SPSO decision report

SPSO Scottish Public Services Ombudsman

Case: **201304592, Ayrshire and Arran NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Ms C had a complex medical history including extensive long-standing urological (urinary tract) problems dating back to childhood. She had her left kidney removed, with a segment of the tube that carries urine from the kidney to the bladder (ureteric stump) being left in place. In October 2012, Ms C's GP referred her to a urologist at Ailsa Hospital for recurrent urinary tract infections and to a consultant surgeon because of gastroentology (digestive system) symptoms including abdominal pain, bloating, variation in bowel habit, diarrhoea and intermittent rectal bleeding. Following investigations, the ureteric stump was removed in March 2013 and Ms C's urological problems improved. However, her gastroenterology symptoms continued and in October 2013 she was diagnosed with irritable bowel syndrome.

Ms C complained that her urological symptoms were not investigated within a reasonable time and that there was an unreasonable delay in removing the ureteric stump. She also believed that her urological and gastroenterological symptoms were related and was concerned about her continuing severe gastroenterological symptoms, which she said worsened after the surgery to remove the ureteric stump and were not properly investigated. Finally, Ms C complained that she had not been told about the diagnosis of irritable bowel syndrome.

We took independent advice on this case from two of our medical advisers. Turning first to the care and treatment in relation to Ms C's gastroenterology symptoms, our adviser said that Ms C was appropriately investigated and treated for her symptoms. In relation to her urology symptoms, the advice we accepted was that this too was reasonable. Both our medical advisers pointed out that Ms C had a complex medical history and that, in relation to her urological condition, her case was rare and unusual. However, we found that the board appropriately arranged for further follow-up for her gastrointestinal problems. Ms C felt strongly that both sets of symptoms were directly linked, but our medical advisers said there was no evidence that this was the case. We were concerned that there was no direct evidence in Ms C's medical records that the diagnosis of irritable bowel syndrome was discussed with her, but we noted that the board had taken steps to address this. We were satisfied by the evidence from the medical records that, with the exception of this, the standard of care and treatment was reasonable.