

Hysterectomy Leads to Incontinence and Multiple Surgeries

In June of 1998, Mrs. C was experiencing heavy menstrual bleeding as a result of fibroid tumors. On the advice of Doctor B, Mrs. C consented to undergo a total abdominal hysterectomy and bilateral salpingo-oophorectomy. Doctor B and Doctor T performed the procedure on June 24, 1998, at Palm Beach Gardens Community Hospital.

Approximately a week after her discharge from the hospital, Mrs. C began having difficulty controlling her urine flow. She contacted her urologist, Doctor J on July 9. He prescribed additional medications in an attempt to assist with the bladder control problem. Unfortunately, by July 13, Mrs. C had lost all bladder control. Though she had no urge to urinate, urine was literally pouring out of her. She returned to see Doctor B, and learned for the first time that a suture placed during her hysterectomy may have penetrated her bladder and a vesicovaginal fistula (tear) had formed.

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The following day, Mrs. C returned to the hospital for more testing. She met with Doctor J to discuss how they would treat the perforated bladder. In an attempt to avoid a follow-up surgery, Doctor J ordered Mrs. C to utilize a Foley catheter for ten days in hopes that the perforation in her bladder would close

spontaneously. During the ten day period, Mrs. C was restricted to her home, utilizing the catheter and wearing diapers.

By July 24, it was clear to Doctor J that the hole in Mrs. C's bladder was not closing. Doctor J scheduled another follow-up surgery. During the five hour procedure, Doctor J surgically repaired the perforated bladder, and Mrs. C was discharged on Aug. 6.

Sometime thereafter, Mrs. C began leaking urine again, and she immediately returned to Doctor J. The doctor found yet another fistula. Given the extent of difficulty Mrs. C had experienced already, Doctor J referred Mrs. C to a specialist in bladder repair at Duke University.

On April 29, 1999, almost a full year after her hysterectomy, the Duke University physician successfully repaired Mrs. C's bladder and finally brought her incontinence to an end.

After enduring a year of seemingly avoidable medical care, Mr. and Mrs. C retained the services of attorneys Chris Searcy and Karen Terry. Suit was filed against Doctor B and Doctor T. An expert in obstetrics/gynecology hired by the plaintiffs opined that Doctor B and Doctor T should have verified the integrity of Mrs. C's bladder before completing her hysterectomy. Furthermore, Doctor J gave deposition testimony confirming that Doctor B and Doctor T put stitches in two different places, perforating Mrs. C's bladder. Though Doctor B and Doctor T contested liability throughout litigation, Mr. and Mrs. C's case was settled for a confidential sum. ■