RESTRICTED

STATEMENT

Number: S329AE

Statement Date [22/AUG/2006]
Signed Name [D A BLACK]
Forename 1 [DAVID ANDREW]
Surname [BLACK]

1. INSTRUCTIONS

To examine and comment upon the medical notes from Haslar Hospital in the case of Enid SPURGIN. In particular if they raise issues that would impact upon the expert statement on Enid SPURGIN already prepared.

2. DOCUMENT ATION The report is based on the following documents.

; 2.1 Haslar Hospital notes JR/14 provided to me by the Hampshire & nbsp;

; Constabulary (August 2006).

; 2.2 Report regarding Enid SPURGIN (BJC/45). Dr D BLACK 27th June

2005.

3. CHRONOLOGICAL/CASE ABSTRACT (The number in brackets refer to the page of evidence)

3.1 Mrs SPURGIN had an admission to the Haslar Hospital in 1997 having had a fall and developed a fracture of the right patella and a non displaced fracture of sternum. (45, 46). She made a good recover y. Mrs SPURGIN is then admitted on the 19th March 1999 having been pulled over by her dog and suffered a right sub-trochanteric fratured femur (66). The notes recorded that she lived alone but was self caring and independent and was alert and orientated on admission. Her Haemoglobin on admission was 12.2 (67).

3.2 She goes to theatre on 20th March for a straightforward operation (73). However from the evening of the 20t h March (69,79,80) she is complaining of discomfort in her leg and her leg is held in external rotation with a lot of ooze from the wound. The clinical impression is a potential bleeding into the wound and that the patient was now was hypovolaemic. A full blood count is undertaken (93) which shows that h er haemoglobin has fallen to 8.2 gms per litre. She is then transfused 3 unit s of blood starting on 21st March (80). There is concern late on 21st that she is in early pre-renal failure (81) but by the 22nd things seemed to have improved, her renal function is reasonable with a urea of 10.9 and a creatinine of 115 (82) and her haemoglobin post transfusion is now 11.1. However, her right hip is still extremely painful (82) and the thigh is noted to be considerably enlarged.

3.3 On the 24th March, Dr LORD is asked to see her to consider rehabilitation at the Gosport War Memorial Hospital. ; The medical notes note that she had been transfused 3 units of blood but "othe rwise made an unremarkable post operative recovery". (83)

3.4 Dr REED, Consultant Physician in Geriatrics, sees her on 24th and he states in his letter and in the notes "the main problem was the pain in her right hip and swelling of the right thigh. &nbs p;Even a limited range of passive movement to the right hip was still very painful.&nbs p; I was concerned about this and would like to be reassured that all is well from an orthopaedic viewpoint. If you are happy that all is well I should be ha ppy for Mrs SPURGIN to be transferred to the War Memorial Hospital for further assessment and hopefully remobilisation." (11,84)

3.5 On 25th it is noted the right leg is still swollen and the skin is tissue thin and that a haematoma has developed and broken down (85).

The nursing notes (27-28) add little. They note that she was given blood o n 21st March and required morphine because of a lot of pain or movement on 21st. Beyond this there is no mention of pain, swelling or analgesia required. However on 24th she is noted to be incontinent of urine overnight, cot sides are required and that she was unsettled. As she was documented t o be alert and orientated on admission, this suggests that on 24th she was developing evidence of an acute confusional state.

3.6 The drug charts for her 1999 admission are on pages 36-39. They document her on the once only and pre-medication drugs, the pre-medication antibiotics and morphine. On the as required, shows that sh e was given 5 mgs of morphine on three occasions, two on the 20th the day of the operation and one on the 21st the day after the operation. She also received Paracetamol every day of her admission apart from 23rd March.

4. EXAMINATION OF THE FACTS A ND COMMENTS

4.1 The availability of the Gosport notes do significantly alter the interpretation of my opinion in my report of 27th June 2005 on Enid SPURGIN.

4.2 Having examined the Gosport notes, it is apparent this lady did not have a straight forward post-operative course. An event happened on the night of the operation which was almost certainly a significant bleed, such that she required 3 units of blood to bring her haemoglobin up to a near normal range. This was associated with continual pain until the time of her discharge, swelling and very poor mobilisation. It i s almost certain that she had a haematoma either into her joint or her muscles.&nb sp; This would have been of considerable size and was causing considerable pain and it is reasonable to assume that this was the cause of the pain when transferred to Gosport War Memorial Hospital.

4.3 Indeed, it is my view that this was not thoroughly investigated in Gosport as no investigations were undertaken that might have confirmed this as the cause of pain. Dr REED notes this and ask s that she is given an orthopaedic clearance before transfer. There is no evidence in the notes that the orthopaedic team undertook any further investigations or gave further thought to the cause of the pain or what its future management should be. I must therefore change my view 6.4. It is clear the lady did have under-treated pain in Haslar and it was reasonable for the doctors treating her at Gosport War Memorial to make an assumption that this was resolving problem and nothing more needed to be done or investigations under taken.

However, as stated in paragraph 6.5 the medical assessment undertaken was still inadequate and there is no explanation in the notes to say that it was noted that she had been in pain for several days and that this should be treated symptomatically.

4.4 It now seems likely to me that Paracetamol was probably not an adequate response to her pain, but it is still my view that a stronger oral medication would have been more appropriate at this early stage in Gosport War Memorial, rather than going straight to stronger opioid analgesia.

In my view the natural history of most intramuscular or other haematomas related with fractures is that they will gradually improve over time, unless they become secondarily infected.

In this case it is possible that during the admission at Gosport War Memorial, her deterioration around the 11th April was due to deep seated secondary infection, despite the oral antibiotics. I think it is unlikely that there was significant evidence of deep infection before that because she i s reviewed by a consultant on 7th April, who is concerned by the pain, examines her, and would have noted if she was significantly pyrexic or toxic.

4.5 I have therefore considered whether the lack of a medical assessment or the apparent failure to address further the cause Mrs SPURGIN's pain up until the 7th April were a contributory factor in her death. It is my view that these factors were unlikely to have made any significant difference to her subsequent death.

I understand that the cause of death recorded on the death certificate of Mrs SPURGIN was Cerebrovascular Accident. I can find no evidence at all in the notes to support this diagnosis for cause of death.

5. CONCLUSION

Having read the documents from Haslar Hospital I want to make one further change to the opinion of my original report regarding Enid SPURGIN. I woul d like the last paragraph of 7.1 to now read:

"I believe there are a number of areas of poor clinical practice in this case of the standards set by the General Medical Council. The lack of medical assessment, or documentation of that assessment on admission to Gosport. T he use of Oramorphine on a regular basis from admission without considering other possible analgesic regimes. The recording of Cerebrovascular Accident as t he cause of death with no evidence, or history, or of any examination to support this conclusion.

Statement taken by: SELF