

Emergency care facility fails to diagnose clear indications of spinal damage

Young and active woman permanently disabled by negligence, will require additional surgeries, therapy, and counseling.

On May 18, 2013, 24-year-old Jane Doe (not her real name) began experiencing severe back pain and the onset of numbness in her buttocks and left leg. She had difficulty walking and a noticeable limp in her left leg. Alarmed, her father drove her to a local emergency care hospital in south Florida. An ER nurse examined her, noting that her pelvic and rectal areas were numb and she was unable to feel herself urinate. The examination also included in the patient's history that she had been recently diagnosed with a herniated disk. The history and symptoms were all classic signs for Cauda Equina Syndrome.

The cauda equina, commonly known as the "horse's tail," is a bundle of spinal nerves and nerve roots which innervate the pelvic organs and lower limbs – knees, ankles, feet, internal and external anal sphincter, perineum, and bladder. Any compromise or damage to the cauda equina requires immediate intervention to avoid long term damage.

Shortly after the ER nurses completed their initial examination and report, Jane Doe was visited by physician assistant Gail Green (not her real name). PA Green conducted an examination including a history of the patient and completed her report noting only the onset of "moderate" lumbar pain with spasms. The PA noted that the patient "denies" any inability to walk or weakness or numbness in her legs. The PA's report portrayed the patient as having an entirely normal motor and sensory exam and normal gait. The report contradicted the reports prepared by multiple ER nurses earlier. There were no indications of testing used by the PA to determine the "normal" condition of the patient. The PA concluded that Jane only wanted pain relief and a medication was prescribed. Noting that the patient was "better," the PA reported that there was no need for a further workup and ordered a discharge of Jane with the concurrence of the hospital's doctor who supervised the PA. The doctor never examined Jane.

Jane went back home and took the pain medication as directed. The next morning, her symptoms continued and her family took her to another hospital for assessment and management of her condition. An MRI showed severe stenosis with a large disk herniation at two levels and severe cauda equina compression. She was immediately taken



into surgery. By this point, Jane had sustained permanent neurological injury from the sustained compression to the cauda equina. Nine days later she endured a second surgical decompression procedure.

Numerous surgeries, rehabilitation, and medical care followed over the next several years. Jane has been left with motor and sensory deficits which impact her bowel and bladder function and ambulatory and activity levels. She will require lifelong medical attention and counseling. Jane and her family asked SDSBS attorney **Brian Denney** to help them hold the emergency care facility and its staff accountable for its abysmal failure to recognize and treat clear, unequivocal signs and symptoms of Cauda Equina Syndrome. Mr. Denney filed a medical malpractice case against the defendants. Following numerous efforts to reach a settlement, the defendants finally agreed to a settlement for a confidential amount just prior to trial. The proceeds of the settlement will assist Jane in obtaining the medical and other care she will need for the rest of her life, but she will continue to suffer substantial and permanent impairment of her daily activities and curtailment of future dreams. ♦