

Press Release

Jane Doe vs. Plastic Surgeon Without Endoscopic Sinus Surgery Training

In late 2001, Jane Doe was referred to a plastic surgeon by her allergist for chronic headaches. The plastic surgeon made a diagnosis of sinusitis without obtaining an adequate history, without performing an endoscopic examination of Mrs. Doe's sinuses, and without CT scan evidence to support the diagnosis. The doctor then proceeded to perform endoscopic sinus surgery on Mrs. Doe. During surgery, he penetrated the orbit and negligently removed a considerable amount of fat from the left orbit. The pathology report confirmed that there was no evidence of sinusitis. The doctor had no formal training in endoscopic sinus surgery. He also did not have sufficient knowledge of the anatomy or technique to perform the surgery. Furthermore, it is questionable whether he had hospital privileges to perform endoscopic sinus surgery or any surgery for inflammatory, allergic or infectious processes in the sinuses.

Post-operatively, the patient complained of left eye pain and double vision. Despite his knowledge that he had removed fat from the left orbit, the doctor failed to obtain an ophthalmology consult. At a follow-up visit several days after surgery, the patient's right pupil was larger than her left and she was experiencing double vision. He still failed to obtain an ophthalmology consult. At a second follow-up visit (one-week post-op), the doctor finally made a referral to an ophthalmologist because of the patient's continued pain and diplopia.

The ophthalmologist ordered a CT scan which showed a defect in the medial wall with the left medial rectus muscle herniating through the defect.

Mrs. Doe underwent surgery to reposit the medial rectus muscle and place a medial wall implant to repair the orbital defect.

Approximately one-year post-op, she underwent strabismus surgery in an attempt to realign the eyes and improve her double vision.

Approximately two years post-op, Mrs. Doe began experiencing increased headaches and diplopia. A CAT scan revealed swelling in the back of the sinuses and orbit. The swelling was a mucocele

containing infected material, which was creating pressure that was limiting eye mobility and causing headaches.

She underwent surgery to drain the mucocele. During this surgery, the surgeon also had to remove the implant because the infection had come in contact with it. This surgeon opined that there is a definite likelihood that the mucocele will recur in the future.

Mrs. Doe's future treatment options are limited. Her eyes are no longer aligned properly because of the orbital fat that was removed. When she moves her eyes to try and see an image with both eyes, the image doubles up. She also does not exhibit a typical pattern of cross eyes because her double vision pattern changes depending on where she looks. It is impossible to completely fix this double vision pattern.

Thanks to the skill of her follow-up care providers, she was able to regain a small "island" of single vision when she is looking straight ahead. However, her island of single vision is only 25%-33% of that of a normal person, thus limiting her everyday activities. Mrs. Doe has been discouraged from undergoing further surgery attempting to correct the double vision. Additional surgery could make her island of single vision smaller yet or shift her double vision. Should the mucocele recur, which is probable, the mucocele may shift her pattern of double vision or worsen her double vision.

As a result of the plastic surgeon's negligence, Mrs. Doe suffers from double vision when her gaze is altered and only has single vision when looking straight ahead.

The case settled for \$800,000.00. The terms of the settlement included the requirement for the doctor to take medical courses above and beyond the minimum required for continued licensure within one (1) year of settlement.