DMC/DC/F.14/Comp.2370/2/2022/ 29th September, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station Jama Masjid, Delhi, seeking medical opinion on a complaint of Shri Yogesh Sharma r/o H. No. 2008, Shri Radha Krishna Mandir, Bazar Sitaram, Delhi, alleging medical negligence on the part of the doctors of Kasturba Hospital, New Delhi-110002 , in the treatment of the complainant’s wife Smt. Pooja Sharma.

The Order of the Disciplinary Committee dated 29th July, 2022 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station Jama Masjid, Delhi, seeking medical opinion on a complaint of Shri Yogesh Sharma r/o H. No. 2008, Shri Radha Krishna Mandir, Bazar Sitaram, Delhi (referred hereinafter as the complainant), alleging medical negligence on the part of the doctors of Kasturba Hospital, New Delhi-110002 (referred hereinafter as the said Hospital), in the treatment of the complainant’s wife Smt. Pooja Sharma(referred hereinafter as the patient).

The Disciplinary Committee perused the representation from Police, written statement of Medical Superintendent of Kasturba Hospital enclosing therewith written statement of Dr. Poonam Bagga, Dr. Ramanjeet Kaur, Dr. Shobhika Singh, Ms. Anuradha Staff Nurse, Mr. Ganesh Bhambhu Staff Nurse, Dr. Priya Saini, Mr. Ravinder OT Assistant, Dr. Sonia Malik, Physician, Dr. Priya Vrata, Dr. Priyanka, Dr. Simantini, Dr. Jharna, Dr. Uma, additional written statement of Dr. Ramanjeet Kaur and other documents on record.

The following were heard in person :-

1. Shri Yogesh Sharma Complainant
2. Smt. Pooja Sharma Wife of the Complainant
3. Dr. Poonam Bagga Spl. Gr.I (SAG), Kasturba Hospital
4. Dr. Ramanjeet Kaur GDMO, Kasturba Hospital
5. Dr. Shobhika Singh PG (2), Kasturba Hospital
6. Ms. Anuradha Nursing Officer, Kasturba Hospital
7. Shri Ganesh Bambhu Nursing Officer, Kasturba Hospital
8. Dr. Priya Saini Senior Resident, Kasturba Hospital
9. Dr. Sonia Malik PG (II), Kasturba Hospital
10. Dr. Uma PG (I), Kasturba Hospital
11. Shri R.P. Pandey Record Clerk, Lok Nayak Hospital

The Disciplinary Committee noted that Shri Ravindra O.T. Assistant, Dr. M.D. Serazul, Dr. Priya Vrata, Dr. Priyanka and the Medical Superintendent, Kasturba Hospital failed to appear before the Disciplinary Committee, inspite of notice.

The Disciplinary Committee further noted that Dr. Jharna Behura did not appear before the Disciplinary Committee but sent a representation (e-mail) wherein she stated that she was unable to attend the hearing, as she is travelling to Gangtok. Similarly, Dr. Simantini Sircar did not appear before the Disciplinary Committee but sent a representation wherein she stated that due to her pregnancy, she was unable to attend the hearing.

It is noted that as per the police representation, it is averred that a complaint of Sh. Yogesh Sharma was received in PS Jama Masjid wherein he alleged that his wife (the patient) Smt. Pooja Sharma was admitted in Kasturba Hospital on 02nd February, 2018 and on 03rd February, 2018, a baby girl was born. He further mentioned that his wife was discharged on 13th February, 2018, but on the next day, she suffered from severe stomach pain and he again brought his wife for the treatment in Kasturba Hospital. The doctor gave her some medicine but there was no improvement. On 15th February, 2018, the doctor referred her to Lok Nayak Jai Prakash Hospital for further treatment. During the treatment in Lok Nayak Jai Prakash Hospital vide CR No.613583, the patient was operated and a mop (cloth piece) was found in her stomach. The family of the patient are alleging negligence on the part of the doctor of Kasturba Hospital. It is, therefore, requested to constitute a Medical Board to conduct an enquiry into the above incident at the earliest.

The complainant Shri Yogesh Sharma alleged that his wife (the patient) Smt. Pooja Sharma was admitted in Kasturba Hospital on 02nd February, 2018 and on 03rd February, 2018, a baby girl was born. He further mentioned that his wife was discharged on 13th February, 2018, even though she complained of vomiting and pain. On the next day, she suffered from severe abdomen pain and he again brought his wife for the treatment in Kasturba Hospital. The doctor gave her some medicine but there was no improvement. On 15th February, 2018, the doctor referred her to Lok Nayak Jai Prakash Hospital for further treatment. During the treatment in Lok Nayak Jai Prakash Hospital vide CR No.613583, the patient was operated and a mop (cloth piece) was found in her stomach. Further, because of this, there was also pus and infection, leading to problems relating to perforation of intestine. He alleged that his wife has suffered due to medical negligence on the part of the doctors of Kasturba Hospital and strict action be taken against the concerned doctors of Kasturba Hospital.

Dr. Ramanjeet Kaur, GDMO, Kastruba Hospital in her written statement averred that the patient Smt. Pooja Shara CR No. 271630 was admitted in ward-A on 02nd February, 2018 at Kasturba Hospital. She first examined the patient on 03rd February, 2018. She was posted in labour room where she was called by the specialist in ANC ward for caesarean section. She examined the patient in operation theatre. The patient was G4P2L2e1 with 39 weeks 6 days with previous two caesarean sections. The patient had history of one ectopic pregnancy. The patient was in labour with breech presentation. After examining the patient, checking the consent and ensuring availability of cross matched blood, the patient was taken for caesarean. She assisted and supervised Dr. Shobhika doing the caesarean. Abdomen was opened by transverse incision. A female baby was delivered by breech at 12.06 p.m. on 03rd February, 2018 and handed to the paediatrician. Placenta was delivered out. On per-operative examination, lower segment was thinned out and adhesions were encountered. The uterus was stitched in layers. Haemostasis was completed. Abdomen was closed in layers after Dr. Shobika and she confirmed the counts from staff nurse Anuradha. Sterile dressing was done. One unit of cross-matched blood was given. The patient’s post-operative vitals were normal, no undue bleeding per vaginum and catheter draining clear urine. Post-operative instructions were given and the patient shifted to post-ward where the patient was managed by the doctors posted in ward. As per the writ petition filed by the patient, the copy of histopathology report shows a mop of size 20 x 25 cm. The mops being used in their hospital during the case was of 30 x 30 cm size as per the hospital stock records.

Dr. Ramanjeet Kaur in her additional written statement averred that it was a high risk pregnancy (previous two caesarean sections and anaemia). The operation was uneventful and anticipated complications were vigilantly handled. One unit of blood was also transfused under careful observation. The surgery lasted for approximately forty minutes. The counting of instruments and swabs/mops was done prior to closure of abdomen and confirmed by the staff nurse prior to closure of abdomen (as per the existing protocol of the hospital, the staff nurse assisting the surgery counts, the instruments mops and gauzes and the surgeon confirms the counts from the staff nurse before closure of the abdomen). The team followed the standard hospital protocol. She left the operation theatre to join back her duty in labour room. As per protocol, the patient was shifted to post-operative ward for observations. The post-operative care was provided by the team under unit in-charge without any documented complication during the stay at hospital. The mop that was found during first surgery at LNJP Hospital is documented to be 20 x 24 cm. Whereas, the mop which is being used at Kasturba Hospital is of size 30 x 30 cm. Despite the difference in the mop size recovered and other facts like the patient had previous surgeries; a FIR has been registered in her personal name under criminal case and she is being subjected to mental harassment. She reiterates that she had followed all existing standard protocols for the surgery and there was no lapse on her part.

She further averred that as per the medical literature, such types of mistakes do occur even in the best centres. The incidence reported is 1:1000 to 1:1500 cases has been reported and even more in emergency. Kastubra Hospital work-load, operations (more than 3000 per year) by any standards is very high. Abdominal/pelvic cavity/vaginal vault (74%) is the most common site for retained foreign body. It is not easy to say whether cases of gauze left in the abdomen are always due to a real lack of quality care on the part of the surgeon or of the theatre nurse. Moreover, the reported interval between the probable causative operation and the diagnosis of retained gauze may range from 11 days to 28 years. Average discovery time equal 6.9 years with median of 2.2 years. The above said patient is fourth gravid with two previous operations C sections three and seven years back and one ectopic pregnancy.

Dr. Shobhika Singh, Post-Graduate 2nd Year, Kastruba Hospital in her written statement averred that she was posted in Kasturba Hospital by the university for three years of training programme for her degree of Master in obstetrics and gynaecology. The patient was examined by her in antenatal ward on 03rd February, 2018 during their morning rounds with her senior specialist Dr. Shivani. The decision of lower segment caesarean section (LSCS) in view of previous two lower segment caesarean section with breach in labour; was taken by her senior specialist Dr. Shivani. As per the decision of her senior, the patient was posted for emergency lower segment caesarean section. The patient was shifted to the operation theatre after ensuring the availability of blood group. She was washed in this surgery with her senior Dr. Raman Jeet Kaur. Lower segment caesarean section was done under spinal anaesthesia. Abdomen was opened by transverse incision and female baby was delivered as breech at 12.00 p.m. on 03rd February, 2018. The baby was handed over the paediatrician. The placenta was removed with membrane. The uterus was closed in layers. Haemostasis was achieved. Abdomen was closed only after the counts of instruments and mops were counted correct and confirmed by the staff nursing Anuradha who was also assisting the case. Abdomen was closed in layers. The patient was shifted to postoperative ward with blood pressure 128/74 and pulse rate was 98/min. As per the writ petition filed by the patient, the copy of histopathology report from the records shows the size of mop to be 20 x 25 cm. However, the mops being used in their hospital during the period of the case of the patient was of 30x30 cm as per the hospital stock register.

Ms. Anuradha, Nursing Officer, Kasturba Hospital in her written statement averred that the patient Smt. Pooja Sharma was operated on 03rd February, 2018 at 12.06 p.m. (CR No. 271630) for LSCS by Dr. Raman, Dr. Shobika and assisted by her. Before the time of operation, all articles instruments/abdominal mops to be used in this case were totally entered by herself and then the case started. At the time of closing the abdomen, all articles instruments/abdominal mops which were used in this case were complete. The abdomen was closed by the operating surgeons after confirming all counts of instruments and abdominal mops. The count was found to be correct after the surgery.

Dr. Priya Saini, Senior Resident, Department of Anaesthesia, Kasturba Hospital in her written statement averred that the patient Smt. Pooja Sharma, 31 years old female with CR No. 271630 was taken for emergency LSCS with indication of G4P2L2A1 with 39 + 6 weeks with previous two caesarean sections with breech presentation in labour on 03rd February, 2018. Pre-operatively, the patient haemoglobin was 7.4 gm/dl. The patient came to operation theatre at 11.50 a.m. The monitor was attached to the patient for vitals monitoring. Intravenous cannula was also put on the patient forearm. Under all aseptic precaution, spinal anaesthesia was given to the patient at 11.55 a.m. Intra-operatively, the patient was hemodynamically stable. Post-operatively, the patient was stable and shifted to the ward at 12.30 p.m. Regarding the subject matter under discussion, it is stated that it is the duty of the operating surgeon, the scrubbed nurse and the circulating nurse to keep track and count of instruments, mops and gauze. The anaesthesia team resident and the technician manage and maintain the anaesthesia, analgesia vitals of the patient for safe surgical outcome.

Dr. Sonia Malik, PG 2nd Year, Kastruba Hospital in her written statement that the patient Smt. Pooja Sharma, 31 years old female was admitted on 02nd February, 2018 at 11.16 a.m. She had examined the patient on 04th February, 2018 in post-operative ward as a case of post-operative day two of the LSCS. The patient was complaining of difficulty in breathing for one day. The patent’s general condition and hydration were fair. The patient was afebrile, pulse 80/min., BP 118/70 mmHg, CVS and the chest examination were within normal limits. The patient had received one unit whole blood during post-operative period. She (Dr. Sonia Malik) advised for ECG and the physician reference regarding Dyspnea. She also examined the patient on post-operative day-11. The patient was comfortable, received total of four doses in iron sucrose (800 mg) and three doses of injection Vitcofol during the patient’s post-operative period. The patient’s general condition was fair. The patient was afebrile. No pallor/icterus/edema. The pulse-80/min, BP-118/70 mmHg, chest and CVS examination were within normal limits. Abdomen was soft, stitch line was healthy, uterus well contacted. Anti-septic dressing was dry. The patient was discharged on 13th February, 2018.

Dr. Uma (PG-2nd Year), Kasturbha Hospital in her written statement averred that the patient Smt. Pooja Sharma, 31 years old female with CR No.271630 was admitted on 02nd February, 2018 at 11.16 a.m. She wishes to sate that she had examined the patient on 12th December, 2018 at 10.00 a.m. The patient was post-operative day 10 of LSCS done in view of full term pregnancy with previous two LSCS in labour. The patient’s general condition was fair, the vitals were stable (BP-120/86, PA-80/m, afebrile). The chest and CVS were within normal limits, mild pallor was present. Icterus-nil, pedal eema-nil, PA-soft, uterus well contracted, ASD day. Bowel sound was present; BPV (bleeding per vaginum) was within normal limit. The patient had received injection Ferni (Iron Sucrose)-800 mg in total and injection Vitcofol three doses. Total stitch removal was done. Stitch line was healthy, dry, no discharge or induration was found at the stitch line.

Dr. Poonam Bagga, Spl. Gr.I (SAG), Kasturba Hospital in her written statement averred that the patient Smt. Pooja Sharma, age 31 years, IP No.271630 was admitted on 02nd February, 2018 at 11.16 a.m. in CLR as G4P2L2A1(ectopic pregnancy) as previous 2 LSCS with breech presentation with POG 39 weeks + 6 days. On examination, the general condition was fair, afebrile, BP -120/70 mmHg, chest clear, cardiovascular system NAD. On per-abdomen examination, uterus was relaxed, transverse LSCS in was present and no scar tenderness. On per-vaginum examination, OS was closed, cervix posteriorly was placed, un-effaced, the patient was posted for elective LSCS or earlier whenever goes in labour. On 03rd February, 2018, LSCS was done in view of previous two LSCS in labour with oligohydramnios with single loop of cord with breech presentation. Per-operative lower segment was thinned out and adhesions were present between omentum and parietal peritoneum. An alive female baby, weight 3.25 kg was delivered at 12.06 p.m. on 03rd February, 2018. Uterus was closed in layers. Abdomen was closed by the operating surgeons after confirming the correct counts of mops, gauzes and instruments from the assisting staff nurse as per the standard protocol of O.T. The patient stood the procedure well. Post-operative PR-88/min, BP-123/70 mmHg, catheter draining was clear urine and bleeding per vaginum WNL (within normal limit). One unit was transfused in view of Hb 7.4 gm% in immediate post-operative period. On 02nd post-operative day (04.02.2018) at 08.15 a.m., the patient complained of ghabrahat and difficulty in breathing, for which, the physician was consulted and she was managed by the physician. ECG showed N persistent juvenile pattern. During the post-operative stay, the patient received antibiotics and hematinics in view of anaemia. The stitch removal was done on post-operative day ten and on post-operative day eleven, the patient was discharged in good conditions. Her post-operative stay in hospital was uneventful. The patient was discharged in good-condition.

Shri Ganesh Bhambhu, Nursing Officer, Kasturba Hospital in his written statement averred that the patient Smt. Pooja Sharma, 31 years old female with CR No. 271630 was admitted on 02nd February, 2018 at 11.16 a.m. He wishes to state on that day, he was posted at Main O.T. The patient was received in OT for the emergency L.S.C.S. on 03rd February, 2018. His duty was to assist the paediatrician in O.T. A female alive baby was born on 03rd February, 2018 at 12.06 p.m. The baby’s weight was 3.250 kg. The baby was received by the paediatrician. He assists the paediatrician in clamping the cord and giving injection Vitamin K.

Dr. M.D, Serazul, SR-Medicine, Kastruba Hospital in his written statement averred that the patient Smt. Pooja Sharma with CR No.271630 was admitted on 02nd February, 2018 in gynae. ward. A call came from gynae. department on 04th February, 2018 and the case was seen by Dr. Shashank S. Jhan (then SR-Medicine) on 04th February, 2018 at 11.30 a.m. Dr. Shashank S. Jha has left the department on 06th March, 2018 (AN). Dr. Shashank S. Jha notes written on 04th February, 2018 at 11.30 a.m. are case of DNC – day -2-LSCS, chest pain off and of-since last night, ECG : T↓ in V1-V4, symptom of normal persistent-juvenile pattern. On examination, the patient was conscious/oriented, afebrile to touch, P ++, general condition-average, hydration fair, BP-110/70 mmHg, pulse-88/bpm, RR-18/m, chest-B/L clear, CVIS-S1S2 and P/A-soft. The investigations were advised as CBC, LFT/KFT/S.E., urine B/M an USG whole abdomen. The patient was advised anaemia correction, ↓ IV fluid 2O NS/RL, 2D echo after discharge and review with report and SOS. `

Dr. Priya Vrata, CMO/SAG, Obst. Gynae. Kasturba Hospital in her written statement averred that the patient Smt. Pooja Sharma, 31 years old female with CR No.271630 was admitted on 02nd February, 2018 at 11.16 a.m., as a case of G4P2L2E1 with 39 weeks 6 days pregnancy with previous two caesarean sections, one ectopic pregnancy history, with breech presentation in Kasturba Hospital. Caesarean section was decided on 03rd February, 2018 in view of previous two caesarean sections in labour. Caesarean section was done under spinal anaesthesia. Abdomen was opened by transverse incision. A full term female baby was delivered by breech extraction at 12.06 p.m. on 03rd February, 2018. The baby was handed over to the paediatrician. The patient was seen on 03rd post-operative day (05/02/2018 morning). The patient was comfortable, not dyspniec and the vitals were maintained and had no complaints.

Dr. Priyanka, Senior Resident, Kasturba Hospital in her written statement averred that the patient Smt. Pooja Sharma, 31 years old female with CR no.271630 was admitted on 02nd February, 2018 at 11.16 a.m. as a case of G4P2L2E1 with 39+6 weeks with previous two caesarean sections with breech presentation in this pregnancy in Kasturba Hospital. Caesarean section was decided on 03rd February, 2018 in view of previous to caesarean section in labour. Caesarean section was done under spinal anaesthesia. She examined the patient on post-operative day-3; the patient was comfortable pallor +. Injection Iron Sucrose 200 mg was given in normal saline. The patient was then shifted to post-operative ward after confirmation of panage of stool and flatus. On examination, the patient’s vitals was BP-122/70 mmHg, PR-88/mi. pallor +. per-soft.

Dr. Simantini Sircar, PG, Kasturba Hospital in her written statement averred that he had examined the patient Smt. Pooja Sharma, IP No.271630 on 06th February, 2018 as a case of post-operative day 4 of LSCS (indication previous two LSCS in labour). The patient’s general condtion was fair. The patient was afebrile and well hydrated. BP-110/870, PR-82/min and CVS-S1, S2 audible. The chest-clear-mild pallor was present. No icterus on pedal edema was noticed. On per abdominal examination, abdomen was soft, uterus well contracted. Antiseptic sterile dressing was dry. Bleeding P/V was within normal limits. The patient’s post-operative Hb was 6.6 g% and the patient received one unit whole blood after LSCS on post operative day one and one unit injection Feroci (iron sucrose) on 05th February, 2018 (post operative day 3) From post operative day 4, the patient was put on normal diet, intravenous antibiotics was continued. Dressing was done. No indication on discharge was noted. The patient was again examined by her on 07th February as a case of post-operative day five of LSCS. The patient’s general condition was fair. The patient was afebrile and hydrated. BP was 100/70 and the PR was 82/min. CVS-S1S2 audible. The chest was clear. Mild pallor was present. No icterus or pedal edema was noticed. On per abdominal examination, abdomen was soft, uterus well contracted. No indication on soakage from stitch was live. Bleeding P/V was within normal limits. The patient was advised to continue normal diet. The patient was put on oral tablets (tab augmentation, tablet Metragyl, tablet Ranitidine, tablet Sapofen DT, tabet Iron, calcium, vitamin B/C) second dose of injection Ferose (Iron Sucrose) was advised. The patient had no complaints. The patient had passed urine, stool and flatus. She again examined the patient on 08th February, 2018 as a case of post-operative day 6 of LSCS. The patient’s general condition was fair. The patient was afebrile and hydrated. BP-100/70, PR-82/min,CVS-S1S1 audible. The chest was clear. Mild pallor was present. No icterus, no pedal edema was noticed. On per abdominal examination, abdominal was soft, uterus well contracted. Stitch line was healthy. Antiseptic dressing was dry. The patient was advised to continue oral indication. The patient was also started on tablet Zenitt, tablet Vit C and tablet Folic Acid. The patient was comfortable and had no complaints. The baby was by mother side. She again examined the patient on 09th February, 2018 as a case of post-operative day 7 of LSCS. The patient’s general condition was fair. The patient was afebile and hydrated. BP-116/74, PR-82/min.,CVS-S1S2 audible. The chest was clear, mild pallor was present. No icterus, no pedal edema noticed. On per abdominal examination, abdomen was soft, uterus well contracted. No indication on soakage was present. Bleeding P/V was within normal limits. Oral medications were continued. Third dose of injection Feroci (Iron Sucrose) was advised. The patient had passed urine and stool and did not have any complaints. The baby was by mother-side.

Dr. Jharna Behura, CMO SAG, Kasturba Hospital in her written statement averred that the patient Smt. Pooja Sharma, 31 years old female, CR No.271630 was admitted on 02nd February, 2018 at 11.16 p.m. as G4P2L2 with 39 weeks 6 days with previous two caesarean section. She had examined the patient on 10th February, 2018 on POD (post-operative day) 8 of LSCS at 09.30 a.m. The patient had already three doses of Iron Sucrose. The patient’s general condition was fair. Pallor was mild, aferible, no icterus was present. The vitals were stable. PR-80/mi, BP-118/70 mmHg. The chest and CVS findings were within normal limits. No abnormalities were detected. P/A was soft, uterus well contracted; ASD (Anti-septic dressing) was dry. Bowel sounds were present. Lochia was healthy. The patient was advised normal diet, propped up and injection Iron Sucrose on alternate days with injection Vitcofol IccIM on all days. The patient was advised for repeat complete blood count on Monday (Next working day).

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

1. The patient Smt. Pooja Sharma, age 31 years, with history of G1P2L2A1 with history of ectopic pregnancy with previous two LSCS with breech with POG 39 weeks + 6 days was admitted in Kasturba Hospital on 02nd February, 2018. She underwent LSCS, under Spinal Anaesthesia, on 03rd February, 2018 in view of previous two LSCS, in labour with oligohydramnious with single loop of cord around the neck and delivered a female baby weighting 3.25 kg at 12.06 p.m. on 03rd February, 2018. The LSCS team consisted of Dr. Shobika Singh, PG 2nd Year, Obst. & Gynae., Dr. Ramanjjit Kaur, GDMO-1, Ms. Anuradha, A Grade Staff Nurse. The surgery was uneventful. On second post-operative day, the patent complained of difficulty in breathing, for which, she was managed by the physician. The rest of post-operative period was uneventful and the patient was discharged on 13th February, 2018.

The patient, thereafter, presented to Kasturba Hospital on 14th February, 2018 with complaints of pain abdomen, for which, she was treated and sent home. As the patient was not relived of her problem, she again consulted Kasturba Hospital on 15th February, 2018 with complaints of vomiting, not passing stool or flatus (04 days), P/A-distended, Diffuse tenderness +, provisional diagnosis ? SAIO was made. She was referred to Lok Nayak Hospital for further management.

The patient was admitted in Lok Nayak Jaiprakash Hospital on 16th February, 2018. She underwent USG, which was suggestive of RIF ? gossipiboma. She was taken-up for exploratory laparotomy with removal of gossipiboma on 16th February, 2018.

The biopsy report dated 20th February, 2018 (CR/OPD No.613583) observed ‘received a mop measuring 25 x 20 cm with attached blood clot. Section shows blood clot and inflammatory exudate with scattered foreign body giant call reaction’. The patient had to undergo re-exploratory laparotomy for perforation peritonitis with resection of perforated ileal segment double bowel ileostomy under G.A. on 21/02/2018. It was further noted that on 24th February, 2018 (late MLC) was initiated in this matter. The patient was eventually discharged on 06th March, 2018.

1. It is observed that the mop removed during the surgery(laparotomy) at Lok Nayak Hospital, in all likelihood was the one which had been left during the LSCS procedure performed on the patient on 03rd February, 2018 at Kasturba Hospital; even though, as per the O.T. notes of the said Hospital, mops and instruments were counted. However, no check list of surgical instruments and mop count used during the surgery, is being maintained at the said Hospital. The fact that a mop was retrieved during laparotomy done at Lok Nayak Hospital suggests that there was some error in counting of mops during the L.S.C.S. procedure, and, thus, a mop inadvertently was left inside the patient.
2. No satisfactory explanation has been submitted as to the reasons why the patient was kept for almost ten days in post-L.S.C.S. period, when as per the doctors and medical records, the patient had no medical complaints.
3. It is also observed that the following guidelines issued by the World Health Organization in reference to surgical procedures, particularly to mitigate the chances of mistakes in relation to surgical instruments or sponges/mops being left in the body of the patient during surgeries, need to be adhered to by all the medical practitioners :-
4. *A full count of sponges, needles, sharps, instruments and miscellaneous items (any other item used during the procedure that is at risk of being left within a body cavity) should be performed when the peritoneal, retroperitoneal, pelvic or-thoracic cavity is entered.*
5. *The surgeon should perform a methodical wound exploration before closure of any anatomical cavity or the surgical site.*
6. *Counts should be done for any procedure in which sponges, sharps, miscellaneous items or instruments could be retained in the patient. These counts must be performed at least at the start and end of every eligible case.*
7. *Counts should be recorded, with the names and positions of the personnel performing the counts and a clear statement of whether the final tally was correct. The results of this tally should be clearly communicated to the surgeon.*
8. *It is suggested that Validated, automatic sponge counting systems, such as barcoded or radio-labelled sponges, should be considered for use when available.*

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that Dr. Ramanjeet Kaur and Dr. Shobhika Singh did not exercise due diligence which is expected from an ordinary prudent doctor, in the treatment of the patient Smt. Pooja. The Disciplinary Committee, therefore, recommends that the name of Dr. Ramanjeet Kaur (Delhi Medical Council Registration No. 25780) and Dr. Shobhika Singh (Delhi Medical Council Registration No.DMC/R/13968) be removed from State Medical Register of Delhi Medical Council for a period of 30 days. The Disciplinary Committee, however, observes that the acts or omissions on the part of Dr. Ramanjeet Kaur and Dr. Shobhika Singh in the management of the patient were not reckless or patently wanton to invite criminal liability. It is also directed that a copy of this Order be sent to Delhi Nursing Council for taking appropriate disciplinary action against Staff Nurse, Ms. Anuradha for her omission during the LSCS procedure done at Kasturba Hospital, as she was the scrub nurse who was responsible for taking proper count of all the surgical equipments used during the surgery (LSCS) including the mops. The Disciplinary Committee further directs that a copy of this Order be sent to the Directorate General of Health Services, Govt. of NCT of Delhi with a request that the aforementioned guidelines be circulated to all the hospitals functioning under its jurisdiction.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Satish Tyagi) (Dr. Vijay Zutshi)

Chairman, Delhi Medical Association Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

The Order of the Disciplinary Committee dated 29th July, 2022 was confirmed by the Delhi Medical Council in its meeting held on 10th August, 2022.

The Council also confirmed the punishment of removal of name of Dr. Ramanjeet Kaur (Delhi Medical Council Registration No. 25780) and Dr. Shobhika Singh (Delhi Medical Council Registration No.DMC/R/13968) for a period of 30 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 60 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. Shri Yogesh Sharma r/o H. No. 2008, Shri Radha Krishna Mandir, Bazar Sitaram, Delhi
2. Dr. Poonam Bagga, Through Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
3. Dr. Ramanjeet Kaur, A-7. DUJ Apartment, Plot B-5, Sector-14 Ext., Rohini, Delhi-110085.
4. Dr. Shobhika Singh, E-98/41, Sector-50, Noida, Uttar Pradesh-201301.
5. Ms. Anuradha, Staff Nurse, Through Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
6. Shri Ganesh Bambhu, Staff Nurse, Through Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
7. Dr. Priya Saini, Flat No.704, Dell A, HRC, Professional HUB, Vaibhav Khand, Indirapuram, Ghaziabad, UP-201014.
8. Shri Ravindra, O.T. Assistant, Through Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
9. Dr. Sonia Malik, K-399, Street No.8, Mahipal Pur Extn., New Delhi-110037.
10. Dr. M.D. Serazul, Through Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
11. Dr. Priya Vrata, Through Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
12. Dr. Priyanka, VPO-Bilochpura, District Jhajjar, Haryana-124109.
13. Dr. Simantini Sircar, 694 A, Mahendra Banerjee Road, Ramkrishna Palli, P.O. Parnashri Palli, West Bengal-700060
14. Dr. Jharna Behura, Through Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
15. Dr. Uma, D/o Shri Jaipal Singh, 203 E, Indra Gali, East Babarpur, Shahdara, Delhi-110032
16. Medical Superintendent, Kasturba Hospital, Darya Ganj, Opp. Jama Masjid, New Delhi-110002.
17. Station House Officer, Police Station Jama Masjid, New Delhi-110006-w.r.t. FIR No.40/2018 dated 27.03.2018 U/S 337 IPC P.S. Jama Masjid-**for information**.
18. Registrar, Delhi Nursing Council, A. B. College of Nursing Building, L.N. Hospital, Mirdard Marg, LNJP Colony, New Delhi, Delhi 110002-**for information and necessary action.**
19. Director General of Health Services, Govt. of NCT of Delhi, F-17, Swasthya Sewa Nideshalaya Bhawan, Karkardooma, Delhi-110032-**for information & necessary action.**
20. Registrar, Uttar Pradesh Medical Council, 5, Sarvapally Mall Avenue Road, Lucknow-226001, Uttar Pradesh (**Dr. Ramanjeet Kaur is also registered with Uttar Pradesh Medical Council under registration No. 48907 dated 12.04.2004)**-**for information & necessary action**.
21. National Medical Commission, Pocket-14, Sector-8, Phase-1, Dwarka, New Delhi-110077-w.r.t. letter No.NMC/MCI/EMRB/C-12011/0154/2021/Ethics/014396 dated 15.07.2021-**for information & necessary action.**

 (Dr. Girish Tyagi)

 Secretary