

VERDICTS & SETTLEMENTS

PERSONAL INJURY

MEDICAL MALPRACTICE Wrongful Death

VERDICT: Defense.

CASE/NUMBER: Christine Manley v. Peter S. Richman, M.D., et al. / PC049859.

COURT/DATE: Los Angeles Superior Chatsworth / Sept. 23, 2013.

JUDGE: Hon. John J. Kralik.

ATTORNEYS: Plaintiff - Alejandro D. Blanco (The Blanco Law Firm, Glendale).

Defendant - Yuk K. Law (Law Brandmeyer & Packer LLP, Pasadena).

MEDICAL EXPERTS: Plaintiff - Leo Gordon, M.D., general surgery, Los Angeles.

Defendant - Heather Brien, M.D., vascular surgery, Newport Beach; Becky Miller, M.D., internal medicine, Los Angeles.

FACTS: In September 2009, Anthony DeRaud, 70, was diagnosed with gallbladder disease. Defendant Dr. Peter

S. Richman, a general surgeon with Facey Medical Group, evaluated him. Dr. Richman recommended a laparoscopic cholecystectomy.

On Oct. 23, 2009, DeRaud underwent surgery at Providence Holy Cross Medical Center. During the laparoscopic cholecystectomy, Dr. Richman encountered bleeding of the posterior branch of the cystic artery, so he converted the procedure to an open laparotomy and removed the gallbladder after ligating and clipping the cystic arteries.

Postoperatively, DeRaud experienced an ileus (paralysis of the bowels) and severe pain. He also had declining hematocrit and hemoglobin levels. DeRaud remained hospitalized under Dr. Richman's care until Nov. 2, when he was discharged after the ileus had resolved. At the time of discharge, DeRaud's hemoglobin was 9.2.

On Nov. 5, DeRaud returned to Dr. Richman's office for a postoperative follow-up visit.

On Nov. 6, DeRaud was found dead in his home. The coroner performed an autopsy and found the anterior branch of the cystic artery had a 4 millimeter longitudinal tear with a surgical clip missing, and there was 900 cc of blood in the abdominal cavity.

Plaintiff Christine Manley, the daughter of the decedent, brought this action against the defendant.

PLAINTIFF'S CONTENTIONS: Plaintiff claimed that Dr. Richman, during DeRaud's postoperative hospitalization, failed to recognize that the declining hematocrit and hemoglobin levels were evidence of internal bleeding. Plaintiff contended that the bleed would have been detected had a CT scan been performed, and surgery would have repaired the arterial tear and prevented DeRaud's internal hemorrhage that resulted in the loss of his life. Further, plaintiff alleged that Dr. Richman should have obtained a complete blood count during the Nov. 5, 2009 postoperative office visit to determine the hematocrit and

DEFENDANT'S

CONTENTIONS: Defendant contended that he had informed DeRaud that the laparoscopic procedure could be converted to an open laparotomy should there be intraoperative complications. Defendant contended that when he encountered bleeding of the posterior branch of the cystic artery, it could not be controlled and therefore the procedure had to be converted into an open laparotomy and he removed the gallbladder after ligating and clipping the cystic arteries.

Dr. Richman contended that he acted within the standard of care in considering all laboratory and clinical data in determining that DeRaud did not have internal bleeding and, therefore, there was no indication to perform a CT scan during the hospitalization or a complete blood count during the postoperative office visit. Further, Dr. Richman contended that the internal hemorrhage was a sudden event that could not have been predicted or prevented.

INJURIES: Plaintiff alleged that she suffered the loss of the love, companionship, affection and guidance of her father.

JURY TRIAL: Length, five days; Poll, 12-0 (no negligence); Deliberation, 56 minutes.

RESULT: Defense verdict.

OTHER INFORMATION:

Defendant will file a bill of costs.