JURY VERDICT REPORTER
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(19 O/1) MEDICAL MALPRACTICE--PATIENT DIES TWO WEEKS AFTER BYPASS SURGERY (12H)

Estate of Barbara Norcutt, deceased v Dr. David Cable, Rockford Surgical Service S.C. 13L-201 Tried Oct. 15-28, 2019

Verdict: $3,732,450 ($350,000 survival pain & suffering; $382,450 medical expenses; $1,000,000 grief and sorrow; $2,000,000 loss of society).

Judge: Donna R. Honzel (IL, Winnebago 17th Jud Cir)

Pltf Atty(s): Craig P. Mannarino, Amanda L. Brasfield of Kralovec, Jambois & Schwartz (Chicago, IL) DEMAND: $2,000,000 policy ASKED: $6,732,450

Deft Atty(s): Douglas J. Pomatto, Michael J. Denning of Heyl, Royster, Voelker & Allen (Rockford, IL) for both defts (Pro Assurance) OFFER: none

Pltf Medl: Dr. Matthew Hagemayer (Family Practice), Dr. Douglas Blume (Radiologist), Dr. Robert A. Murray (Radiologist), Dr. Lawrence Mason (Anesthesiologist)

Deft Medl: Dr. Jan Skowrowski (Cardiologist) for both defts

Pltf Expert(s): Dr. Richard P. Cambria of St. Elizabeth Medical Center, 736 Cambridge St., Brighton, MA (617-789-2612) (Vascular Surgeon)

Deft Expert(s): Dr. Jonathan Somers (Cardiovascular Surgeon) for both defts

Facts:

Barbara Norcutt underwent a femoral to internal iliac artery bypass surgery on her left leg at OSF St. Anthony Medical Center in Rockford on August 15, 2011. The procedure was performed by deft cardiovascular surgeon David Cable to treat significant claudication (pain and/or cramping caused by poor circulation) in the left buttock. Barbara F-59 had previously undergone placement of a stent in the left common iliac artery due to her severe peripheral vascular disease and occlusion at the opening of the internal iliac artery. The August 15 surgery consisted of two parts: (1) revascularization of the left internal iliac artery to improve blood flow into the buttocks muscles and resolve the claudication, and (2) placement of an endovascular stent graft into the aorta to address a 3.9 centimeter asymptomatic abdominal aortic aneurysm. During surgery, Dr. Cable encountered difficulty advancing the aortic stent graft through the narrow iliac artery and caused the right external iliac artery to rupture. As a result, Barbara lost a substantial amount of blood and suffered an intraoperative cardiac arrest, requiring resuscitation. She sustained kidney damage and paraplegia, and died two weeks later on August 30, 2011 (survived by two adult daughters). The estate contended the bypass procedure was improper and violated the standard of care; the artery was not a viable bypass target because it had been chronically occluded for two years and was small, sclerotic and calcified; it was a violation of the standard of care to operate on the small and stable asymptomatic aneurysm because the risk of rupture if left alone was less than 1%; and that risk was substantially lower than the mortality/morbidity risks of the surgery. The defense argued the surgeries were indicated because the patient had debilitating claudication and conservative therapy had not improved her condition, the aortic stenting was reasonable and necessary due to the fact that the femoral/iliac bypass would make any future surgery on the aneurysm prohibitively difficult, and the procedure only caused a small leak from the ruptured iliac artery which was quickly contained and treated. The defense further maintained the patient's intraoperative hemoglobin drop and cardiac arrest were caused by hemodilution from an overload of IV fluids, her postop recovery proceeded reasonably well for several days until she was placed on Heparin for acute coronary

syndrome and a presumed TIA, and the Heparin caused her to develop DIC (disseminated intravascular coagulation) and massive bleeding which led to her death.