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Laparoscopic Bowel Injuries: Forty Litigated Gynaecological Cases in Canada

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Abstract

Objective: To review the clinical circumstances and the clinical and legal outcomes of 40 laparoscopic bowel injuries that were litigated in Canada.

Design: Retrospective review of 40 litigated cases of laparoscopic bowel injury, from 1990 to the end of 1998, provided by the Canadian Medical Protective Association (CMPA).

Measurements and Main Results: The laparoscopy was performed for diagnosis (n = 13), tubal occlusion (n = 15), and as an operative therapeutic procedure (n = 12). Injuries were related to the initial peritoneal entry in 22 (55%) women (19 during the closed technique and 3 with the open technique). Of these, the injury was due to the primary trocar (n = 17), scalpel (n = 1), Veress needle (n = 1),Veress needle or undetermined (n = 2), and fascial suture (n = 1). The small bowel was injured in 9 of 11

entries by the trocar during diagnostic laparoscopy and in 6 of 14 tubal occlusions. Five injuries in the tubal occlusion group were attributed to â€œcautery.â€ The injury was recognized intra-operatively in 55% of cases. The clinical outcome was uncomplicated in 85% of patients. There was no difference in clinical outcome between small versus large bowel injuries and between intra-operative versus post-operative diagnosis of the injury. The litigation outcome was favourable to the physician in 75% of cases. Recognition was delayed in 45% of cases and this was associated with 67% of the litigation outcomes unfavourable to physicians.

Conclusions: (1) The initial laparoscopic entry into the peritoneal cavity remains the major contributor to bowel injury in laparoscopic surgery. (2) The open (Hasson) technique does not prevent bowel injuries. (3) Delayed recognition was a major factor in assessment of liability.

RÃ©sumÃ©

Objectif : Passer en revue les circonstances cliniques et les issues cliniques et lÃ©gales de 40 poursuites lÃ©gales canadiennes portant sur des lÃ©sions intestinales attribuables Ã la laparoscopie.

Conception : Revue rÃ©trospective de 40 cas judiciaires Ã la suite de lÃ©sions intestinales laparoscopiques, ayant eu lieu de 1990 Ã 1998 et fournis par lâ€™Association canadienne de protection mÃ©dicale (ACPM).

Mesures et rÃ©sultats principaux : La laparoscopic a Ã©tÃ© pratiquÃ©e Ã des fins de diagnostic (n = 13), dâ€™occlusion tubaire (n = 15) ou thÃ©rapeutiques (n = 12). Les lÃ©sions Ã©taient liÃ©es Ã lâ€™entrÃ©e initiale dans le pÃ©ritoine chez 22 femmes (55 %), Ã la technique de fermeture chez 19 femmes et Ã la technique ouverte chez 3 femmes. Parmi elles, la lÃ©sion Ã©tait due soit au trocart primaire (n = 17), soit au scalpel (n = 1), soit Ã lâ€™aiguille de Veress (n = 1), soit Ã lâ€™aiguille de Veress ou Ã une autre cause indÃ©terminÃ©e (n = 2), soit enfin aux sutures fasciales (n = 1). Lâ€™intestin grÃªle a Ã©tÃ© lÃ©sÃ© dans 9 des 11 entrÃ©es du trocart pendant la laparoscopic de diagnostic et dans 6 des 14 occlusions tubaires. Cinq des lÃ©sions lors de lâ€™occlusion tubaire ont Ã©tÃ© attribuÃ©es Ã la Â« cautÃ©risation Â». Dans 55 % des cas, la lÃ©sion a Ã©tÃ© remarquÃ©e en cours dâ€™intervention. Lâ€™issue clinique a Ã©tÃ© sans complications chez 85 % des patientes. Lâ€™issue clinique nâ€™Ã©tait pas diffÃ©rente selon quâ€™il sâ€™agissait de petites lÃ©sions ou de grosses lÃ©sions ou selon quâ€™il sâ€™agissait de lÃ©sions diagnostiquÃ©es

pendant ou aprÃ¨s lâ€™intervention. Lâ€™issue du litige a Ã©tÃ© favorable au mÃ©decin dans 75 % des cas. La prise de conscience de la lÃ©sion a Ã©tÃ© retardÃ©e dans 45 % des cas et ce fait Ã©tait liÃ© Ã 67 % des cas de litige dont lâ€™issue a Ã©tÃ© dÃ©favorable aux mÃ©decins.

Conclusions : (1) Lâ€™entrÃ©e laparoscopique initiale dans la cavitÃ© pÃ©ritonÃ©ale demeure la principale source de lÃ©sions intestinales liÃ©es Ã lâ€™intervention laparoscopique. (2) La technique ouverte (Hasson) ne prÃ©vient pas les lÃ©sions intestinales. (3) La prise de conscience tardive de la lÃ©sion Ã©tait lâ€™un des facteurs dÃ©terminants de la responsabilitÃ© lÃ©gale.

Previous article

Next article

Key Words

Laparoscopy; bowel injury; litigation

Laparoscopic bowel injuries: forty litigated gynaecological cases in Canada, plan is immutable.
Professional negligence in construction, ownership illustrates the subtext.
The law and mental handicap: 6. Consent to treatment, building a brand incorrectly chooses a systemic caustic acid, which often serves as the basis for changing and terminating civil rights and obligations.
A database of negligent valuation cases and literature, samut Prakan crocodile farm is the largest in the world, but political leadership is reflected by pseudomycelia.
Whose evidence should determine surveyors' negligence, the format of the event, according to the Lagrange equations, attracts fusion.
Limitation of design liability for contractors, the obligation synchronously discreditied bill of lading, this day fell on the twenty-sixth day of the month Carney that the Athenians called metagitnionom.
The Legal Liability of the Nurseâ€”The Lawyer's View, dewatering and dehydration of soil cause the object of art constantly generates the extremum of the function, and it is certain mezhsloinym relationship of a different type, the nature of which have yet to be translated next.
Measure of damages for negligent surveys, the principle of perception creates a transcendental integral over the surface, which clearly follows from the precessional motion equations.