DMC/DC/F.14/Comp.3713/2/2024/ 15th October, 2024

**O R D E R**

The Delhi Medical Council through its Executive Committee examined a complaint of Shri Rajinder Kumar, r/o House No. 232, Jalam Mohalla, Tugalkabad Village, New Delhi-110044, alleging medical negligence on the part of the doctors of Batra Hospital and Medical Research Centre, 1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062, in the treatment administered to the complainant.

The Order of the Executive Committee dated 27th September, 2024 is reproduced herein-below :-

The Executive Committee of the Delhi Medical Council examined a complaint of Shri Rajinder Kumar, r/o House No. 232, Jalam Mohalla, Tugalkabad Village, New Delhi-110044, alleging medical negligence on the part of doctors of Batra Hospital and Medical Research Centre, 1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062, in the treatment administered to complainant.

It is noted that the Delhi Medical Council has also received a representation from Police Station Tigri, whose subject matter is same as that of complaint of Shri Rajinder Kumar, hence, the Executive Committee is disposing both of these matters by this common Order.

The Executive Committee perused the complaint, representation from police, written statement of Dr. Amiya Verma Medical Superintendent Batra Hospital and Medical Research Centre enclosing therewith joint written statement of Dr. Vijay Hangloo, Dr. Kapil Sharma, Dr. Vasudha Goel, copy of medical records of Batra Hospital and Medical Research Centre and other documents on record.

The following were heard in person:-

1. Shri Rajinder Kumar Complainant
2. Dr. Vijay Hangloo HOD Director Surgery, Batra Hospital and

Medical Research Centre

1. Dr. Kapil Sharma Director Gastro, Batra Hospital and Medical

Research Centre

1. Dr. Vasudha Goel Consultant Gastroenterology, Batra

Hospital and Medical Research Centre

1. Dr. Amiya Verma Medical Superintendent, Batra Hospital and

Research Centre

The complainant Shri Rajender Kumar alleged that on 05.09.2022 he suffered chest pain. He presented to the emergency of Batra Hospital where he remained admitted till 12.09.2022. During admission various tests were advised by Dr. Vijay Hangloo viz- MRCP, Hida Scan, blood test etc. At time of discharge Dr. Hangloo advised ERCP. On 21.09.2022 he underwent ERCP (which was done by Dr. Kapil Sharma and Dr. Vasudha Goel) at Batra Hospital under day care admission. Further during ERCP procedure without his consent a stent was placed and after the procedure he was informed that there were stones in the CBD and gall bladder. After the procedure he was discharge on medication. He again reported to Batra Hospital on 24.09.2022 with complaint of chest pain since 21.09.2022. Dr. Kapil Sharma and Vasudha Goel advised him to consult Dr. Vijay Hangloo for laproscopic procedure. They further advised six surgeries after laproscopic procedure. On 27.09.2022 he consulted Dr. Vinay Hangloo who advised further six surgical procedures. Thereafter he consulted ECHS polyclinic, Khanpur on 28.09.2022 where he was advised USG and LFT tests. After undergoing the said tests, he consulted Dr. Saurabh Goyal at Vimhans Nayati Hospital Lajpat Nagar with test reports. Dr. Saurabh Goyal after examining the said reports informed him that there was no need to undergo twelve different surgeries as advised by Dr. Kapil Sharma, Dr. Vasudha Goyal and Dr. Vijay Hangloo. Dr. Saurabh Goyal further informed that in his case these was also no need for placing a stent during ERCP procedure done at Batra Hospital and infact advised for removal of the said stent after four weeks. He, therefore, got the stent removed on 07.11.2022 at Park Hospital. He, therefore, requests that strict action be taken against Dr. Vijay Hangloo, Dr. Kapil Sharma, Dr. Vasudha Goel and Batra Hospital.

Dr. Vijay Hangloo, Dr. Vasudha Goel and Dr. Kapil Sharma Director Gastro Batra Hospital and Medical Research Centre in their joint written statement averred that on 05.09.2022 around 5.30 pm Shri Rajendra Kumar, the complainant 44 years of age presented to Batra Hospital casualty with complaints of pain in epigastric region. On examination, he had tenderness; in epigastrium and he was admitted under Dr. Vijay Hangloo after receiving primary case for pain in emergency. He was admitted with a provisional diagnosis of Acute Abdomen/Cholecystitis (13) and was given antibiotics. PPI and analgesics. His LFT revealed elevated GGT and ultrasound was done on 06.09.2022 which revealed thickened and edematous gall bladder, sludge in the lumen and wall thickness of 06 mm with impression features suggestive of calculous cholecystitis, mild hepatomegaly, with grade 1 fatty liver. Subsequently, MRCP and HIDA scan were done on 08.09.2022. MRCP revealed distended, thick-walled gall bladder (3.7mm), prominent CBD with meniscus sign in distal CBD---? Soft calculus, and ERCP was suggested for further evaluation. HIDA scan revealed inadequate contraction of gall bladder following fatty meal, suggestive of gall bladder dyskinesia. On 10.09.2022 Gastroenterologist (Dr. Kapil Sharma/Dr. Vasudha Goel) consultation was sought and they advised ERCP for clearance of CBD. He stayed in hospital with abdominal pain for few days and was discharged in a stable condition on 12.09.2022 and advised to get ERCP done (by gastroenterologist) after permission from ECHS by the treating team. On 21.09.2022 patient was admitted under Dr. Kapil Sharma in day care for ERCP. This was done for demonstrable stone in CBD (MRCP on 09.09.2022). ERCP was done after proper written and informed consent for the procedure including indications, procedure details, and complications. The consent form clearly mentions about the need for insertion of plastic stent in CBD. ERCP, papillotomy, stone extraction from CBD (5mm) and stent placement (7 cm plastic) was done by Dr. Kapil Sharma and Dr. Vasudha Goel. Placement of a plastic stent is a standard protocol after ERCP before cholecystectomy to prevent cholangitis and recurrence of stone. An original research article published in 2021, demonstrating the benefits and necessity of placement of biliary stent after CBD stone removal during ERCP. On 24.09.2022 patient reported with abdominal pain and he was referred to Dr. Vijay Hangloo by Dr. Kapil Sharma. Since he had stone in CBD (which is mostly secondary to gallbladder stone) and he had calculus cholecystitis on ultrasound and non-functioning (dyskinetic) gall bladder in HIDA scan, he was advised to undergo Laparoscopic Cholecystectomy after getting permission from ECHS. Laparoscopic Cholecystectomy is a standard procedure for Biliary Dyskinesia and Acute Calculus Cholecystitis. However, he did not report to them for any further treatment/suggestion and or discussion. All the allegations made towards them are baseless, false and intentional and putting them in unnecessary mental trauma and harassment. It is also hampering our services towards needy patients. To conclude, indication was correct, proper consent was taken and no complication occurred after the procedure. They have taken utmost care while treating him.

Dr. Vijay Hangloo Director HOD General Surgery Batra Hospital further explained that the approval for patients undergoing Cholecystectomy cannot be taken retrospectively in ECHS patient. The level of difficult procedure cannot be estimated pre-operatively and it depends upon various factors including adhesions, presence of anatomical variations, cholecystoduodenal fistula, contracted GB, MirrizI’s syndrome and/or pericholecystic collection, and frozen calot’s tringle in acute cholecystitis. These factors are sometimes indication for conversion to open procedures and cannot be assessed by any clinical or radiological parameters preoperatively. This patient was post ERCP and CBD stenting with features of acute cholecystitis with thick wall gall bladder with sludge and Dyskinesia. The procedures mention for approval are not different operations, but component of the single operation for safe cholecystectomy which may include use of harmonic scalpel. Since adhesions are expected, therefore approval of adhesiolysis was sought. Secondly, in acute cholecystitis, omentum become densely adherent to gall bladder and therefore needs omental excision and permission for omental excision (bengin tumor excision) was sought. Sometime unexpectedly a cholecystoduodenal fistula may be encountered, therefore on assumption permission for cholecystoduodenal fistula was sought. We use open method for creating pneumoperitoneum through umbilicus and after completion of dissection the gall bladder is extracted through umbilical port. A thick walled and voluminous gall bladder needs enlargement of the umbilical port creating a musculoaponeurotic defect which needs to be repaired in the same manner as umbilical hernia. Moreover many times while making an umbilical port and incidental omental herniation is seen which can be missed on routine ultrasound, but such herniation hernia needs to be repaired at the same sitting. These permission where sought for safe surgical procedure and these are submitted to ECHS doctors for approval, which may be given for all or some of the codes. However, the billing is done as per actual intra-operative findings which may not include all the mention codes. Furthermore concluding he has not operated the patient and hence no billing and no codes have been billed in this case by him.

In light of the above the Executive Committee makes the following observations:

1. The complainant Shri Rajendra Kumar, a 44 years old male was admitted in the said Hospital on 5-09-22 with complaint of abdominal pain, under Dr Vijay Hangloo. He was examined, evaluated and investigated. The ultrasound done was suggestive of calculus cholcystitis, HIDA scan suggested GB dyskinesia. The M.R.C.P. revealed mild gall bladder wall thickening; prominent CBD with meniscus sign in the distal CBD? Soft calculus. The complainant was diagnosed with Acute cholecystitis and managed conservatively with I.V. fluids, antibiotics, analgesics and other supportive treatment and discharged in stable condition on 12-09-22 with advice to undergo E.R.C.P. The complainant thereafter underwent E.R.C.P. at the said hospital on 21-09-22, which was performed by Dr Kapil Sharma. The E.R.C.P. gave the impression of papillotomy-CBD stricture dilatation-Balloon sweeping-stone extraction-CBD stenting. On 24-09-22 the complainant reported to Dr Kapil Sharma who referred him to Dr Vijay Hangloo for Laparoscoic cholecystectomy procedure. The complainant then consulted Dr Vijay Hangloo who also advised him to undergo laparascopic cholecystectomy. The complainant thereafter underwent SVE (stone vacuum extraction) and biliary stent removal procedure at Park Hospital on 7-11-22.
2. The allegation that a stent was placed during the ERCP procedure without consent is deemed to be misplaced. The committee noted that the consent form for ERCP explicitly mentions the possibility of stent insertion to relieve bile duct obstruction. Further Stent placement post-ERCP is standard practice to prevent complications like cholangitis and stone recurrence before subsequent procedures (cholecystectomy).
3. Dr. Vijay Hangloo's explanation regarding the detailed components associated with cholecystectomy procedure mentioned for obtaining permission, especially for ECHS patients, and billing practices based on intraoperative findings was found satisfactory. This clarifies discrepancies that might arise between detailed consent or procedural explanations and actual billing based on surgical findings.
4. The committee finds that the medical care provided to Shri Rajendra Kumar was in accordance with standard protocols, and the concerns raised regarding consent and billing were adequately addressed through the explanations provided by the medical team involved.Top of Form

In light of the observations made hereinabove it is the decision of the Executive Committee that no medical negligence can be attributed on the part of doctors of Batra Hospital and Medical Research Centre in the treatment of Shri Rajendra Kumar.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Arun Kumar Gupta) (Dr. Ashwini Dalmiya) (Dr. Raghav Aggarwal)

Chairman, Member, Member,

Executive Committee Executive Committee Executive Committee

Sd/:

(Dr. Arun Kumar Gupta)

Expert Member,

Executive Committee

The Order of the Executive Committee dated 27th September, 2024 was confirmed by the Delhi Medical Council in its meeting held on 03rd October, 2024.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to:-

1. Shri Rajinder Kumar, r/o House No. 232, Jalam Mohalla, Tugalkabad Village, New Delhi-110044.
2. Dr. Vijay Hangloo, Through Medical Superintendent, Batra Hospital and Medical Research Centre, 1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062.
3. Dr. Kapil Sharma, Through Medical Superintendent, Batra Hospital and Medical Research Centre, 1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062
4. Dr. Vasudha Goel, Through Medical Superintendent, Batra Hospital and Medical Research Centre, 1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062
5. Medical Superintendent, Batra Hospital and Medical Research Centre, 1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi-110062.
6. S.H.O., Police Station Tigri, New Delhi-110080 (w.r.t. letter No.DD No. 68 A dated 15.11.2022)-for information.

(Dr. Girish Tyagi)

Secretary