Medico-Legal Advice on:
Vascular Surgery
Arterial and Venous problems
Thrombosis and Embolism

10th August 2016

Your ref: 05178824-00000001
Our ref: cnmcc/vlo/IM/RW

Ms Alexandra Winch
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By email only: Alexandra.Winch@irwinmitchell.com

Dear Alexandra,

Re: Mr Roland Webb – DoB 5th June 1959

Thank you for your email of 22nd July 2016, including conference note and a draft Letter of Claim.

Draft Letter of Claim dated 22nd July 2016

Page 1: Needs no comment.

Page 2, para 5: "Proximal external iliac artery…"

Page 2, last para (in bold): Second and third sentence, rewrite: "The Claimant's intermittent claudication limited his quality of life but was not urgent; there was no ischaemic rest pain, ulceration or gangrene. An appropriate standard of care would have been to review the MR angiogram from 16th April 2014 at a multidisciplinary team meeting and to consider external iliac angioplasty which was a low-risk procedure and may have improved the Claimant's symptoms sufficiently that nothing else needed to be done. This improvement could then have been assessed prior to a decision on right femoro-popliteal bypass or SFA angioplasty. This is well-established practice…"

Page 3, para 3, no.3: “Perform a joint procedure with an on-table angioplasty of the external iliac artery at the same time as a femoro-popliteal bypass.

Page 3, para 4: ? “Was completely inappropriate in the Claimant’s case and was not considered to be a treatment option by our experts”

Page 3, para 5: Well drafted.

Para 6: Delete “On a balance of probability” unless you prefer to add “Properly informed, the Claimant would almost certainly have chosen a staged approach.”

Page 4, para 2: Delete “the” in the first line.

Page 4, para 7 (in bold): “There was no femoral pulse on the left side <u>even on Doppler ultrasound investigation</u>”.

Para 9: (in bold) Absence of a pedal pulse on Doppler indicates severe ischaemia that necessitates reperfusion. A further opportunity was missed…”

Page 5, para 1(in bold): “It was related to inadequate blood supply caused by thrombosis of the left SFA and he required urgent surgery for this.”

Page 5, para 7 (in bold): The signs recorded during the morning ward round of 8th June are typical of severe ischaemia with developing muscle necrosis (muscle death due to loss of blood supply). Reperfusion was essential in addition to extensive three or four compartment fasciotomies in the left lower leg.” (Fasciotomy could not be 24 hours following the procedure and nor is the timing of the fasciotomy relevant, as reperfusion was essential to prevent further muscle necrosis. It was probably too late by now anyway.)

Page 5, para 9 (in bold): “The procedure that should have been performed was thrombectomy or femoro-popliteal bypass on the left side. The balance of probabilities is that thrombectomy alone would have been successful.

Para 11: Refers to the findings on the 10th June. You may want to add a paragraph after this in bold: “The presence of a left foot-drop with a red foot suggests that it is now too late to achieve successful reperfusion and avoid below-knee amputation.

Page 6, para 2 (in bold): Reconstruction, rather than deconstruction.

Page 7 (i): This is not correct. MR angiography was undertaken on 16th April 2014 and although of poor quality was adequate to guide an MDT decision. The MR angiogram from 16th April 2014 should have been reviewed at an MDT in order to plan the appropriate procedure (the options have already been laid out).

Page 7 (ii), line 3: "…and a long complete occlusion of the right SFA."

Line 5: Delete "The Claimant had a progressive disease…" rewriting this sentence as: "The cardinal rule for vascular intervention is to treat proximal disease first before undertaking a more distal procedure." The rest of this paragraph is good.

Page 7 (iii), line 2: "…each option prior to undertaking any procedure." (Delete "commencing surgery".)

Last line: Delete "…the risk of".

Page 7 (iv): Last sentence, delete "…focused detailed".

(v): "Following the procedure on 3rd June 2014, repeatedly missed obvious signs of severe ischaemia in the left lower leg caused by thrombosis of the left SFA."

Page 8 (a): "Wrongly diagnosed ischaemia caused by inotropic drug therapy on 5th June…"

(b): ? Add "4th June 09:00 hours when Doppler investigation revealed no femoral pulse on the left side.

On 4th June 2014, 20:30 hours when the nurses recorded mottling of the feet with no pedal pulse found by Doppler."

5th, 6th, 7th & 8th June when clinical features of severe left lower leg ischaemia were repeatedly recorded as a consequence of left SFA thrombosis."

(i): Failed to perform arterial reconstruction before clear signs that this leg was no longer viable, which our experts consider was by the 9th June 2014.

(ii) & (iii): Are well drafted.

Causation

Opening sentence: "Had the MR angiogram on 16th April 2014 been reviewed at an MDT with experts in Vascular Surgery and Interventional Radiology, the balance of probabilities is that the Claimant would have undergone catheter angiography to confirm the nature of his arterial disease with angioplasty of the right external iliac artery only. On a balance of probability this would have been effective…(continue line 5)."

Page 9: Is well drafted down to "report to the Medical Director…"
Page 9, penultimate para: Opening sentence: "To proceed to complex arterial intervention without review of the imaging and discussion by an MDT involving Vascular Surgeons and Interventional Radiologists able to discuss the treatment options. We repeat our…"

Last para: Is well drafted.

Pages 10-11: Do not need my comments.

I wonder if it might be possible to send documents of this type as a draft in a format where we can suggest editing using tracked changes and comment boxes?

Please treat these comments as a genuine desire to help, but reject those suggestions that you don't consider useful. In the meantime, I attach a fee note and would be grateful if you could give this your early attention.

Kind regards,

Yours sincerely,

Charles McCollum MD FRCS
Professor of Surgery