

CLIENT V. DOCTOR AND HOSPITAL

In December of 2008, Wendt Goss, P.C. confidentially settled a medical malpractice case for \$300,000.00. In the case, Client presented to Hospital for a laparoscopic-assisted vaginal hysterectomy with bilateral removal of the ovaries and fallopian tubes, to be performed by Doctor. After the procedure, Doctor believed that he had successfully performed the surgery without complication and that Client had tolerated it well. Although it appeared uneventful to Doctor, he failed to notice, identify, and correct a nearly fatal error.

Seven days later, Client presented to Hospital's Emergency Room complaining of increased abdominal bloating, nausea, vomiting, and severe abdominal pain. After extensive testing and examination, her doctors planned to perform a diagnostic surgical procedure to rule out an enteric injury. During the procedure, a large amount of pelvic fluid was encountered within the peritoneal cavity. It became evident that a stitch (placed by Doctor a week earlier) from the vaginal cuff had entered the anterior wall of the rectum. An extensive surgery was performed to repair the rectal perforation and remove the material from her mid-abdomen and pelvis. Client also required a diverting colostomy in order for the injury to heal.

Not surprisingly, Client developed severe Acute Respiratory Distress Syndrome (ARDS) as a result of the sepsis, which required a prolonged stay in Hospital's Intensive Care Unit. Several specialists were involved in her care, including those from infectious disease, pulmonary medicine, hospitalists, general surgery, and nephrology. During most of her hospital stay, Client was on a ventilator and fed through a tube. Later, she suffered possible damage to her heart during a period of hemodynamic instability with arrhythmias. Client was finally released from Hospital and Doctor's care over a month after the original procedure. Unfortunately, her colostomy was in place for approximately three months following her discharge.

Wendt Goss, P.C.'s experts reviewed Client's case and determined that Doctor deviated from the standard of care and was responsible for Client's injuries, damages, and unimaginable suffering. Clearly, Doctor should never have perforated Client's rectum. Further, Doctor should have, at a minimum, realized he had perforated her rectum and made the necessary repairs during the original procedure, avoiding Client's horrific injuries.

Almost two years after the original procedure, Client decided to resolve the medical malpractice case against Doctor and Hospital to achieve a sense of closure and not be forced to relive this terrible experience. When taking into consideration the liability in this case, Client's economic losses, and her unimaginable and unnecessary pain, a confidential settlement of \$300,000.00 was reached by the parties.