Ignoring Warnings of Severe Infection, Hospital Proceeds with Elective Surgery

Susie Smith (not her real name) had a history of problems with her left knee, and the problems were beginning to have an adverse effect on her life. Susie, age 46, worked as a licensed practical nurse at a hospital in Florida. After exhausting all conservative treatment, and doing some soul-searching about her condition with her husband, Sam, Susie decided to have a total knee replacement. She consulted with her orthopedist, Dr. Able (not his real name), and was assured that she was an excellent candidate for the procedure.

Susie was admitted to the hospital by Dr. Able on June 3, 2005. She had a history of deep vein thrombosis which required her to take the blood thinner, Coumadin. In order to complete the knee replacement surgery safely, Dr. Able ordered a transition from Coumadin to another blood thinner, Heparin. That process required the placement of a peripherally-inserted central catheter (PICC) in Susie's chest for the continuous administration of the medication. The procedure went well and surgery was scheduled for June 9, 2005, leaving ample time for the transition of the medications.

On the evening of June 8, 2005, Susie Smith spiked a fever of 101.6. Her temperature then increased to 102.2. Hospital protocol for PICC lines required the nurses on duty to notify the on-call physician of any temperature in excess of 101.5. The nurses' notes do not indicate that the on-call physician (or the surgeon or anesthesiologist) was ever notified of Susie Smith's elevated temperatures. The on-call physician later testified that the nurse did call him that evening, but did not inform him of Susie's temperature spike. The patient's chart indicates that the physician just ordered additional pain medication.

The hospital's standing orders also required lab work to be drawn at 4:00 am on June 9th, the morning that surgery was scheduled. The results of the lab work, available shortly thereafter, showed an elevated white blood cell count, indicating an infection. The anesthesiologist's records indicated that she had reviewed Susie Smith's chart, which clearly was not the case. Hospital policies and procedures require that the circulating room nurse review any recent lab results and verify that the patient is fit for surgery. There is no indication that this occurred. The lines of communication between the doctors and other hospital staff were so poor that no one noticed that the surgery should have been halted. The insertion of a foreign body into a patient with an infection is clearly contraindicated. At virtually every point, the systems designed to protect Mrs. Smith failed. The surgery went forward and the prosthetic knee was inserted.

On June 10, 2005, Susie Smith again spiked a temperature, this time to 105. Blood cultures were ordered and found to be positive for Serratia marcescens, a very serious infection.

Susie's internist suspected that the PICC line had become infected and ordered the line replaced and cultured. In spite of the order, the nurses removed the PICC line and threw it away. The culture was never done.

Susie Smith was discharged from the hospital on June 16, 2005, beginning a long medical odyssey. The Serratia infection imbedded itself around the prosthesis which had to be removed and replaced several times. Additionally, Susie had to endure long courses of intravenous antibiotic therapy. Ultimately, all efforts to eradicate the infection were unsuccessful. In going forward with an ill-advised, elective surgery, the defendants drove the infection deep into the bones of Susie Smith's left leg, making it impossible to eradicate. On June 29, 2007, Susie's left leg was amputated above the knee.

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Shortly after this ordeal, Susie and Sam Smith contacted SDSBS attorney, **Bill Norton**, to request an investigation of Susie's medical treatment.

In the first round of depositions, Mr. Norton was able to elicit testimony from the doctors and nurses, essentially blaming each other. The individual doctors and hospital personnel acknowledged that the surgery should not have gone forward, but each placed the blame on someone other than themselves. As the litigation progressed, the defendants tried to present a uniform front, claiming that Mrs. Smith's infection was a common surgical complication that occurred absent medical negligence.

After protracted litigation and two mediations, Mr. Norton was successful in obtaining a settlement of $2.95 million to provide for Susie Smith's lifetime medical needs. ◆