DMC/DC/F.14/Comp.2168/2/2022/ 08th June, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Smt. Navma, S-126/81, Kanak Durga Colony, Sector-12, R.K. Puram, New Delhi-110022, forwarded by the Medical Council of India, alleging medical negligence on the part of the doctors of Dr. Pattnaik Laser Netra Sansthan, C-2, Ground Floor, Opposite round about (behind Jagdish store), Lajpat Nagar, New Delhi-110024, in the treatment administered to the complainant.

The Order of the Disciplinary Committee dated 27th April, 2022 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Smt. Navma, S-126/81, Kanak Durga Colony, Sector-12, R.K. Puram, New Delhi-110022 (referred hereinafter as the complainant), forwarded by the Medical Council of India, alleging medical negligence on the part of the doctors of Dr. Pattnaik Laser Netra Sansthan, C-2, Ground Floor, Opposite round about (behind Jagdish store), Lajpat Nagar, New Delhi-110024 (referred hereinafter as the said Medical Centre), in the treatment administered to the complainant.

The Disciplinary Committee perused the complaint, written statement of Dr. Nabin Kumar Pattnaik, copy of medical records of Dr. Pattnaik’s Laser Eye Institute and other documents on record.

The following were heard in person :-

1. Smt. Navma Complainant
2. Ms. Purnima Daughter of the complainant
3. Dr. Nabin Kumar Pattnaik Medical Superintendent, Dr. Pattnaik’s

 Laser Eye Institute

The complaint Smt. Nawma alleged that she who was suffering from pain with watery left eye, consulted Dr. Patnaik Lazer Eye Centre on 28.12.2016. The doctor after examining the eye, told the complainant that she had defective vision in left eye and advised immediate surgery on 29.12.2016. She was told that first attempt will be made to cure her left eye with implant of lens and if that was successful, she would not be subjected to surgery. No information was given about the nature and quality of the lens to be implanted. She underwent MICS with foldable IOL and Vitrectomy in the left eye on 29.12.2016. On 30.12.2016 when the bandages were removed, she had no vision in the left eye. The doctor advised her to undergo surgery for the lost vision and fixed 10.1.2017 for the same. She underwent RD surgery with Vitrectomy and trabeculectomy left eye on 11.1.2017. Inspite of the surgery, she did not gain any vision in her left eye. Dr. Patnaik told her that the vision loss was due to tumour in the left eye and advised MRI. Post surgery the complainant suffered from acute pain in the left eye. MRI was done on 20.1.2017. On 21.1.2017 the MRI report was shown to the doctor, who informed that the same was reported as normal, however,**­­­** insistedthat the report was incorrect and that she had tumour. He changed the medication and assured her that the same would alleviate the pain and restore the vision. Since there was no improvement in her condition, she again consulted Dr. Patnaik on 1.2.2017, who prescribed her medication for one month. As her condition did not improve, she consulted AIIMS on 8.2.2017. The doctor of AIIMS told her that it was not possible to restore the vision in left eye but she can be cured of her pain. Thus, on 8.2.2017 she was again subjected to a surgery at AIIMS.

It is further alleged that the loss of vision in her left eye and acute pain was because of negligence of Dr. Patnaik, for which strict action be taken.

Dr. Nabin Kumar Pattnaik in his written statement averred that the complainant Smt. Navma first came to Dr. Patnaik’s Laser Eye Institute at 8.58 am on 28.12.2019 with the complaint of blurring of the vision (left Eye) since 8-9 months and pain and watering left eye since 2-3 months with no h/o Systemic problems, no allergy to any drugs. On examination the systemic blood pressure was 130/80 mm Hg, Right Eye including intra-ocular pressure fundus were within normal limits. In the left eye there was posterior sub capsular cataract and media was very hazy and clinical examination showed Retinal detachment with anterior vitreous hemorrhage (LE). The intra-ocular pressure was 15 mm Hg. The visual status at the time of OPD examinations- PL+, PR inaccurate in one quadrant. No improvement of visions with glass in left eye. She was advised admission and plan of care decided- MICS with foldable IOL+Anterior vitrectomy (Step-i) and three ports vitrectomy + R D Surgery+ Air fluid exchange etc.(step-ii). She was investigated:-

(i) A/B scans showed vitreous hemorrhage.

(ii) Retinal Detachment in left eye.

The OCT was performed as to ascertain the visual status of the eyes. The Right Eye showed normal while left eye OCT did not show due to hazy media. She was planned MICS with foldable IOL (left eye) on 29.12.2016. Before surgery blood test was performed. She obtained the permission from Hindu College and she was planned to do MICS with foldable IOL + Anterior vitrectomy (left eye) (step-i). The complainant was operated and she was discharged same day, the pain sub-sides (DOA-29.12.2016 & DOD-29.12.2016). The intra-Ocular IOL (+27.00) was inserted in the eye and the sticker attached on the discharge summary. Before the surgery, the consent of the complainant was taken on 29.12.2017 and she was explained in hindi which she understood and the prognosis was explained prior to surgery. She was also told that she may undergo second surgery after removal of cataract and vitreous hemorrhage. She came for follow up on 30.12.2016 and he found no evidence of infection and the intra-ocular IOL was in proper position. She followed up on 02.01.2017 and 04.01.2017. She was well informed that the second surgery of retinal detachment will be done later on. After cataract surgery and anterior vitrectomy, it was obvious of retinal detachment in LE (total) & appeared to be old retinal detachment. She was again admitted on 10.1.2017 for second surgery. She was examined in detail on 4.01.2017 and diagnosis Psudophakia with Retinal Detachment (LE) was made. She was operated: - Retinal Detachment, Viterctomy and anti glaucoma surgery. As she had complaints of severe pain, MRI was advised to exclude any intra cranial tumour/orbital tumour in LE. The MRI revealed no intra cranial or intra ocular tumour. The surgery for retinal detachment with vitrectomy surgery was planned on 10.01.2017, after taking informed consent. Her daughter Smt. Purnima was informed about the surgery and outcome and when Smt. Navma agree to undergo vitrectomy and retinal detachment surgery knowing the prognosis she underwent the multiple surgery with very poor prognosis. She has signed all the documents of the papers after fully understanding the prognosis of the disease. It is obvious there was no negligence in any stage of the surgery. She followed up on 11.1.2017 left eye with counting finger close to face. Again she came on 18.1.2017 and visual status remained the same. She was examined on 21.1.2017; she had high intra-ocular pressure and her blood pressure also on higher side. She was advised anti glaucoma medication. She was again examined on 21.1.2017 and also 1.1.2017 and still her intra-ocular pressure was high. She was planned for cyclo-cryo therapy for which she did not come. Her systemic condition improved, although the intra-ocular pressure was high. She did not come for follow-up after 2.1.2017 and further condition of secondary glaucoma and visual status, they are not aware. In view of the above facts and circumstances, all allegations are false and baseless.

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

1. The complainant Smt. Navma presented to Pattnaik Laser Eye Institute on 28th December, 2016 with decreased vision left eye(LE) for ten months. She was diagnosed to be having posterior subcapsular cataract (PSC) with hazy media with retinal detachment (RD) with anterior vitreous haemorrhage (VH). The vision recorded was 6/6 in RE and PL+ (perception +) and PR(Projection of Rays) inaccurate in 1 quadrant in LE. The intraocular pressure (IOP) LE was normal (15 mmHg). USG document attached did not mention presence of any intraocular tumor. She was told that her retina had gone bad and will need a two step surgery. The first step was cataract surgery with IOL implant, followed by VR (Vitreo Retinal) surgery in the second step, if need be. On 29th December, 2016, IOL (Intraocular Lens) implant surgery with anterior vitrectomy was done in L/E. A written consent was taken but it did not mention anything about the visual prognosis. The complainant was seen on 30th December, 2016 where there was no improvement in vision. She was diagnosed to be having old RD with 2 holes and secondary glaucoma. The complainant underwent VR surgery with trabeculectomy L/E on 10th January, 2017. The complainant was subsequently followed up on 11th January, 2017, 18th January, 2017 and 21st January, 2017. All along this time, she was complaining of severe pain in the operated eye. On 18th January, 2017, she was suspected to be having a retinal tumor (? melanoma, ? haemangioma) of left globe. MRI was suggested with a diagnosis of Exhudative RD. Though, the MRI report failed to reveal any tumor but it mentioned RD still present. The complainant was lost to follow up from Dr. Nabin Kumar Pattnaik after this, as per records available.

The complainant subsequently landed up in R P Center, AIIMS. A very high IOP was recorded, despite the complainant being on maximal antiglaucoma treatment. Another MRI report available there on 13th February, 2017 mentioned a hypointensive lesion posterior to implant which was confirmed to be choroidal haemangioma superior to the optic disc. To lower the persistently raised IOP repeat VR surgery with partial silicone oil removal was done on 09th March, 2017 at R.P. Centre. Residual RD and retinal breaks were seen during the surgery. Lasering of the haemangioma was done on 21st March, 2017. To take care of the persistently raised IOP DLCP (Diode Laser Cyclo Photocoagulation) procedure was done in different sittings between 05th April, 2017 and 20th April, 2017.

1. It is difficult to comprehend as to why Dr. Nabin Kumar Pattnaik suddenly suspected that complainant to be suffering from intraocular tumor (choroidal haemangioma) after he had done two intraocular surgeries (first done on 29.12.2016 and second on 10.01.2017). Choroidal haemangioma must have been present all throughout but for some reason was not picked by USG and MRI done under Dr. Nabin Kumar Pattnaik. Choroidal haemangioma is known to cause Exhudative RD.
2. It is noted that Dr. Nabin Kumar Pattnaik alongwith his written statement, submitted copy of medical records pertaining to the treatment administered to the complainant Smt. Nawma at Dr. Pattnaik Laser Netra Institute, which included besides other, a document titled ‘Informed Consent’ dated 29th December, 2016, for underoing surgery (1st plan-MICS with foldable IOL). The said Consent at serial no.12 (which is typed) mentions special consent for removal of an eye (Enucleation/Evisceration). However, it is further noted in compliance with the direction of the Disciplinary Committee to Dr. Nabin Kumar Pattnaik to submit documents in support of his assertion that visual prognosis was explained at the time of first surgery i.e. 29th December, 2016; Dr. Nabin Kumar Pattnaik re-submitted the aforemtioned document titled ‘Informed Consent’ but this time, the said document besides mentioning at senior no.12 special consent for removal an eye, also has hand written insertion; of note ‘prognosis-poor and guarded’, which was not there in the Informed Consent Form submitted earlier.

It is, thus, apparent that Dr. Nabin Kumar Pattnaik has indulged in tampering of the medical records, which is highly objectionable and unbecoming of a medical professional. In light of the observations made hereinabove, the Disciplinary Committee recommends that name of Dr. Nabin Kumar Pattnaik (Delhi Medical Council Registration No.10366) be removed from the State Medical Register of the Delhi Medical Council for a period of 15 days.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav) (B. Ghosh)

Chairman, Eminent Publicman Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

The Order of the Disciplinary Committee dated 27th April, 2022 was confirmed by the Delhi Medical Council in its meeting held on 29th April, 2022.

The Council also confirmed the punishment of removal of name of Dr. Nabin Kumar Pattnaik(Delhi Medical Council Registration No.10366)from the State Medical Register of the Delhi Medical Council for period of 15 days awarded by the Disciplinary Committee.

The Council further observed that the Order directing the removal of name from the State Medical Register of Delhi Medical Council shall come into effect after 30 days from the date of the Order.

This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed.

 By the Order & in the name of Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Smt. Navma, Staff Quarters 06, Hindu College, University of Delhi, Delhi-110007.
2. Dr. Nabin Kumar Pattnaik, Medical Superintendent, Dr. Pattnaik Laser Netra Sansthan, C-2, Ground Floor, Opposite round about (behind Jagdish store), Lajpat Nagar, New Delhi-110024.
3. Station House Officer, Police Station Lajpat Nagar, New Delhi-110024-w.r.t letter Dispatch No. 1297 dated 27.05.2019-**for information**.
4. National Medical Commission, Pocket-14, Sector-8, Dwarka, Phase-1, New Delhi-110077-w.r.t. erstwhile Medical Council of India’s letter No.MCI-211(2)(Gen.)/2017-Ethics./128174 dated 29.07.2017-**for information & necessary action**.
5. Registrar, Odisha Council of Medical Registration, 7RFH+422, Manisha Rd, Keshari Nagar, Chak, Odisha 751001 (**Dr. Nabin Kumar Pattnaik is also registered with Odisha Council of Medical Registration under Registration No.4228 dated 17.09.1971**)-**for information & necessary action.**

 (Dr. Girish Tyagi)

 Secretary