



Delhi Medical Council

368, 3rd Floor, Pathology Block,
Maulana Azad Medical College,
Bahadur Shah Zafar Marg,
New Delhi-110002

DMC/14/2/Comp.159/2005/ 16174 - 16178.

4th August 2005

Shri S.K. Batra
D-134, Preet Vihar,
Delhi - 110 092

Complainant

Vs.

- 1) Dr. S.K. Gupta
Indraprastha Apollo Hospital
Sarita Vihar,
Delhi Mathura Road,
New Delhi - 110 044

Respondents

- 2) Dr. Ganesh K. Mani,
B-26, Greater Kailash - I
New Delhi - 110 048
- 3) Dr. J.M. Dua
Indraprastha Apollo Hospital
Sarita Vihar,
Delhi Mathura Road,
New Delhi - 110 044

ORDER

The Delhi Medical Council examined a complaint of Shri S.K. Batra, forwarded by Medical Council of India, alleging medical negligence on the part of respondents 1 to 3, in the treatment administered to the complainant at Indraprastha Apollo Hospital.

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The Delhi Medical Council perused the complaint, reply of respondents 1 to 3 and medical records of Indraprastha Apollo Hospital. The following were heard in person:

- a) Dr. Mallika Batra daughter of the complainant
- b) Ms. Shikha daughter of the complainant
- c) Dr S.K.Gupta
- d) Dr Ganesh K. Mani
- e) Dr J.M.Dua

It was brought to the notice of the Delhi Medical Council by Dr Mallika Batra that the complainant in this case, her father Shri S.K.Batra had passed away.

Shri. S K Batra was a 63 year old male & a reformed smoker. He suffered from anterior wall myocardial infarction (heart attack) in May 1990 and again from acute inferior wall myocardial infarction in March 1997. On 24 May 1998 he developed unstable angina. At National Heart Institute Coronary angiography done on 26 May 1998 revealed triple vessel disease with severe LV dysfunction. During his post angiography status he developed pulmonary edema and episodes of ventricular tachycardia & ventricular fibrillation for which multiple electric shocks had to be given to revive him.

As a life saving measure an emergency bypass surgery was required for which upon the wish of the relations he was shifted to Apollo hospital on 30 May 1998. From the records submitted it is clear that the surgery was a high risk surgery as the patient was on ionotropes for treatment support. His total leucocytic count was 18900, which was indicative of significant infection in the blood.

After explaining the gravity of the situation to the relations, after their high risk consent surgery was done by a team led by Dr. Ganesh Mani. A very high mortality and morbidity was anticipated, discussed and explained to the relations.

Extra wires and external pace maker wires were positioned in the chest to tackle emergency situations. These were sutured to the heart and were to be stay permanently within the body.

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Appropriate antibiotics were given in the post operative phase. Patient recovered gradually without any immediate complications.

Twenty three days after the surgery he developed mild breathlessness and low grade fever with normal counts for which short hospitalization was done. Mild grade fever continued for the next $2\frac{1}{2}$ months and hence a trial of anti tubercular treatment was given which is an accepted professional practice in any low grade fever when external source of infection is not visualised. 5 months after the operation first discharge was noted from the sternum for which multiple treatment options were tried including change of antibiotics, excision and curettage of infected sternal wires. It is observed that as per the discharge summary (Date of Discharge 24-02-99) of Indraprastha Apollo hospital only the infected sternal wires were removed "*underwent excision & curettage of discharging sternal sinus with removal of sternal wires....*" The Council is of the opinion that it is a standard practice to remove only the infected sternal wires. The Council appreciates that patient was a high risk patient for cardiac surgery which was done successfully without any complications. He had preoperative significant infection in the body. A count of 18900 TLC indicates that infections had spread into the blood.

The persistence of low grade fever was indicative of some source of infection in the body which in spite of multiple courses of antibiotics did not come under control.

Deep seated infections have a tendency to localize wherever there are foreign bodies like wires, valves, shunts or prosthesis. In this case it appeared that persistent infection in the body ended up in the secondary infection of the sternal wires and caused infection of the sternal bone.

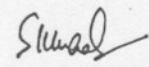
The very fact the sternal wound did not heal in spite of treatments at multiple hospitals and by multiple specialists it indicated an unusual type of infection. Regarding echocardiography reports it is known that ejection fraction is not a standard criterion for judging the severity of illness. His preoperative ejection fraction was low and remained low throughout his illness except for one report where the ejection fraction was labeled to be 40%. The reliability of that report is questionable as it had four different values of ejection fraction and did not have the required details of systolic and diastolic functions. The Council is of the opinion that it was commendable on the part of Apollo doctors to have taken a risk of operating him at a time when it was obvious that without surgery he would not have survived. He was operated even in the

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presence of infection, on balloon life support and knowing very well that patients who have suffered from pulmonary edema and has revived from serious ventricular tachycardia from electric shock and dependent on intra aortic balloon pump have a very high immediate mortality and late morbidity. All his subsequent complications are known to occur in such situations and do not amount to any medical negligence on the part of Dr S.K. Gupta, Dr Ganesh K. Mani, Dr J.M.Dua.

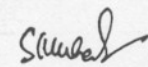
Complaint stands disposed.

By the order of and in the name of
Delhi Medical Council


(Dr. S.K. Khattri)
Secretary

Copy to :-

- 1) Shri S.K. Batra, D-134, Preet Vihar, Delhi - 110 092 — 16174.
- 2) Dr. S.K. Gupta, Indraprastha Apollo Hospital, Sarita Vihar, Delhi Mathura Road, — 16176
New Delhi - 110 044
- 3) Dr. Ganesh K. Mani, B-26, Greater Kailash - I, New Delhi - 110 048 — 16175
- 4) Dr. J.M. Dua, Indraprastha Apollo Hospital, Sarita Vihar, Delhi Mathura Road, New
Delhi - 110 044 — 16177.
- 5) Deputy Secretary, Medical Council of India, Aiwan-E-Galib Marg, Kotla Road, Opp.
Mata Sundari College (for Women), New Delhi - 110002. - With reference to your
letter No. MCI-211(2)(66)/2002-Ethical./4040 dated 14th July, 2004. — 16178


(Dr. S.K. Khattri)
Secretary

ORDER

The Delhi Medical Council examined a complaint against Dr. S.K. Batra, forwarded by
Medical Council of India, alleging medical negligence on the part of respondents 1 to 3, in the
treatment administered to the complainant at Indraprastha Apollo Hospital.

Could...