

## **Gangrene of forearm & AV fistula**

### **Gangrene of the Forearm Following Creation of Brachiobasilic AV Fistula – Failed Claim Against Consultant Vascular and General Surgeon**

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A patient suffering from diabetes with end-stage renal failure undergoing haemodialysis via an internal jugular catheter (which was failing) was referred to an MDM member, a consultant vascular and general surgeon, with a view to creating a fistula in the arm so that an alternative site of access for haemodialysis could be made. The member explored the left wrist only to find that the radial artery had heavily calcified with no flow. He later undertook exploration of the left antecubital fossa and created an AV fistula with good thrill.

Nine months after the creation of the fistula, the patient's left forearm was amputated in a Government hospital for gangrene secondary to steal syndrome secondary to left BCF reconstruction. The patient sued the member for failure to warn of the risk of gangrene occurring following the creation of the fistula and for negligently performing the procedures.

The claim was successfully defended with the assistance of MDM, expert support and legal support. As causation of damage could not be attributed to the member in the first place, the question of whether the member had been negligent in his management of the case did not arise.

An expert consultant vascular surgeon gave evidence in court in support of the member. The evidence was accepted by the court. The expert was of the view that the most likely cause of the gangrene was the progressive blood vessel disease due to the diabetes and end-stage renal failure which were pre-existing conditions. The expert did not think that the member had caused the gangrene. He also said that the risk of gangrene occurring following the creation of fistula was not a material risk of the procedures performed by the member and so there was no need to warn of such risk.

The member's involvement in the litigation was commendable. He attended court without fail and assisted MDM's solicitors in gathering and presenting the factual evidence to the Court. He had made proper notes and had kept them safely, which proved vital the litigation.

It is important to be very careful when preparing medical reports, especially when the patient was treated by another doctor or in a different institution before. The medical report prepared by the orthopaedic surgeon who amputated the patient's forearm contained the remark "gangrene secondary to steal syndrome secondary to BCF reconstruction". This remark may well have prompted the patient to sue the member for negligence.