

Cook County Jury Verdict Reporter

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VERDICT REPORTER

MEDICAL MALPRACTICE-NERVE DAMAGE AND CRPS AFTER BICEPS TENDON SURGERY (CCC 13/1) James Smola v Dr. Jeffrey M. Sheedy, D.O. 05L-4862 Tried Nov. 1-10, 2010 (12M)

Verdict:

\$2,350,000 (\$1,000,000 past pain & suffering; \$1,000,000 future pain & suffering; \$200,000 past loss

of normal life; \$150,000 future loss of normal life).

Judge:

Henry R. Simmons, Jr. (IL Cook-Law)

Pltf Attys:

Craig P. Mannarino and Amanda L. Brasfield of Kralovec, Jambois Demand: \$1,000,000 policy

Asked: \$4,000,000

Deft Attys:

Todd J. Stalmack and Cortney S. Closey of Donohue, Brown (ISMIE) Offer: none

Pltf Medl:

Dr. Irene Goldstein (Vascular Surgeon), Dr. John F. Shea (Neurosurgeon), Dr. James Ingram (Orthopedist), Dr. Thomas Wiedrich (Hand Surgeon), Dr. Scott Glaser (Pain Management) and

Dr. John Fernandez, Jr. (Hand Surgeon)

Pltf Experts:

Dr. Dean Louis (Hand Surgeon) and Dr. Dane Chetkovich (Neurologist)

Deft Experts:

Dr. Mark S. Gross (Orthopedist) and Dr. W. Bruce Ketel (Neurologist)

On April 1, 2004, pltf M-46 tore his left distal biceps tendon while working as a maintenance mechanic for UPS. He saw deft orthopedic surgeon Dr. Sheedy who recommended surgical reattachment of the tendon. Dr. Sheedy performed the surgery to reattach pltf's biceps tendon at St. James Hospital in Olympia Fields on April 14, 2004. The procedure was done with a tourniquet placed high on the arm to reduce bleeding and aid surgical visualization, as several major arteries were in the area of the surgical incision and dissection. After the deft completed the surgical reattachment of the tendon, he let the tourniquet down and observed some unexpected bleeding (approximately 50 cc). He re-inflated the tourniquet to look for the source of blood, found none, and then let the tourniquet down a second time. There was no active bleeding, but there were no palpable pulses at the wrist. Dr. Sheedy believed the arteries had gone into vasospasm and called for a vascular surgery consult. The vascular surgeon, Dr. Irene Goldstein, performed a catheter thrombectomy and then an angiogram. She was able to restore blood flow to the hand. However, after flow was restored, she observed extensive arterial bleeding, so she performed additional dissection and discovered that pltf's ulnar artery had been transected. Dr. Goldstein was only able to find the proximal stump, and because she could not find the distal stump, she could not repair the artery and simply tied it off. As a consequence of the vascular injury, pltf suffered a period of ischemia which led to permanent median sensory nerve damage, as documented in four EMG test results. The median nerve injury subsequently led to development of complex regional pain syndrome (CRPS), formerly known as reflex sympathetic dystrophy (RSD), in his left arm. It was uniformly agreed that pltt's median nerve injury is likely permanent; his CRPS was treated and has gone into remission, with the possibility of exacerbation in the future (no specials submitted). Pltf contended Dr. Sheedy was negligent and deviated from the standard of care in failing to properly protect vital arterial structures during the biceps tendon repair surgery and transecting the ulnar artery, thereby causing the ischemia, median nerve damage, and CRPS. The defense maintained the ulnar artery was not transected, basing this argument on the fact that a) if the ulnar artery had been transected there would have been major blood loss, which did not occur, b) the patient was found by multiple observers to have a strong ulnar pulse at the wrist after the vascular surgery, which is inconsistent with an ulnar artery transection, and c) a vascular duplex study done at Loyola sixteen months after the surgery showed a patent ulnar artery with normal flow patterns. The defense further argued that the ulnar artery was not in Dr. Sheedy's surgical field so he could not have transected it, if the artery was transected then Dr. Goldstein must have cut it, and if Dr. Sheedy did transect the ulnar artery, this was a known risk of the procedure and did not result from any negligence.