

## SPSO decision report

**Case:** 201704629, Greater Glasgow and Clyde NHS Board - Acute Services Division  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** not upheld, recommendations

### Summary

Ms C, who works for an advocacy and support agency, complained on behalf of her client (Ms A) about the care Ms A received at the Vale of Leven Hospital.

Ms A was injured at work and afterwards her knee was painful and giving way. She was referred for an arthroscopy (keyhole joint surgery). Ms A was told that she had torn her anterior cruciate ligament (a band of connective tissue that holds the knee bones together and helps stabilise the joint). She was referred for physiotherapy but she continued to have problems with her knee. She was then offered surgery to reconstruct her anterior cruciate ligament, which she declined. Several years later, Ms A had a further knee arthroscopy. She was told that her anterior cruciate ligament was present, intact and functional. Ms C complained that following her first arthroscopy, Ms A was misdiagnosed with a torn anterior cruciate ligament.

We took independent advice from a consultant orthopaedic surgeon with a special interest in knee surgery. We found that Ms A had suffered a partial tear to her anterior cruciate ligament and as a result of this injury, her anterior cruciate ligament was not stabilising her knee so it required treatment. We found that Ms A was correctly referred for physiotherapy and as this was not successful, surgery was appropriately discussed with her. We noted that the findings of her second arthroscopy were broadly similar to the first arthroscopy, as it also found evidence she had experienced a partial tear to her anterior cruciate ligament. We found that although Ms A no longer appeared to have instability in her knee joint, this may have been because of the osteoarthritis (chronic breakdown of cartilage in the joints leading to stiffness) in her knee joint. We found no evidence that Ms A's injury had originally been misdiagnosed and, therefore, we did not uphold Ms C's complaint. However, we noted that Ms A should have been referred to a specialist to assess if anterior cruciate ligament surgery was appropriate for her and made a recommendation in light of this finding.

### Recommendations

What we said should change to put things right in future:

- Patients with anterior cruciate ligament injuries should be appropriately referred to a specialist surgeon.