

Case 200601890: A Podiatry Clinic, Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Clinical treatment

Overview

The complainant (Mrs C) was concerned that the podiatry treatment she received at a podiatry clinic (the Clinic) was inappropriate. Mrs C complained that her bunion had been cut into against her wishes and that the same scalpel had been used to treat two different parts of her foot.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) a podiatrist (the Podiatrist) cut into Mrs C's bunion against her wishes (*not upheld*); and
- (b) the scalpel used to cut into Mrs C's bunion was the same as that which had been used to cut into her toenail (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 25 September 2006, the Ombudsman received a complaint from a woman, referred to in this report as Mrs C, about the podiatry treatment she received at a podiatry clinic (the Clinic). Mrs C complained that her bunion had been cut into against her wishes and that the same scalpel had been used to treat two different sites.

2. The complaints from Mrs C which I have investigated are that:

- (a) a podiatrist (the Podiatrist) cut into Mrs C's bunion against her wishes; and
- (b) the scalpel used to cut into Mrs C's bunion was the same as that which had been used to cut into her toenail.

Investigation

3. As part of the investigation of this complaint, I obtained and read Mrs C's clinical records and the complaint correspondence between her and East Dunbartonshire Community Health Partnership (the Partnership). The Clinic is in the Partnership's area and the latter dealt with the complaint. I also sought the advice of one of the Ombudsman's medical advisers (the Adviser) on the clinical aspects of the case.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Partnership were given an opportunity to comment on a draft of this report.

(a) The Podiatrist cut into Mrs C's bunion against her wishes

5. Mrs C complained that the Podiatrist cut into her bunion against her wishes and that this caused her severe pain in her left foot and difficulty walking.

6. Responding to Mrs C's complaint, in a letter to her dated 2 August 2006, the Partnership said the treatment Mrs C was given on the day in question was consistent with her presenting symptoms. They said her treatment history documented that she had a lesion in her left bunion which required antibiotics a month previously. The Partnership said the bunion appeared to have been treated appropriately, with an appropriate dressing applied and a further appointment organised.

7. In response to my investigation, the Partnership said there was a layer of callous (a toughened, thick or hard area of skin) covering a lesion on Mrs C's bunion. They said lesions were often covered with a layer of callous and the appropriate treatment was sharp debridement (removal of material from a wound) using a scalpel and the application of an appropriate dressing.

8. I asked the Adviser for his advice on this complaint. Paragraphs 9 to 12 below summarise his comments.

9. On 7 April 2006, when the incident to which Mrs C's complaint relates took place, reasonable pre-operative care was taken and all Mrs C's toenails were cut and filed. The left first toenail was cut back and revealed an ulcer (a break in the continuity of the skin) which, according to a representative diagram in the clinical records, was 12 millimetres across and 2 millimetres in depth. Appropriate dressings were applied.

10. Mrs C then reported to the Podiatrist a breakdown in skin over her left bunion. Antibiotics had been given to Mrs C for this one month previously. The clinical records noted a 'light reduction of a superficial lesion not ulcer, size 3 millimetres base raw no infection'. This treatment was followed by application of a seven millimetres compressed felt pad and appropriate dressings. The clinical records stated that Mrs C was given a re-dressing appointment for three days later.

11. The clinical record for 7 April 2007 explained the treatment process fully and was signed off as having been written immediately following treatment. It did not mention any untoward event. The clinical records were a reasonable account of events.

12. The Adviser concluded that there was no evidence in the clinical records to support the allegation that Mrs C's bunion had been cut into against her wishes. He said, however, that best practice would have been for the Podiatrist to explain to Mrs C what treatment she was going to give and to seek her agreement. He said, in addition, that it was good practice to record dissatisfaction where a patient is not happy with treatment given during a consultation. There was no evidence, however, that Mrs C expressed any dissatisfaction at the time.

(a) Conclusion

13. The Adviser's view, which I accept, is that the treatment of Mrs C's bunion was clinically appropriate and that the Podiatrist was not at fault in debriding the lesion. I am satisfied, therefore, that the Podiatrist acted appropriately in that regard.

14. I note the Adviser's view that good practice would have been to explain and seek the agreement of patients before carrying out procedures. While I accept the Adviser's view, the evidence available is not strong enough either to establish whether good practice was, or was not, followed in this case or whether the Podiatrist acted against Mrs C's wishes.

15. I note that the clinical records do not mention an explanation being given or agreement being sought by the Podiatrist, but I consider that the amount of information that can be reasonably included in clinical records is finite and I do not consider that, in this case, it would have been necessary for the Podiatrist to record such information, had it been given.

16. I also accept the Adviser's view that, had dissatisfaction been expressed, it should have been recorded in the clinical records. However, there is no evidence either that Mrs C expressed any wishes prior to the Podiatrist carrying out the procedure or that those wishes were disregarded.

17. In all the circumstances, I do not uphold the complaint because the treatment provided to Mrs C was clinically appropriate and because there is no evidence the Podiatrist acted against Mrs C's wishes.

(b) The scalpel used to cut into Mrs C's bunion was the same as that which had been used to cut into her toenail

18. Mrs C complained that the scalpel that had been used to debride her bunion was the same one that had been used to treat her toenail. Mrs C believed this was not good practice because of the risk of infection.

19. I asked the Adviser for his advice on this complaint. His comments are summarised at paragraphs 20 to 21 below.

20. There is no evidence in the clinical records that the Podiatrist used a scalpel to cut into Mrs C's toenail. The clinical records show that Mrs C's toenails were cut with nail clippers and filed. When one of the nails was cut

back it revealed a wound or ulcer. It was then that a scalpel was used to debride dead tissue.

21. Sterile scalpel blades are for single patient use to reduce the risk of cross infection. Although best practice would have been to change the scalpel after treating the toenail, the use of the same scalpel on the bunion on Mrs C's other foot was acceptable practice. There was no evidence of infection either on the toe or bunion site.

(b) Conclusion

22. The Adviser's view, which I accept, is that it was acceptable for the same scalpel to be used on Mrs C's bunion. While the Adviser comments that best practice would have been to change the scalpel, the Podiatrist's actions were reasonable by the standards that could reasonably be expected to apply at the time. That is the test against which the Ombudsman determines whether clinical error has occurred and, in this case, I am satisfied that, while not following best practice, the Podiatrist acted reasonably. Consequently, I do not uphold this complaint.

Explanation of abbreviations used

Mrs C	The complainant
The Clinic	A podiatry clinic where Mrs C received treatment on 7 April 2006
The Podiatrist	A podiatrist who treated Mrs C on 7 April 2006
The Partnership	East Dunbartonshire Community Health Partnership
The Adviser	One of the Ombudsman's medical advisers

Glossary of terms

Callous	A toughened, thick or hard area of skin
Ulcer	A break in the continuity of the skin