

SPSO decision report

Case: 201400583, Highland NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Ms C, who is an advice worker, complained on behalf of her client (Ms A) about her care and treatment. Ms A's GP referred her to Raigmore Hospital because she had been experiencing backache, painful urination and pain in her thighs, and she was admitted as an emergency. She was treated for a urinary tract infection and, as she also had back pain, arrangements were made for her to have an x-ray after she was discharged. Less than a month later, Ms A was seen in hospital again but when she was examined, no pulse could be found in either of her legs below her knee. She was started immediately on aspirin and a statin (a drug to reduce cholesterol in the blood) and an MR angiogram (magnetic resonance angiogram, a type of imaging) was carried out. Subsequently, Ms A was admitted to hospital where she underwent a femoral distal bypass (an operation to bypass the blocked part of an artery, carried out when a patient is threatened with amputation). This was re-done on two further occasions and the possibility of amputation of one of Ms A's legs was discussed.

Ms C complained about the care and treatment Ms A received on her first admission to hospital and said that she had not been properly examined and appropriate tests had not been carried out. She also said that an inaccurate diagnosis was made and Ms A was discharged without appropriate follow-up arrangements. Ms A thought that if she had been kept in hospital for tests, the outcome might have been different.

We took independent medical advice from a consultant surgeon as part of our investigation. We found that when Ms A was first admitted to hospital she showed no signs of peripheral vascular disease (a common condition, in which a build-up of fatty deposits in the arteries restricts blood supply to leg muscles) and she did not report any pain in her legs or discolouration in her feet. Accordingly, her treatment had been appropriate. Similarly, before she was sent home, she had been assessed as fit for discharge. It was quite appropriate for further tests, including an x-ray, to be arranged for her as an out-patient. It was only later, after it was found that there were no pulses in her lower legs and further tests were done that the extent of Ms A's problem was revealed.