SPSO decision report

Case:	201708468, Grampian NHS Board
Sector:	health
Subject:	clinical treatment / diagnosis
Decision:	upheld, recommendations

Summary

Ms C complained that the board failed to provide her with reasonable information about a fistulotomy (a surgical procedure to treat a fistula - a small tunnel that develops between the end of the bowel and the skin near the anus), the risks involved and the other options available, before carrying out the procedure. Ms C was left incontinent after the surgery.

We took independent advice from a consultant surgeon. We found that Ms C had not been seen prior to the fistulotomy to discuss the risks and incontinence was not documented on the consent form. We found that although it had been reasonable to offer the surgery to Ms C, she should have been seen in clinic to discuss the risks and benefits as well as the other options for surgery. We considered that Ms C had not been provided with reasonable information about the fistulotomy before the operation was carried out. We, therefore, upheld this aspect of the complaint.

Ms C also complained that the board's response to her complaint was inaccurate. The board's response to her complaint had stated that other surgical options had been discussed with her. There was no evidence in the documentation we received from the board that this had been discussed with Ms C. We found that if this had been discussed, it should have been documented. Therefore, we upheld this aspect of the complaint.

Recommendations

What we asked the organisation to do in this case:

• Apologise to Ms C for failing to provide her with reasonable information about a fistulotomy, the risks involved, the other options available before carrying out the surgery and for providing an inaccurate response to her complaint. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets

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

• The board should ensure that patients being considered for a fistulotomy are given reasonable information about the risks and benefits and other options and that this is documented. Patients should also be given sufficient time before the operation to consider this information.

In relation to complaints handling, we recommended:

• Where appropriate, statements in complaint responses should be supported by evidence.

