

Medico Legal Aspects of Pre- and Postoperative Periods: What should the Anesthesiologist Know?

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MAKE SURE THAT PATIENT IS NIL PER ORAL

Regurgitation is a silent, passive act and an unheralded phenomenon and therefore, difficult at times to prove in the court of law

Case—Smt. Bhanulal vs Dr. Prakash Padode and Others, [2000 (2) CPJ 384: 2000 (3) CPR 356 (MP SCDRC)]

In a case of hernia surgery, it was alleged that no preoperative care was taken and the patient was not optimized prior to administering general anesthesia. Operation for hernia was performed immediately on the same day the patient got admitted. The court observed that “the very fact that few crepitation and rhonchi developed within 15 minutes after starting the surgery establishes that the patients was not properly prepared for anesthesia. The contention of doctors that aspiration is one of the known complications of anesthesia, in so far as they did not take due precautions.” The surgeon was also held equally responsible for negligence and lack of care because he performed the operation on a patient who was not properly prepared for general anesthesia, when there was no emergency for operation. Postoperative management was done by non-doctor which was the most apparent cause of the aspiration of the lung resulting in the death of young patient. Therefore, the opposite parties were jointly and severally liable for negligence and deficiency in service, which resulted in the untimely death of a healthy and young person. Post-mortem examination showed evidence of aspiration leading to massive pulmonary edema. It was marked that the surgeon and the anesthetist worked “hand-in-glove.” A compensation of

₹1,75,000 was awarded that was to be paid jointly or severally by both anesthesiologist and surgeon.

DO NOT BE IN A HURRY FOR THE NEXT CASE

In *Ascher vs Gutirrea*, 553 F 2d, 1235, DC CA 1976, the anesthetist left the patient when he was critical; hence, anesthetist was held to be negligent. The patient went into laryngospasm during surgery. While the patient’s condition was still critical, the anesthesiologist left to attend to another operation. Although he claimed that another qualified anesthesiologist was in the operating room and treating the patient at the time when he left, the surgical log book indicated a gap of several minutes with no anesthesiologist being present during the time. The patient later developed cardiac arrest. The court found the first anesthesiologist to be negligent in the treatment and guilty of abandonment for failing to remain with a patient who was in such obvious difficulties.

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There are no conflicts of interest.

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