



BEFORE THE DISCIPLINARY COMMITTEE OF PAKISTAN MEDICAL COMMISSION

In the matter of

Complaint No. PF. 8-2120/2022-DC/PMC

Mr. Bashir Ahmad Mughal

Vs.

1. Dr. Khalid Saleem
2. Dr. Abid Niazi

Professor Dr. Naqib Ullah Achakzai	Chairman
Professor Dr. Noshad Ahmad Shaikh	Member
Mr. Jawad Amin Khan	Member
Barrister Ch. Sultan Mansoor	Secretary
Dr. Rehman Rasool	Expert (Orthopedic surgery)

Present:

Mr. Farrukh Bashir	Son of the Complainant
Dr. Khalid Saleem (29188-S)	Respondent No. 1
Dr. Abid Niazi (32027-P)	Respondent No. 2
Date of hearing	10.10.2022

I. FACTUAL BACKGROUND

1. Mr. Bashir Ahmad Mughal (the “Complainant”) filed a Complaint on 04.04.2022 against Dr. Khalid Saleem (the “Respondent No. 1”) and Dr. Abid Niazi (the “Respondent No. 2”) working at Quaid-e-Azam International Hospital, Islamabad (the “Hospital”). Brief facts of the complaint are that:

- a) *Complainant alleged in his complaint that he was suffering from pain in right knee and was diagnosed ‘degenerative arthritis’ by the respondent and operation was performed.*
- b) *That due to Respondents’ negligence in surgery, ‘operated area’ became infected. Complainant had to go for corrective procedures at another hospital in Lahore and lost natural function & mobility in right knee.*

II. SHOW CAUSE NOTICE TO RESPONDENTS

2. In view of the allegations leveled in the Complaint, Show Cause Notice dated 30.05.2022 was issued to the Respondent No. 1 and Respondent No 2 in the following terms:

“..

4. WHEREAS, in terms of Complaint, it has been alleged that, the Complainant visited Quaid-e-Azam International Hospital, Islamabad (QIH) with complaints of pain in right knee and was referred to you. You diagnosed degenerative arthritis of right knee and on 16.07.2019, Complainant was admitted for surgery. On 17.07.2019, you performed ‘Right TKA Vanguard Post, Removal of osteophytes & Medical Release, Lat. Ratinacular release’ and the Complainant was discharged on 22.07.2019; and

5. WHEREAS, in terms of the Complaint, it has been alleged that the Complainant continued to suffer from pain, tenderness and oozing & visited you on 29.07.2019 and 07.08.2019 but you recommended medicines and changed the dressing of operated area. Complainant was re-admitted in QIH on 30.09.2019 with same complaint, where on 01.10.2019 you performed ‘I&D Vaccusuction Right Knee. The Complainant remained admitted under your supervision and on 07.10.2019 you performed ‘I&D Secondary Closure Right Knee’ and he was discharged on 10.10.2019. After two days i.e. on 12.10.2019, the Complainant was admitted at the Hospital where you again performed ‘I&D Secondary closure Right Knee’ and he was discharged on 14.10.2019; and

6. WHEREAS, in terms of the Complaint, it has been alleged that after conducting investigation on 14.10.2019, it was informed, for the first time to the Complainant that the right knee had got infected; and

7. WHEREAS, the Complainant then visited Ghurki Trust Hospital, Lahore where after investigations it was revealed that implant/prosthesis, which was performed by you on 17.07.2019 has become infected. A



corrective surgery was advised which was conducted on 28.11.2019 and the patient was finally discharged on 02.12.2019 after successful Knee arthrodesis; and

8. WHEREAS, in terms of the Complaint it has been alleged that, due to your medical negligence and misconduct, you ill-treated the patient during Knee replacement and prosthetic implant operation which led to loss of natural function and mobility of his complete right leg. You further concealed the true condition of the spread of infection from the Complainant. Such conduct is, prima facie, violative of the Code of Ethics of Practice for Medical and Dental Practitioners' Regulations of 2011, in general and Regulations 3(e), 21(1), 49(a) and 50, in particular; ...”

III. REPLY OF RESPONDENTS

3. Both the Respondent doctors submitted their joint reply to Show Cause Notice on 30.06.2022 wherein they contended that:

- a) The Patient visited the Hospital OPD for check-up with Respondent No. 1. Detailed history of patient was taken which included diabetes mellitus, hypertension and morbid obesity. Patient was diagnosed as case of advanced degenerative arthritis of right knee with old-healed fracture of tibial plateau and recommended total Knee Replacement Surgery. Patient opted for Knee replacement surgery and the surgery was scheduled on the next day. During admission all necessary laboratory work was done and patient underwent surgery on 17.07.2019.
- b) Patient had severe osteoarthritis which was managed by removal of osteophytes and adequate medial and lateral tissue releases during surgery before implant fixation. In this case, Vanguard Knee Implant System was used; tibial component of 79, femoral component of 62.5, patellar component 40mm and tibial liner 20mm were used. Implants were fixed using Bone cement containing Gentamycin. Wound was irrigated after implant fixation, followed by quadriceps tendon repair using Vicryl 2 using interrupted stitches. Subcutaneous tissue was stitched with Vicryl 0 and skin was stapled. Post-operative X-rays showed satisfactory alignment and fixation of implant.
- c) Post-op physiotherapy was started including ankle pumping and ambulation using walker. On 2nd day, wound was checked which healed properly and dressings were removed. Physiotherapy was supervised and due to satisfactory recovery patient was discharged on 22.07.2019. 1st post-op visit was on 29.07.2019, X-rays showed well-fixed implant with satisfactory alignment. Patient advised for visit, one week later. Patient visited next on 07.08.2019, wounds were healed so all stitches were removed, physiotherapy was



advised and Nuberol Forte on need basis. Next visit advised after one month, which patient did not come to.

- d) Patient presented on 30.09.2019 with wound dehiscence/ discharge and told that problems developed after physiotherapy was managed by some local doctors and since he was getting relieved so he came to the Respondents at Hospital. Examination showed previously healed wound, now showing discharge of serious fluid with wound separation in lower part. Patient's X-rays showed the earlier well-fixed implant had developed tibial tuberosity avulsion fracture which may be due to forceful bending during physiotherapy or fall. This was the critical event that occurred while doing physiotherapy at home at led to all complications occurring later. Attendants accepted that due to mistake during physiotherapy this happened and they tried to treat the problem from local doctors and due to no result, they have now come to the Respondents at the Hospital.
- e) Attendants were informed, in the examination room in presence of patient, about wound separation and possible infection requiring wound debridement. They agreed and patient was admitted. Patient's wound was managed with irrigation and further with vaccusuction dressing to control discharge. Patient underwent debridement on 07.10.2019. Upon satisfactory condition, patient was discharged on 09.10.2019, advised visit after one-week. Then, Patient visited on 12.10.2019 with knee swelling with possible hematoma formation and was admitted. Re-look debridement was done under anesthesia and after evacuation of clotted blood wound was closed. Wound dressing was changed on 14.10.2019 upon satisfactory condition and patient was discharged.
- f) On follow-up dated 21.10.2019, wound showed mild serious discharge in middle part and ret of wound was healing satisfactorily. Follow-up was advised and on 30.10.2019 showed mild discharge from proximal and distal parts. IV antibiotics were continued. Follow-up on 04.11.2019 showed good healing and on 13.11.2019 wound showed mild persistent discharge from proximal and distal parts. As wound was not responding with anti-biotics, patient was advised wound debridement and vaccusuction, but patient did not agree, went for second opinion and never came back.

IV. REJOINDER OF THE COMPLAINANT

4. Joint reply received from the Respondents was forwarded to the Complainant through a letter dated 04.07.2022 for his rejoinder.

5. The Complainant submitted his rejoinder on 18.07.2022 wherein he refuted the joint reply of the Respondents. Complainant reiterated his request that matter be taken up by the Committee and strict action be taken in view of gross negligence of the Respondents having resulted into disability of Complainant.

V. HEARING

6. The matter was fixed for hearing before the Disciplinary Committee on 10.10.2022. Notices dated 27.09.2022 were issued to the Complainant and Respondents, Dr. Khalid Saleem and Dr. Abid Niazi, directing them to appear before the Disciplinary Committee on 10.10.2022.
7. On the date of hearing, both the Respondents were present in person. The Complainant did not appear however on his behalf his son Mr. Farukh Bashir appeared and apprised the Committee that his father (the Complainant) had become permanently disabled and therefore he is unable to appear before the Disciplinary Committee for the hearing.
8. The Committee asked the son of the Complainant to briefly state the grievance to which he stated that the patient was diagnosed with 'degenerative arthritis' by the Respondents and Right Knee was replaced and prosthetic implant was placed on the right knee of the Complainant. However, due to negligent procedure and mismanagement of the patient, subsequently 'I&D Vaccusuction of Right Knee' was performed & 'I&D Secondary Closure' was performed twice, due to the right knee having become infected. The Complainant and attendants were informed 3 months after initial replacement procedure that the Knee had become infected. No other/local doctor was engaged while the Complainant was taken home as Respondents had told to clean area with normal saline. Afterwards, the Complainant went for redressal of his painful condition to Ghurki Trust Hospital, Lahore where implant was found to be infected and corrective surgery was performed. Further, that due to the negligent management of the patient, he has now become disabled and suffers severe mobility issues.
9. Respondent Dr. Khalid Saleem stated that he had been performing Knee replacement procedures since 1979 and met the patient for the first time on 16.07.2021. He was informed that Complainant

had suffered an accident some 30/40 years ago and was suffering unbearable pain now. The weight of the patient was 114 kilograms and was 72 years old, so in such conditions as of the patient, knee replacement was the only option. Knee replacement was done and X-rays showed satisfactory placement of implant of right knee of the Complainant. Post-operation, patient was brought to the Hospital multiple times due to oozing discharge from right knee which was managed by Vaccusuction and I&D Secondary Closure. X-rays of the patient showed that the earlier well fixed knee implant had developed avulsion fracture, most probably due to bending or fall. This fact was revealed that due to mistake in physiotherapy of patient at home, this adverse situation is now being faced.

10. Respondent Dr. Abid Niazi stated similar facts and timeline of events regarding the treatment and management of the Complainant at the Hospital. He further added that he and Respondent, Dr. Abid Niazi are group practitioners and he has provided necessary and appropriate medical care and attention to the patient related to his Knee replacement and implant procedure at the Hospital. He highlighted that the post-op lab work including X-rays were satisfactory and warranted no issue of concern, which is evident from the fact that the patient was discharged from the hospital with prescription of only Nuberol Forte (pain killer). The fact of knee implant developing tibial tuberosity avulsion fracture, due to forced bending during physiotherapy while at home has caused the condition of the complainant/patient to worsen as narrated at this hearing.

VI. EXPERT OPINION BY ASSISTANT PROFESSOR DR. REHMAN RASOOL

11. Doctor Rehman Rasool, Consultant Orthopaedic Surgeon, was appointed as an Expert to assist the Disciplinary Committee in this matter. The Expert opined as under:

“After going through the case and attending the disciplinary committee meeting of Pakistan Medical Commission, I am of the opinion that the consultant orthopedic surgeons had treated the case according to the guidelines and I found no medical negligence in this case.”

VII. FINDINGS AND CONCLUSION



12. The Disciplinary Committee has perused the entire record of the present complaint and it transpires that the Complainant was suffering from degenerative arthritis and was diagnosed as such by the Respondent doctors at the Hospital. His operative procedure for right knee replacement and implant placement was done on 17.07.2019 which was uneventful and post-op X-rays and lab work showed satisfactory results. Post-surgery visit dated 29.07.2019 and 07.08.2019 were OPD basis which shows that there were no issues with the surgery and the patient was doing well. Subsequently, the patient visited the Hospital three four times complaining of pain and discharge from the right knee area. He was managed through vaccusuction and ancillary procedures for wound management. The Complainant thereafter visited the Ghurki Trust Hospital, Lahore where infected implant was diagnosed and surgery was performed.
13. The Respondents doctors asserted before us that they have treated the patient appropriately at the time of diagnosis, before the knee replacement and implant procedure of the patient. Subsequently, the patient was discharged when they were satisfied that recovery is as anticipated and treading satisfactorily. The Respondents have maintained that the intervention of some local doctor, as narrated by the Complainant's attendants and accidental fall of patient at home had caused the tibial fracture and subsequent infection in the implant of the Complainant's right knee.
14. The Expert of the field in his opinion has clearly stated that this is not a case of medical negligence and the treatment provided by the Respondents was as per protocol. Surgical procedures have their own complications. Considering the old age and other comorbidities, the patient unfortunately developed infection for which further treatment was offered by the Respondents however the patient chose to visit another healthcare facility in Lahore.
15. In view of the above, as far as the Respondent doctor Abid Saleem and Respondent doctor Abid Niazi are concerned, we have gone through their respective written replies and heard them as well today. We are of the considered view that both these Respondent doctors were not negligent in their treatment of the patient at the Hospital since their diagnosis of the patient until his discharge from the Hospital and subsequent treatment.



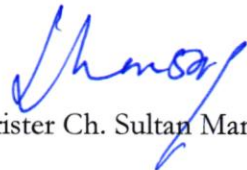
16. This Complaint stands disposed of in the above terms.


Prof. Dr. Noshad Ahmad Shaikh

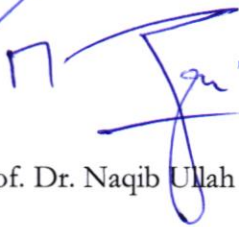
Member


Mr. Jawad Amin Khan

Member


Barrister Ch. Sultan Mansoor

Secretary


Prof. Dr. Naqib Ullah Achakzai

Chairman

27th October, 2022