

**Delay in treating man with acute abdominal pain  
(10HDC00950, 12 June 2013)**

*General surgeon ~ Public hospital ~ District health board ~ Delay in surgery ~ Acute pain ~ Hernia ~ Right 4(1)*

This case concerns the untimely surgical management of acute abdominal pain. A 79-year-old man presented to the emergency department at a public hospital with new, sudden onset, severe pain in his longstanding inguinal hernia. Intravenous morphine was given by ambulance staff and again in ED for pain rated 10/10 in severity.

A surgeon saw the man approximately two hours after the onset of his pain. He made a diagnosis of a painful, irreducible hernia, which required surgery, but not as an emergency. The surgeon admitted the man for observation overnight. The man continued to report severe pain overnight, requiring morphine.

Care was handed over to the on-call surgeon the following morning. This surgeon agreed with the diagnosis of irreducible hernia and operated that afternoon. During surgery, it was found that the man had a small bowel volvulus and over two metres of dead bowel was removed.

It was held that although the diagnosis of volvulus may not have been expected, the doctors should have recognised that the man was suffering a major intra-abdominal insult that required emergency surgery.

The first surgeon's assessment, and his decision to delay surgery until the next day, were inappropriate and a breach of Right 4(1).

The on-call surgeon's failure to recognise that the man required urgent surgery was also a breach of Right 4(1).

The DHB provided ED and nursing care of a reasonable standard, and emergency operating services were available at all times if his surgeons had felt this was needed. The DHB was found not to have breached the Code.