

**Severe facial pain a rare complication
of surgery to remove a presumed tumour
(00HDC09540, 23 February 2003)**

General surgeon ~ Head and neck surgery ~ Rare complications ~ Standard of care ~ Explanation of condition ~ Information about treatment options and postoperative risks ~ Rights 4(1), 6(1)(a), 6(1)(b)

A man complained that a general and vascular surgeon removed a lump from below his ear, during which an error was made, which severed or damaged the auriculotemporal nerve. The patient also complained that prior to the surgery the surgeon did not fully inform him of the side effects or risks of the surgery.

The patient underwent a superficial parotidectomy for a presumed tumour of the parotid gland. There were no preoperative investigations, such as a fine needle aspiration, and subsequent pathology showed that there was no tumour present in the gland. As a result of the surgery the man has significant facial pain and sweating, both of which have an impact on his quality of life.

The Commissioner held that the surgeon did not breach Right 4(1) of the Code because he provided surgical services with reasonable care and skill. The adverse symptoms suffered by the patient are rare and there was no reason to assume that negligence on the part of the surgeon resulted in the patient's symptoms.

It was reasonable for the general surgeon to perform a superficial parotidectomy, as many general surgeons perform head and neck surgery. However, the extent or appropriateness of head and neck surgery performed by general surgeons is a topic of debate amongst general surgeons and those surgeons who practise within this sub-speciality.

The surgeon did not breach Right 6(1) in not informing the patient preoperatively about the complication of severe pain and dysfunction as a result of nerve damage, because a reasonable patient would not expect to receive information about this very unlikely occurrence. The significant adverse consequences suffered by the patient are rare, affecting fewer than 1 in 1,000 patients.

The Commissioner accepted that preoperative investigations may not have been necessary, but commented that the patient should have been told that some surgeons perform a fine needle aspiration to aid diagnosis, and should have received an explanation of the nature and reliability of such a test as part of the explanation of his condition.