

## Scottish Parliament Region: South of Scotland

### Case 200603869: Dumfries and Galloway NHS Board

#### Summary of Investigation

##### **Category**

Health: Hospital; Orthopaedics

##### **Overview**

The complainant (Mr C) raised concerns that, at a consultation with an orthopaedic consultant on 7 June 2005, an incorrect decision was taken to treat a knee injury with analgesia rather than surgery and that he had to have an operation carried out privately to resolve the matter.

##### **Specific complaint and conclusion**

The complaint which has been investigated is that, at an appointment with an orthopaedic consultant on 7 June 2005, the clinical decision to treat Mr C's knee injury by analgesia rather than surgery was inappropriate (*not upheld*).

##### **Redress and recommendation**

The Ombudsman has no recommendations to make.

## **Main Investigation Report**

### **Introduction**

1. On 27 March 2007 the Ombudsman received a complaint from Mr C who had raised concerns that, at a consultation with an orthopaedic consultant on 7 June 2005, an incorrect decision was taken to treat his knee injury with analgesia rather than surgery and that he had to have an operation carried out privately to resolve the matter. Mr C complained to Dumfries and Galloway NHS Board (the Board) but remained dissatisfied with their response and subsequently complained to the Ombudsman.

2. The complaint from Mr C which I have investigated is that, at an appointment with an orthopaedic consultant on 7 June 2005, the clinical decision to treat Mr C's knee injury by analgesia rather than surgery was inappropriate.

### **Investigation**

3. In writing this report I have had access to Mr C's clinical records and the complaints correspondence from the Board. I obtained advice from one of the Ombudsman's professional medical advisers (the Adviser), who is a trauma and orthopaedic consultant, regarding the clinical aspects of the complaint.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. Mr C and the Board were given an opportunity to comment on a draft of this report.

#### *Clinical background*

5. The Adviser reviewed Mr C's clinical records and noted that Mr C had undergone arthroscopic surgery (procedure used to identify, monitor and treat joint problems) to his left knee in June 1990 and to his right knee in December 1998. On both occasions the surgery had improved his symptoms. He was referred to hospital on 10 May 2005 by a General Practitioner (GP 1) with a history of pain in the left knee which was particularly marked after walking or gardening. On 7 June 2005 Mr C was seen by an orthopaedic consultant (Consultant 1) with a complaint of pain in the left knee mainly on exercise and that the pain did not trouble him at night. Mr C was on Voltarol (non-steroidal anti-inflammatory medication) for pain emanating from his right knee. Consultant 1 thought that Mr C's symptoms were consistent with early

osteoarthritis and did not feel that surgery was indicated at that time. In November 2006 Mr C was referred by a GP (GP 2) to a private hospital where he saw a consultant in orthopaedics (Consultant 2). It was recorded at this time that Mr C's symptoms had recently deteriorated, with quite specific medially based pain. It was noted that he was markedly tender on the medial joint line, which was exacerbated by provocation testing. In view of the presenting symptoms, Consultant 2 suggested that there might at that time be an indication for arthroscopy, on the presumption that Mr C had a degenerative meniscal tear. As a result Mr C underwent arthroscopic surgery on 20 December 2006.

**Complaint: At an appointment with an orthopaedic consultant on 7 June 2005, the clinical decision to treat Mr C's knee injury by analgesia rather than surgery was inappropriate**

6. Mr C complained to the Board that he had a past history of knee arthroscopy which had improved his knee problems. In 2004 he started to experience pain in the inside of his left knee which was consistent with what he had experienced in the past. He reported this to GP 1 and said that arthroscopy had been beneficial so GP 1 referred him to Consultant 1. Mr C saw Consultant 1 on 7 June 2005 and told him about the relief which arthroscopy would bring. Mr C said Consultant 1 told him that surgery would be of no benefit and that he was to continue to work around the problem and take analgesia for the pain. In August 2005 Mr C spoke to his GP (GP 3) who said he had no reason to doubt Consultant 1's opinion. Mr C then intended to seek a private opinion but due to personal circumstances this did not happen until autumn 2006. Mr C then saw Consultant 2, who performed surgery on 20 December 2006, which Mr C advised was successful and that for the first time in two years he was pain free. Mr C wanted to know why Consultant 1 did not offer surgery in June 2005. He felt that as a result he had to endure 18 months of pain and discomfort and the private operation had cost him £3000. In further correspondence with the Board, Mr C added that the pain which he suffered in 2004 was a new pain, in addition to the general aches and ongoing knee discomfort which had been present for many years. The pain pre-2004 was treated with analgesia but the new pain had still materialised.

7. The Board responded that it was assumed the surgery which Mr C had performed privately was arthroscopy and wash out but that Consultant 1 did not feel this was helpful. They explained that national opinion was divided and most orthopaedic consultants think that lavage (wash out) does not help in the long term although there is short term relief. It was also pointed out that Mr C

had the right to take alternative advice and treatment although this could have been obtained through the NHS.

8. The Adviser told me that there is considerable diversity in opinion as to the place of arthroscopic debridement (surgical removal of tissue) in early degenerative change. Studies have shown that the ideal candidate for this surgery has mechanical symptoms (usually defined by the presence of locking or giving way), failure of non-operative managements, symptoms persistent of between three months and one year and radiographic grade 0-1 changes with no marked malalignment. Mr C presented with no mechanical symptoms. Although he did have persistence of symptoms in his referral history of pain and his x-rays showed grade 1-2 changes with no marked malalignment. As such, Mr C would not have satisfied the criteria. The Adviser felt that, as Mr C was not complaining of mechanical symptoms, Consultant 1's decision that surgery was not required was reasonable. The Adviser noted that in 2006 Mr C's symptoms had changed from those at the June 2005 consultation, in that Consultant 2 noted a recent deterioration in function of the left knee and clinically the presence of marked medial tenderness which was not present in June 2005.

#### *Conclusion*

9. Mr C's complaint was that, had surgery been carried out to his left knee following the consultation on 7 June 2005, it would have saved him months of pain and discomfort and there would have been no requirement for him to seek private treatment. The advice which I have received and accept is that medical opinion on arthroscopic surgery is divided and that, provided the criteria had not been met, it would be reasonable to continue with analgesia rather than surgery. It is clear that in June 2005 Mr C did not satisfy the criteria and, as such, the decision by Consultant 1 not to perform surgery was reasonable. I have also taken into account that, following that consultation, Mr C's symptoms deteriorated and when he saw Consultant 2 in 2006 it was then that surgery was deemed appropriate. Accordingly, I have concluded that Consultant 1's decision was reasonable and I do not uphold the complaint.

#### *(a) Recommendation*

10. The Ombudsman has no recommendations to make.

**Explanation of abbreviations used**

Mr C	The complainant
The Board	Dumfries and Galloway NHS Board
The Adviser	The Ombudsman's professional medical adviser
GP 1	The GP who referred Mr C to Consultant 1
GP 2	The GP who referred Mr C to Consultant 2
GP 3	Mr C's GP
Consultant 1	Orthopaedic Consultant who reviewed Mr C on 7 June 2005
Consultant 2	Orthopaedic consultant who reviewed Mr C as a private patient