

## Case 1

### Description

A 47-year-old man dies from hemorrhagic shock after L4-L5 microdiscectomy

### Clinical Sequence

A 47-year-old underwent surgical repair of his herniated left L4-L5 disk. The staff neurosurgeon scheduled the operation and was on-hand during the initial positioning. The surgery was performed by the chief neurosurgical resident who had done approximately 100 of these procedures. Near the end, the staff neurosurgeon returned to inspect the site and removed a small disk fragment.

Post-operatively, the patient's blood pressure initially dropped to 90/30 (40 points below his pre-operative systolic reading) and his heart rate increased. The chief neurosurgery resident saw the patient and ordered extra fluids. The patient's systolic pressure came up to 100; soon after, the chief neurosurgery resident went off duty and an anesthesia resident assumed responsibility. Three times, nurses informed the anesthesia resident of the patient's persistent low blood pressure. No further diagnostic testing was performed and he was not examined. At 8:30 p.m., the anesthesia resident decided to transfer the patient to the floor. Upon arrival to the floor, the patient's blood pressure was 86/43. At 10:00 p.m., he was given Percocet for relief of abdominal pain. No other record of his vital signs was made until 10:40 p.m.

At that time, the patient again became unresponsive when his systolic blood pressure dipped below 60. After the first event, fluids and oxygen helped, but a second event was followed by progressive respiratory decline leading to apnea—at which point a code was called. At that time, his hematocrit was 14.

The patient was transferred to the medical intensive care unit. His abdomen was distended; an emergency thoracotomy was done and the aorta clamped. He was taken to the OR for a laparotomy; a large amount of blood was found in the peritoneal cavity and the surgeon could see that the left iliac vein was avulsed from the inferior vena cava (apparently triggered when bone fragments adhered to it were removed). After receiving massive amounts of blood and blood products, the patient developed a coagulopathy. With no chance for his recovery, the patient's family chose to discontinue life support.

### Allegation

The patient's family sued the residents and the attending surgeon alleging negligent surgery and a delay in recognizing postoperative complications.

### Disposition

The case was settled in excess of \$1 million.