

Woman Falls Into Coma After Outpatient Surgery

Deborah Pitts was experiencing abdominal pain when she saw her Ob/Gyn, Dr. A, on Aug. 19, 1996. Dr. A immediately recommended that Mrs. Pitts undergo laparoscopic surgery. In spite of the fact that Mrs. Pitts had similar surgeries in the past with no relief, she followed her doctor's advice and agreed to undergo the procedure. Outpatient surgery was scheduled for Sept. 12.

In his operative report, Dr. A indicated that he was unable to gain access to the abdominal cavity with the laparoscope. Dr. A attempted to enter the abdomen a second time, but was again unable to gain entrance.

Suddenly, Mrs. Pitts' heart began to race and her blood pressure plummeted. Suspecting a vascular injury, Dr. A called for a vascular surgeon. In the meantime, Dr. A opened the abdominal cavity and applied pressure to the aorta. Luckily for Mrs. Pitts, a vascular surgeon arrived quickly and began to work frantically to save Mrs. Pitts' life. Massive amounts of fluid were infused into Mrs. Pitts' system. The vascular surgeon was able to document at least four perforations to the aorta, two to the small bowel, and one to the mesentery. Because this particular outpatient surgery center had no blood products, the surgeon was forced to use volume expanders rather than blood, causing Mrs. Pitts' blood to become thin and watery. A nurse described her blood as looking like "pink lemonade."

Once the perforations were mended, Mrs. Pitts was transported to a nearby hospital in extremely poor condition. She was unresponsive and in respiratory failure. Her temperature was 91° and her pupils were fixed and dilated. Fortunately, due to the heroic efforts of the vascular surgeon, Mrs. Pitts survived. Though she had entered the hospital in a coma, she recovered well enough within one week to be released from the hospital.

While Mrs. Pitts is very thankful to be alive, she was left with significant residual effects from the botched laparoscopic surgery. She now has a long, jagged scar running the length of her upper body, which is extremely painful. She undergoes regular injections into the scar site to help ease the pain. The severe loss of blood also affected Mrs. Pitts' cognitive ability. Although she is able hold a responsible position in an office, she suffers from a detectable loss of cognitive function.

Attorney Bill Norton worked closely with the treating physicians and the plaintiffs' experts to document Mrs. Pitts' injuries. After extended litigation, this case was settled for a total of \$520,000. ■



Deborah and Phil Pitts