

# Complaints Related to Laparoscopic Surgery: a Survey of the Files Registered at Tehran Legal Medicine Center

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## Abstract

**Background and Objectives:** Medical error/malpractice is becoming a global healthcare problem bringing ever increasing number of physicians before the courts, and posing significant costs to the health system. Statistical analysis of the nature of complaints can help identifying the most vulnerable medical practices and thereby guide development of preventive strategies. This study surveyed complaints against physicians of different specialty involving in laparoscopic surgical operation, which has led to conviction of the accused physicians.

**Methods:** All files related to the complaints from physicians involving in laparoscopy investigated in Tehran Forensic Medicine Organization Committees during the years 2002-2008 were reviewed and the demographics of the complaints, the complications occurred, and the specialty of the accused practitioner were recorded and summarized.

**Findings:** Of the 1771 complaints filed, 59 (3.3%) were related to laparoscopic surgeries. The mean age of the complainants was  $38.74 \pm 7.21$  years and 93.2% of them were female. While most complaints were from Gynecologists) 52.63 %, the majority of complaints were related to in the private sector (72.9%). Major traumas were occurred during laparoscopic surgery (35.08%). Although the complaining patients were mostly under 50 years old, the majority of the lawsuits were filed after demise of the patients (36.1%).

**Conclusions:** Our study provides useful statistics that can be used in prevention of medical errors/malpractices in the field of laparoscopic surgery. For hospitals to avoid unwanted complications and the consequent complaints, it is required to employ experienced surgeons in laparoscopic surgery. Special attention should be paid to female patients and accurate diagnosis of their diseases by Gynecologists. In addition, private hospitals should adapt quality of their surgery services to the high expectations of the patients requiring surgical operation.

**Keywords:** Laparoscopy, Medical Malpractice, Complaint, Lawsuit, Surgery

## Background and Objectives

Nowadays physician-patient relationship has deteriorated due to socio-economic problems, as well as high specialization in medical practice. A large number of physicians are unaware of the principles and laws associated with medical practices, leading them to stand before the courts. One of these problems is the physicians' malpractice; that is the

therapeutic measures is not accomplished according to the medical standards and thus lead to some problems (1). According to the Article 336 of the Iranian Islamic Law Punishments, medical faults are classified into four groups; carelessness, inadequate experience, improvidence, and negligence of governmental rules. Gorney and Gram believe that the main reason of medical faults is the absence of adequate knowledge, experience, observation and care that ought to be devoted to the patients by a skilled physician (2).

The growing rate of medical complains has become a global problem in different parts of the

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world. In the United States, there are specialized medical attorneys due to high number of medical cases. The reports show that complaints from physicians have increased from 8% in 1986 to 27% in 1990 (3). In the UK, the records demonstrate 1000 registered complaints out of six million in-patients and 19 million out-patients in 1978 (4).

The trend and outcome of operations are always associated with some unwanted results. A thorough look upon the complaints ended in conviction of physicians in malpractice cases can improve the outcome of surgeries and prevent many complications due to physicians' faults. Regardless of the increased rate of surgical practices in general, and specifically in laparoscopic surgeries, the willingness of patients to choose laparoscopy (as a less invasive modality) makes medical faults very important and unbearable for the patients and their family while the surgeon may enter in a vicious cycle of medical courts.

In this regard, exploring the complications and physicians' faults would help to prevent the consequences for both the patient and the physician. Fortunately, the results of laparoscopic surgeries are satisfactory in 84% of cases; however, in 16% of the remainder, variety of problems and complications may occur. Recently, laparoscopic surgeons are increasingly becoming aware that legal actions would be expected in case of a medical fault. Reports show that 65% of physicians' faults are preventable (2).

We believe that if health working staff become aware of the probable complications that may occur during an operation; and their and patients' rights the occurrence of complications and physicians' faults can be effectively prevented. In this study, we retrospectively explored the complaints regarding laparoscopic surgery.

## Methods

In a descriptive cross-sectional study, all files related to complaints from complications of laparoscopic

**Table 1** The frequency of complaints in each medical category

Compliant	N	%
Injury	20	35.0
Misdiagnosis	4	7.0
Carelessness & negligence	8	14.0
Unsuccessful operation	10	17.5
High risk therapies	2	3.5
Death	13	23.0

surgeries, registered in the medical courts of Tehran Province (Iran) during 2002-2008 were studied. The demographic data including age, sex, place of surgery, type of payment, indication for surgery, faults and complaints were recorded.

The mean, mode, median, and standard deviation were calculated using SPSS Version 11.5 Software.

## Results

In the present work, 59 files with complaints from laparoscopic surgeries (3.33% out of all 1771 cases in Tehran Forensic Medicine Department, which were considered in the medical courts) were surveyed during 2002-2008. The Surgery, Urology and Obstetrics/Gynecology specialties had lawsuits due to laparoscopic surgery. The results showed that the maximum complaints were in Obstetrics/Gynecology specialty with 30 cases (52.63%), while the minimum complaints were seen in Urology specialty with 4 cases (7.01%).

Two files were excluded since the complications were related to pre-laparoscopic surgery. The mean age of patients with complaint was  $38.74 \pm 7.12$  years and 93.2% of the patients were female. The majority of complaints were related to the private hospitals (72.3%). The mean time interval between the surgery and the complaint was 29 months. The most common reason for the complaints was the death of the patient due to the laparoscopic procedure (36.1%), whereas the less common cases were wrong diagnosis (2.8%) and high risk procedures (2.8%).

**Table 2** Frequency of complaints in each Laparoscopy-related specialty

Specialty	N	%	Death	Main interval to complain
Gynecology	30	52.6	4	27
Surgery	23	40.4	8	6
Urology	4	7.0	1	10

**Table 3** The frequency of complains based on different complications

Complication	Number	%
Trochar injury	10	17.5
Intra-operative vascular injury	9	15.8
Gas emboli	2	3.5
Visceral injury	9	15.8
Bile duct injury	8	14.0
Hypoxia	4	7.0
Infection	11	19.4
Intra-operative arrest	4	7.0

Table 2 shows the complaints due to patient death in different specialties. The most common complication was vascular injury 19 (33.38%) happened at trocar insertion (10 cases) or during the operation (9 cases). Table 3 presents the frequency of complications.

## Discussion

There is no clear statistics about the total number of laparoscopic procedures within the surveyed six (2002-2008) in Tehran to calculate the relative percent of complications caused by laparoscopic surgeries according to the field of specialty, and/or the increase or decrease of complications based on the number of surgeries and type of lawsuits. However, we can conclude that the rate of complaints related to laparoscopy, particularly in the field of Obstetrics/Gynecology and reproduction system has had an increasing trend in the last few years.

Major traumas were from laparoscopic surgery (35.08%), including rupture of iliac artery and vein due to trocar insertion or as a consequent of surgery, which was seen in 20 cases. Stomach, intestine, bladder and bile duct damages were the other observed complications.

Most (93.2%) of the complaints on laparoscopic surgeries were from females, probably due to the fact that more operations are being done in this gender. In addition, the majority of the patients with complaints were under 62 years old, showing that old-aged patients had less referral to the courts.

Although there is no access to the whole number of surgeries in private and non-private hospitals, according to our study, the majority of complaints were from the private sector (72.3%), likely due to higher medical expenses in private hospitals and hence, higher expectations of the patients.

The trustful and friendly relationship between physician and patient is an important factor, which makes the patient feel comfortable while being cared; this can help prevention of later conflicts. Physicians can prevent the unwanted incidents and the consequent complains by paying more attention in fulfilling their duties and versatility and care to the emotional and financial status of the patients. In the case of complains from the patient, courtesy and silence, and postponing the self-defense to a suitable time can lead to prevention of more conflicts.

## Conclusions

Our study provides useful statistics that can be used in prevention of medical errors/malpractices in the field of laparoscopic surgery. For hospitals to avoid unwanted complications and the consequent complaints, it is required to employ experienced surgeons in laparoscopic surgery. Special attention should be paid to female patients and accurate diagnosis of their diseases by Gynecologists. In addition, private hospitals should adapt quality of their surgery services to the high expectations of the patients requiring surgical operation.

### Competing Interests

The authors declare no competing interests.

### Authors' Contributions

Both authors had equal contributions to different parts of the study, including data collection, data analysis, and manuscript drafting. MK prepared the revised version of the manuscript. Both authors read and approved the final manuscript.

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