CASE **CLOSED**

SUMMARY: The patient had a bunion deformity on her right foot and underwent a Lapidus bunionectomy with mid-foot fusion. Three weeks post-operatively, she developed a dehiscence of the wound after suture removal, and she later required another surgery to remove the dorsal plate that had been placed during surgery.

The Patient and Condition

The patient was a 50-year-old female with a bunion deformity. She was also a smoker, and typically smoked four cigarettes per day.

The Treatment

Prior to surgery, conservative treatment consisted of custom orthotics and a CAM walker. Surgical treatment was discussed for correction of the bunion deformity. Informed consent was obtained, and the insured documented the risks, complications, and anticipated recovery time.

The Injury

Following the Lapidus surgery, the sutures were removed; however, the patient later developed a dehiscence at the surgical site. The dehiscence grew larger, and the insured performed a debridement. The area continued to drain and eventually, the plate was visible. When the bone and hardware were exposed, and it became obvious that there were also signs of infection, the insured took necessary steps to perform an aggressive debridement at the hospital.

The Allegations

The allegations in this case included:

- Improper treatment of the surgical wound that resulted in an infection and bone infection.
- Failure to advise the patient of smoking cessation.
- Premature removal of sutures resulting in wound dehiscence and infectious complications.

The Defense

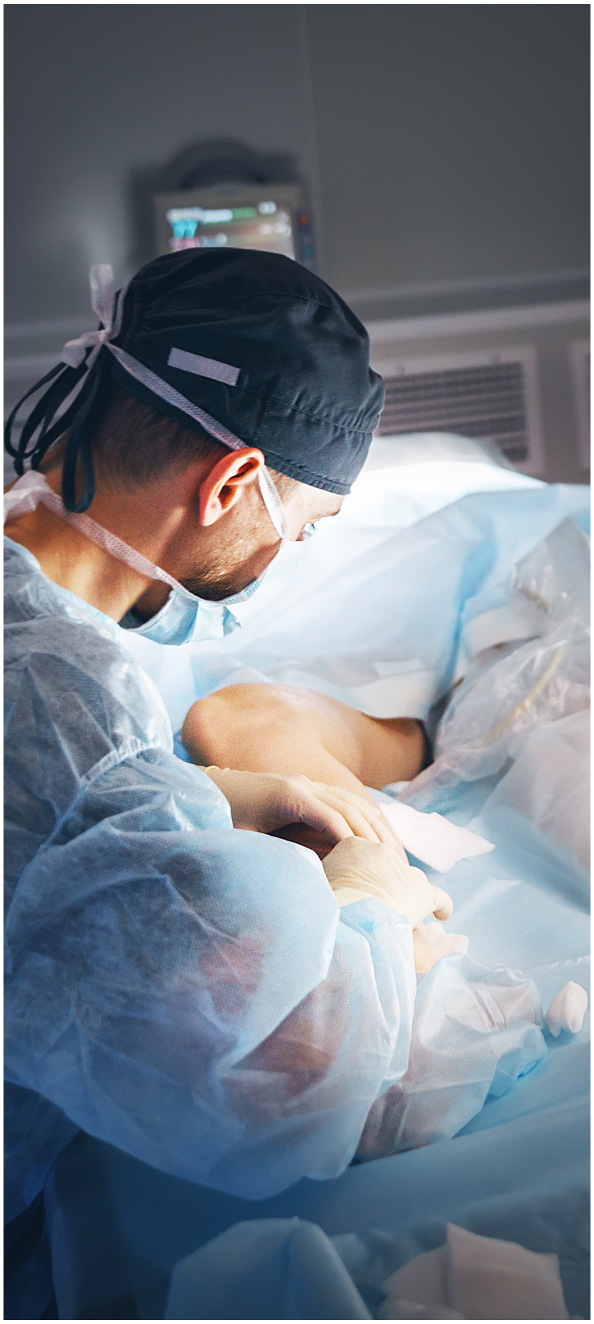
This case went to trial. The standard of care expert for the defense testified that the insured acted appropriately in keeping a close eye on the area of concern and treating with wound debriding products. The wound was not infected at the early stages of dehiscence, and once it did show signs of infection, the insured acted appropriately and had the patient hospitalized and treated.

The defense argued that the patient's complication was a known risk and the insured's response was in accordance with the applicable standard of care in promptly identifying the complication, carefully monitoring, scheduling routine follow-ups and appropriate treatment, and ordering prompt referrals.

Whether or not it was appropriate to operate on a patient that smokes continued to be a theme in this case. But the defense argued (and expert testimony concurred) that the standard of care was upheld. The insured's documentation of the conversations with the patient about the known risks of the procedures and the importance of smoking cessation helped the defense's case.

The Outcome

A defense verdict in favor of the insured was received. The jury found that the insured did not deviate from the standard of care, but rather the patient had an accepted complication of surgery that was appropriately monitored and treated.



Risk Management Tips

- **Discuss with patients who are smokers the risks involved with surgery – and document your conversations.** Smoking can increase the risks of both poor bone and soft tissue healing. Fortunately, the insured appropriately discussed the importance of smoking cessation with the patient and had strong documentation to prove this.

- **Be sure to closely monitor patients after surgery.** The insured appropriately addressed the patient's complications with advanced wound care products, periodical debridements, and close observation with immobilization. This was critical to the case.

- **Refer when necessary, especially when infection is suspected.** Prompt referral and monitoring when there are signs of infection is important. Luckily, the insured in this case referred the patient in a timely manner when it appeared that there was an infection.

- **Document informed consent for all procedures and surgeries.** The insured discussed all of the risks of the procedures – and carefully documented these conversations throughout the informed consent process – which significantly helped the defense's case.

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