Law Bulletin Information Network©

AccessPlus® Jury Verdict Case Details

ACCESSPLUS®

Cook County & Illinois
JURY VERDICT REPORTER

Publication: Illinois Jury Verdict Reporter Published: 11/5/2010

(10 Ap/1) MEDICAL MALPRACTICE--GLAUCOMA SURGERY CAUSED BLINDNESS AND LOSS OF EYE (12Q)

Shirley Larson v Dr. Richard Miller, Miller Eye Center 05L-171 Tried Apr. 12-19, 2010

Verdict:	$1,750,000 v both defts ($400,000 disfigurement; $600,000 past and future pain & suffering; $750,000 past and future disability). However, the verdict is subject to a high/low agreement of $150,000 - $1,000,000.
Judge:	J. Edward Prochaska (IL, Winnebago 17th Jud Cir)
Pltf Atty(s):	Craig P. Mannarino and Amanda L. Brasfield of Kralovec, Jambois & Schwartz DEMAND: $450,000 ASKED: $2,500,000
Deft Atty(s):	William W. Ranard of Cassiday Schade (Rockford) for both defts (Pro National Ins.) OFFER: $125,000
Pltf Medl:	Dr. Edward Q. Yavitz (Ophthalmologist), Jamey Ware, O.D. (Optometrist) and Jeffrey Heden, O.D. (Optometrist)
Deft Medl:	Dr. Susan Fowell (Ophthalmologist) and Dr. Todd Perkins (Ophthalmologist) for both defts
Pltf Expert(s):	Dr. Michael L. Savitt (Ophthalmologist) and Dr. Marc R. Levin (Ophthalmologist)
Deft Expert(s):	Dr. Thomas Samuelson of Minnesota Eye Consultants, 9801 Dupont Ave. South, Bloomington, MN (952-888-5800) (Ophthalmologist) for both defts

Pltf suffered from long-standing glaucoma, a condition in which increased intraocular pressure induces vision loss by causing damage to the optic nerve; she also suffered from corneal edema. Pltf received treatment for her glaucoma from deft ophthalmologist Miller for more than 13 years, from 1990 to 2003. In March 2003, deft Dr. Miller recommended pltf undergo a new glaucoma procedure known as endoscopic cyclophotocoagulation (ECP), in which incisions are made in the eye and a laser is used to reduce the amount of fluid produced by the eye. It was believed to be an advance over previous procedures which were done from outside the eye (transscleral cyclophotocoagulation) because the surgeon could target the tissue to be treated under direct visualization with less potential damage to surrounding tissues. However, as a consequence of making the incisions into the globe to introduce the surgical laser probe, the eye pressure immediately goes to zero, which can lead to choroidal hemorrhage in susceptible individuals, resulting in retinal detachment and blindness. Dr. Miller performed the ECP surgery on pltf F-75 retiree at the Rockford Ambulatory Surgery Center on May 28, 2003. Dr. Miller had never before performed an ECP surgery and his training on the procedure consisted of a one-day course taught by the device manufacturer's representatives, neither of whom were physicians. During the procedure, Dr. Miller placed three incisions in pltf's left eye, although the procedure is typically performed with no more than two incisions. After making the third incision, he noticed blood in the back of the eye. Pltf sustained a catastrophic choroidal hemorrhage which caused total and permanent blindness in her left eye. Prior to the surgery, her left eye vision was 20/30. Pltf subsequently developed phthisis, a shriveling and shrinking of the eyeball. Three years after the ECP procedure, pltf was fitted for a prosthetic shell to cover the eye. Her current ophthalmologist, Dr. Edward Yavitz, testified that the glaucoma in pltf's right eye remains stable and her corneal edema has completely abated. Pltf asserted Dr. Miller was negligent in performing an unnecessary ECP procedure when the patient's glaucoma and optic nerve were stable and she was at significant risk of hemorrhage during surgery. Pltf further contended deft's medication management of her glaucoma was improper in that he prescribed multiple prostaglandin eyedrops simultaneously which often have the effect of increasing intraocular pressure and which caused the

patient's corneal edema. Pltf's counsel reports that the deft and his expert both admitted that the combination of medications prescribed by Dr. Miller was outside the standard of care. However, the defense maintained the medications did not cause the hemorrhage. The defense further argued that the ECP procedure was indicated and necessary to prevent vision loss because the patient's glaucoma was worsening, she was non-compliant with office visits and medications, and the ECP was a prelude for a future corneal transplant--which she needed due to a declining corneal endothelial cell count and worsening corneal edema--but which could not be done until her glaucoma was better controlled.

10-Feb-2011 11:07