgery. This finding was conveyed to the surgeon, who informed the patient and his family and apologized, explaining that he had simply forgotten about the retained catheter. Following a minor procedure to remove the catheter, the patient's pain resolved.

### Allegation

The patient brought a claim against the neurosurgeon for failure to inform him of the retained catheter in his spine, and failure to respond to the significance of his postoperative back pain.

### Disposition

The claim was settled in the low range (<\$100,000).