Root Cause

IN THIS CASE: In a dental malpractice lawsuit in the State Court of Macomb County, State of Michigan, it was alleged that an oral surgeon did not meet the accepted standards of care while performing an incision and biopsy.

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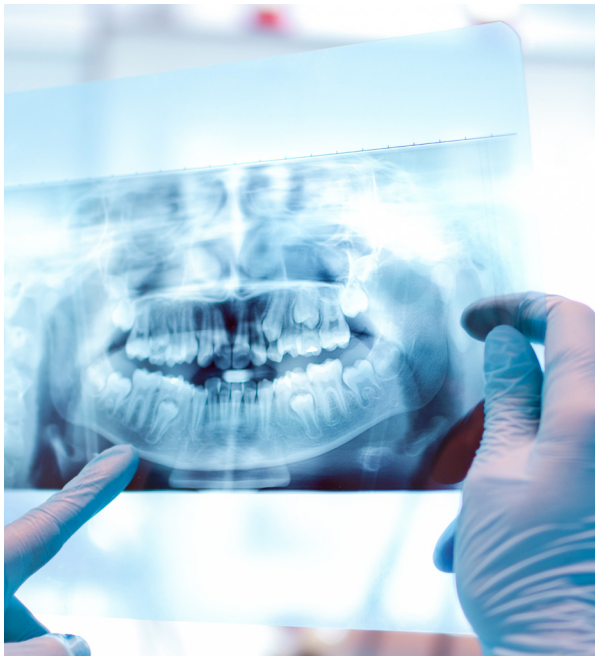
The Patient & Condition

The 32-year-old male patient had a suspicious mass in his lower jaw and gave consent for the oral surgeon to perform an "incision" and biopsy of the mass.

The Treatment

The doctor performed – without consent – an "excision" and biopsy. This led to injuries to the carotid and lingual arteries when the oral surgeon invaded an arteriovenous formation (AVM), resulting in life-threatening bleeding for the patient.



Relevant Facts

The claim is that the oral surgeon was negligent in performing an "excision" and biopsy procedure without consent when consent was given for an "incision" and biopsy procedure instead. Additionally, there was a failure to "needle aspirate" the mass before attempting to remove it and a failure to obtain proper imaging, specifically an MRI with contrast or angiogram.

A radiologist recommended the MRI with contrast, but it was not done. It was alleged that the lack of proper imaging prevented the treating oral surgeon from knowing before surgery that the AVM was near the mass. Without a clear picture of the surgical site, the oral surgeon drilled into the AVM, causing dangerous bleeding.

During the excision and biopsy procedure, when the patient experienced life-threatening bleeding, he was transported to a level one trauma center and underwent an emergency embolization procedure to save his life.

Outcome

A jury found the oral surgeon's treatment was negligent and the cause of the patient's injuries. Due to the severity of the complications, the jury awarded a $2.75 million verdict in favor of the patient.

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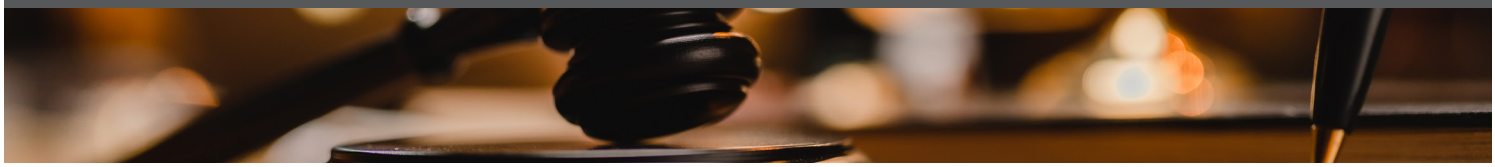

Risk Management Pointers

This case underscores the importance of acknowledging the risks and intricacies of all procedures, proper consent, and proper pre-treatment diagnostic tests.
It reminds us of the following:

- **Acknowledge the risks and intricacies of invasive surgery.** Had the treating dentist performed a more robust pre-treatment evaluation, it would have revealed the risks and intricacies of the planned invasive surgery and led to the likely avoidance of complications. For example, failure to "needle aspirate" the mass before attempting to remove it and a failure to obtain proper imaging (specifically an MRI with contrast or angiogram) both led to the ultimate outcome.
- **The importance of pre-treatment planning.** Diligent pre-treatment planning, consultation, and imaging are essential for protecting the patient and often reveal critical anatomic structures or anomalies. A dentist's ethical and legal duty is to strictly adhere to accepted standards of care for a particular procedure.
- **Acting against the advice of a specialist in a particular field of expertise is not prudent.** Here, the recommendation from a radiologist to perform an MRI was dismissed. Doing so could have helped avoid this outcome.
- **Remember informed consent!** The details given to the patient for informed consent needed to be more precise; they were not because of shortcomings in the pre-treatment planning process.

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