DMC/DC/F.14/Comp.3835/2/2024/ 15th July, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station Ranjit Nagar, seeking medical opinion in respect of death of Smt. Laxmi Devi, w/o Gopal r/o T-604/4A, 3rd Floor, Gali No. 4, Baljit Nagar, Delhi, allegedly due to medical negligence on the part of the doctors of Kailash Hospital 49, South Patel Nagar, New Delhi-110008.

The Order of the Disciplinary Committee dated 29th May, 2024 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station Ranjit Nagar seeking medical opinion in respect of death of Smt. Laxmi Devi (referred hereinafter as the patient) w/o Gopal r/o T-604/4A, 3rd Floor, Gali No. 4, Baljit Nagar, Delhi (referred hereinafter as the complainant), allegedly due to medical negligence on the part of doctors of Kailash Hospital 49, South Patel Nagar, New Delhi-110008 (referred hereinafter as the said Hospital).

The Disciplinary Committee perused the representation from police, copy of complaint of Shri Gopal dated 04.07.2022, written statement of Dr. Isha Khurana, Dr. Ravinder Verma and Dr. Pushpinder Khurana, additional written statement of Dr. Pushpinder Khurana in his capacity as Director, Kailash Nursing Home, medical records of Kailash Nursing Home, medical records of Dr. B.L. Kapur Memorial Hospital, Post Mortem report no. 406/2022 of Maulana Azad Medical College and other documents on record.

The following were heard in person:-

1) Shri Gopal Complainant

2) Shri Mahadev Complainant’s Brother

3) Dr. Ravinder Verma Anaesthetist, Kailash Nursing Home

4) Dr. Isha Khurana Obstetrician Gynaecologist, Kailash

Nursing Home

5) Dr. Pushpinder Khurana Director, Kailash Nursing Home

It is noted that as per the police representation it is alleged that a PCR Call vide DD No. 67A dated 04th July, 2022 was received in Police Station Ranjit Nagar regarding one patient namely Smt. Laxmi Devi w/o Shri Gopal r/o T-604/4A, 3rd Floor, Gali No.4, Baljit Nagar, Delhi, Age-29 yrs was admitted in Kailash Nursing Home for sterilization, where during treatment thepatient got seriousand she was shifted to Dr. B.L. Kapur Hospital vide MLC No. 386/22 where the patient was declared brought dead. The PCR call was assigned to IO SIShri Makhan Lalwho rushed to the hospital where husband of the patient Shri Gopal s/o Shri Harigovind Sharma r/oT-604/4A, 3rd Floor, Gali No.4, Baljit Nagar, Delhigave his written statement that he along with his wife went for sterilization where Dr. Pushpinder Khurana and his wife Dr. Indu Khurana treated his wife. But during treatment, the condition of the patient got worse and he shifted his wife to Dr. B.L Kapur Hospital where his wife was declared brought dead. After thatthe dead body of the patient got preserved at RML HospitalMortuary. A medical board for conducting the postmortem of the patient wasconstituted and postmortem of the patient was conducted atRML Hospital on 07th July, 2022. The postmortem report of the same was also obtained. Therefore, the present matter is being brought before the Delhi Medical Council for further investigation and necessary action regarding decision of the alleged medical negligence.

The complainant Shri Gopal stated that since his wife was unwell he took her to Kailash Nursing Home where they consulted Dr. Pushpinder Khurana and his wife Dr. Isha Khurana, but he does not know what was discussed between his wife and the doctors. However, his wife told him that doctors wanted to do some investigation and they would administer her some injection. On the advice of the doctors he signed certain papers. After 10 minutes, he was informed that his wife condition was serious and it appeared to him that she had expired. Inspite of that, they sent her to BLK Hospital. He believes that because of negligence of the doctors he had lost his wife and unborn child. He requests that strict action be taken against doctors of Kailash Nursing Home.

Dr. Isha Khurana, Obstetrics & Gynaecologgy, Kailash Nursing Home in her written statement averred that Smt. Laxmi w/o Shri Gopal was admitted on 04th July, 2022 for Medical Termination of Pregnancy and Bilateral laparoscopic tubal ligation. She had normal pre operative blood tests and PAC fit. After taking an Informed Consent, the patient was taken for surgery.

She further stated that the general anesthesia was induced at 12:40 p.m. and she started with the Dilatation and Evacuation procedure at 12: 45 p.m., Cervix was serially dilated and products of conception were removed by ovum's forceps and uterine walls were then curetted till grating sensation was felt. After the procedure was completed from her end Dr. Pushpinder Khurana started with the laparoscopy procedure. He made an Infraumbilical incision and inserted veress needle with standard surgical technique, after safety check pneumoperitoneum was created. Just before the insertion of trocar there was sudden bradycardia on the monitor and the patient went into shock, immediately the procedure was abandoned and pneumoperitoneum deflated. Resuscitative measures were initiated. Emergency medication was given, Elective ventilation continued and the patient was revived. Emergency Team of BLK Max Super Specialty Hospital was called in by Dr. Pushpinder Khurana, in the meantime treatment was continued in an attempt to stabilize the patient. The husband of the complainant was counselled. The Emergency team reached at 1:30 p.m. and assessed the patient and decision of shifting the patient was taken. The emergency team made arrangements to shift the patient. On shifting, the patient was conscious, irritable, on oxygen and inotropic support with HR 160 b/m ECG recording seen on the attached monitor, per abdomen soft, no distention, no bleeding from any site. The patient was shifted from Kailash Nursing Home at 1: 45 p.m. in BLK Max ACLS ambulance accompanied by Dr. Pushpinder Khurana and Dr. Ravinder Verma and the husband of the patient.

Dr. Pushpinder Khurana, Director, Kailash Nursing Home in his written statement averredthat he was the Operating surgeon in the Smt. Laami's procedure. Smt. Laxmi w/o Shri Gopal was admitted in Kailash Nursing Home Pvt Ltd. on 04th July, 2022 for Medical Termination of Pregnancy and Laparoscopic Tubal Ligation. The patient was taken up after proper workup, counselling, Informed Consent and Pre-Anesthetic checkup. The case was induced at 12:40 p.m. and surgical procedure started at 12:45 p.m. First Dilatation and Evacuation was done by Dr. Isha Khurana, then he took an infraumbilical incision and inserted the veress needle with due precautions; after adequate safety checks pneumoperitoneum was created. Just before inserting the trocar there was sudden bradycardia and the patient went into shock. They abandoned the procedure, deflated the pneumoperitoneum and Cardiopulmonary resuscitation was initiated, the patient was revived. Simultaneously, the port site was sutured.

He further stated that he immediately washed out and mobilized emergency team from BLK Max Hospital with ACLS Ambulance as well as Resident Doctor. He counselled the husband of the patient about the condition of the patient and need for shifting to Higher Centre, till that time the patient was managed by their team. At 1:30 p.m. the ACLS Ambulance and emergency team of BLK reached and immediately assessed the patient, they mobilized their equipment, counselled the husband of the patient and decision for shifting was taken. The patient was mobilized, she was alive, with spontaneous respiratory drive, irritable on Bain circuit 100% oxygen, HR 160 b/m, per Abdomen soft, No obvious distention, no bleeding from any site. They made sure that the Husband met her. The patient was then shifted to BLK Max Super Speciality Hospital in ACLS Ambulance at 1:45 pm. He and his Anesthetist, Dr. Ravindra Verma accompanied her along with the husband. She was admitted in BLK emergency at around 2.00 p.m., she was alive, she was managed in front of them, she had multiple episodes of Cardiac arrest for which CPR was done. Unfortunately, she could not be revived after the last episode and declared dead at around 4.00 p.m. Inspite of all efforts from their team as well as BLK's team it is unfortunate that they could not save her. It has been a very emotionally draining episode for all the treating doctors.

He further stated that the patient was well worked up, investigated. A detailed Informed Consent explaining the indications, steps and complications was taken from the patient as well as her husband before starting the procedure. Their team is well experienced in laparoscopy. The operating Surgeon is Senior Consultant in Laparoscopy in various hospitals and practicing laparoscopy since 1990. The Gynecologist is also well qualified and experienced. The anesthetist is also a Senior Anesthesiologist well experienced in both Regional as well as General Anesthesia since past 30 years. The Centre mentioned is well equipped registered Centre since 1980, they have full equipment for major laparoscopy surgeries including Monitors, Anesthesia workstations, Ventilator, Defibrillator etc. The procedure was performed with all the necessary precautions with all necessary safety checks like suction test, hanging drop test, manometer tests after insertion of Veress needle before creation of the pneumoperitoneum. The deterioration of the patient was detected immediately and resuscitative measures started and adequate support from a tertiary care hospital (BLK Max Super Speciality Hospital) was arranged. In the series of events which unfolded as mentioned above during management of the patient Smt. Laxmi there were however no signs suggestive of major vascular injury like bleeding from port site or obvious distention of abdomen. The primary aim during management of the patient after her slipping into shock was effective resuscitation of the patient so that stabilization could be done and further the cause of such an incident could be evaluated. The patient was accompanied by their treating doctors Operating Surgeon Dr. Pushpinder Khurana, Anesthetist Dr. Ravinder Verma with adequate emergency medication and Ventilator support with emergency team of Super speciality hospital in an ACLS Ambulance and Immediately resuscitative treatment initiated in the respective hospital, even during shifting there were no signs of major vascular injury. Their doctors were present all throughout the management of the patient at BLK Hospital but unfortunately the patient was declared dead after 2 hours after admission in BLK emergency. After being intimated from Delhi Medical Council that there was injury to aorta, they searched for literature and found that Major Vascular injury is a known complication of all Laparoscopic procedures (incidence of between 0.1 to 1.1%). Thin built patients carry higher risk of major vascular injury in laparoscopy. The distance of aorta from skin could be as less as 2 cms. Most common site of injury is aorta. Major vascular injuries usually occur during placement of primary port Le, veress needle or primary trocar as both are blind procedures. The Major vascular injuries may not be appreciated during Laparoscopy because bleeding can be retroperitoneal, rather than into the peritoneal cavity or tamponaded by pneumoperitoneum.

They would like to express their heartfelt sadness on the episode and bring to light that even inspite of their continued efforts it is indeed unfortunate .

Dr. Ravinder Verma, Anaesthetist, KailashNursing Home in his written statementaverred that on 04thJuly, 2022 his services were asked for the said patient in Kailash Nursing Home Pvt. Ltd. He visited the patient for Pre anesthetic check up and after examining, he found her fit for Anesthesia. He explained the procedure, anesthesia to be given and related complications and took consent. Then they took the patient for the procedure after checking consent and checklist. After giving pre medication with Injection Fentanyl and Injection Glycopyrrolate. The patient was given general anesthesia at 12: 40 pm. with Injection Propofol, injection Atracurium. Endotracheal intubation was done under vision with Portex No.7 cuffed endotracheal tube. Bulb cuffed and tube fixed at 18 cm mark. The patient was connected to workstation ventilator on closed circuit with Tidal Volume 500 ml, frequency 12/min oxygen and Nitrous. After induction of anesthesia MTP Procedure was started. Procedure lasted for 10 to 15 minutes. Vitals maintained normal during the procedure. After MTP the patient was prepared for Laparoscopic ligation (sterilization). Just after pneumoperitoneum was created, the patient went into sudden bradycardia and hypotension. Resuscitation was initiated by increasing intra venous fluids Injection Atropine 0.6 mg, Injection Mephenteramine 6 mg, the patient was still in shock with no peripheral pulses palpable, then Cardiopulmonary resuscitation was started, extra I.V. access taken, Injection Adrenaline 1 ml, Injection Effcorlin 100 mg + 100 mg, injection Soda bi carb 50 ml. Injection Dopamine 10 ml infusion, Injection Calcium Gluconate 10 ml. The patient was revived. Heart rate on monitor was 150 b/m, Blood Pressure still not recordable, Injection Noradrenaline started. Help was called. BLK Max Super Speciality team arrived at 1:30 p.m. The patient developed spontaneous respiratory effort. Reversal agents injection Neostigmine and Injection Glycopyrrolate were given. The patient started moving, started breathing deeply, carotid and brachial pulse started to be felt, spontaneous opening of eyes was present, Blood Pressure was 100/60 on inotropic support. The patient as shifted to BLK MAX Super Speciality Hospital in their ACLS ambulance with their team at 1: 45 pm. He accompanied the patient in ACLS ambulance with BLK Team. They reached BLK Max in 15 minutes. The patient was received alive by BLK Max emergency team at around 2.00 p.m. and immediately treatment started. The patient was managed in front of them but even after continued efforts they lost the patient after 2 hours.

In view of the above, the Disciplinary Committee makes the following observations :-

1. The patient Smt. Laxmi 29 years old female G3P2L2 with 8.5 weeks pregnancy was taken up for MTP Laparoscopic Tubal ligation on 04th July, 2022 at Kailash Nursing Home. The surgery was conducted by Dr. Isha Khurana (Gynecologist), Dr. Ravinder Verma (Anaesthestist) and Dr. Pushpinder Khurana (Surgeon). The patient was subjected to Dilatation and Evacuation (D&E) procedure, under General Anaesthesia, under consent. The D&E procedure was completed by Dr. Isha Khurana with removal of products of conception. Subsequently, veress needle for Laparoscopic ligation was inserted by Surgeon Dr. Pushpinder Khurana, however, the patient went into shock with non recordable Blood Pressure. The Laparoscopic procedure was abandoned. Resuscitation was initiated and the patient was revived and decision was taken to shift the patient to Dr. B.L. Kapur Memorial Hospital at 1.45 p.m. on 04th July, 2022. The patient was received in emergency of Dr. B.L. Kapur Memorial Hospital at 2.50 p.m. on ventilator and high inotropic support. The patient had history of sudden bradycardia on O.T. table after giving anesthetic drugs? Anaphylaxis as stated by Dr. Pushpinder Khurana and anaesthetist on duty. On arrival to emergency the patient was in shock, Blood Pressure was not recordable on injection Noradrenaline, pulse rate was 160/min, R/R was 20/min on mechanical ventilator, palor present, GCS E1V1M1. The patient had sudden cardiac arrest at 2.15 p.m. CPR was initiated. Subsequently, she had another cardiac arrest at 2.45 p.m., CPR carried out and ROSC was achieved. The patient again had cardiac arrest at 3.45 p.m., CPR was started but despite all efforts the patient could not be revived and was declared dead at 4.13 p.m. on 04th July, 2022. The opinion as to cause of death as per Post Mortem report no. 406/2022 of Maulana Azad Medical College was haemorrhage and shock due to perforation of aorta by sharp force which occurred during surgical instrumentation.
2. It is observed that after MTP procedure had been completed by Dr. Isha Khurana, pneumoperitoneum was created using veress needle for purposes of conducting the procedure of sterilization (tubal ligation). Immediately, after the completion of process of creation of pneumoperitoneum, by Dr. Pushpinder Khurana (Surgeon) with pressure of 12-14 mm of Hg, the patient developed shock with severe bradycardia (HR<20 per minute) and Blood Pressure became unrecordable. Dr. Pushpinder Khurana in his written statement had commented that after the patient went into shock, the pneumoperitoneum was deflated and the port site was sutured.
3. It is noted that resuscitation was initiated as per standard procedure. After resuscitation the patient was transferred to Dr. B.L. Kapur Memorial Hospital.
4. It is noted that the cause of death as per the Post Mortem report no. 406/2022 as a result of haemorrhage and shock due to perforation of Aorta by sharp force which occurred during surgical instrumentation. Dr. Pushpinder Khurana in his explanation regarding injury to the Aorta stated that as per the medical literature, Major Vascular Injury is a known complication of all Laparoscopic procedures (incidence of between 0.1 to 1.1%). Thin built patients carry higher risk of major vascular injury in laparoscopy. The distance of aorta from skin could be as less as 2 cms. Most common site of injury is aorta. Major vascular injuries usually occur during placement of primary port Le, veress needle or primary trocar as both are blind procedures. The Major vascular injuries may not be appreciated during Laparoscopy because bleeding can be retroperitoneal, rather than into the peritoneal cavity or tamponaded by pneumoperitoneum.

The Disciplinary Committee finds the explanation of Dr. Pushpinder Khurana to be medically tenable.

1. It appears that the cause of sudden shock and subsequent cardiac arrest in Kailash Hospital could be multifactorial including pneumoperitoneum induced cardio pulmonary collapse and intra abdominal vascular injury (Aortic Injury 3 mm in size as per autopsy report) and embolism. Overall presentation of the patient was not conclusive because pneumoperitoneum may cause severe bradycardia whereas haemorrahgaic shock should produce tachycardia. The exact cause of her collapse and subsequent cardiac arrest could not be established. The patient was resuscitated as per the standard procedure and transferred to higher centre under the medical supervision for further management.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of doctors of Kailash Hospital, 49, South Patel Nagar, New Delhi-110008, in the treatment administered to the complainant’s wife late Smt. Laxmi Devi.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal), (Dr. Alok Bhandari) (Dr.Subodh Kumar)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee,

Sd/: Sd/:

(Dr. J. B. Sharma), (Dr. A. K. Sethi)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 29th May, 2024 was confirmed by the Delhi Medical Council in its meeting held on 24th June, 2024.

By the Order & in the name

of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:-

1. Gopal r/o T-604/4A, 3rd Floor, Gali No. 4, Baljit Nagar, Delhi-110008.
2. Dr. Ravinder Verma, Consultant Anaesthetist, Through Director, Kailash Nursing Home, 49, South Patel Nagar, New Delhi-110008.
3. Dr. Isha Khurana, Consultant Obst. & Gynae, Through Director, Kailash Nursing Home, 49, South Patel Nagar, New Delhi-110008.
4. Dr. Pushpinder Khurana, Director, Kailash Nursing Home, 49, South Patel Nagar, New Delhi-110008.
5. Station House Officer, Police Station, Ranjit Nagar, Delhi-110008- (w.r.t. letter No.67A U/S-174 CrPC PS Ranjit Nagar, New Delhi dated 04.07.2022)-**for information.**

(Dr. Girish Tyagi)

Secretary

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