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### UW settles suit over tool left in patient

By **Warren King**  
*Seattle Times medical reporter*

At times, Donald Church's post-surgery pain was almost unbearable. It hurt when he walked, when he bent over, when he tried to go to the bathroom. It's just part of recovery, his surgeons said.

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But the pain that lasted for more than two months stemmed from a good bit more than Church's surgical wound:

University of Washington Medical Center surgeons accidentally left a 13-inch surgical instrument inside his body after an operation to remove a large malignant tumor in June 2000.

Two weeks ago, Church, 49, was awarded \$97,000 in a settlement from the UW Medical Center. He apparently has not suffered permanent damage but still is filled with anger over the incident.

"We're not talking about leaving a wrench on somebody's car engine. We're talking about top surgeons at a major hospital doing this; this is somebody's life," said Church, a Lynnwood resident and a technician for a pest-control agency.

One of the surgeons in the case, Dr. David Byrd, associate professor of surgery, could not be reached for comment yesterday. Dr. Shyamali Mallick, a surgery resident, referred questions to medical-center officials.

UW Medical Center spokesman L.G. Blanchard said, "This was an unfortunate mistake for which we accept full responsibility. We are deeply sorry that this gentleman had this experience while entrusting his health care to us."

The medical center is "determined to learn as much from this as possible," Blanchard added.

A representative of the American College of Surgeons said no one keeps tabs on the number of incidents in which foreign objects are accidentally left inside surgery patients. Dr. Eric Larson, medical director of UW Medical Center, said that according to his reading about cases nationwide, the incidents — usually involving sponges or suturing needles — occur in from 1 in 5,000 surgeries to 1 in 20,000.

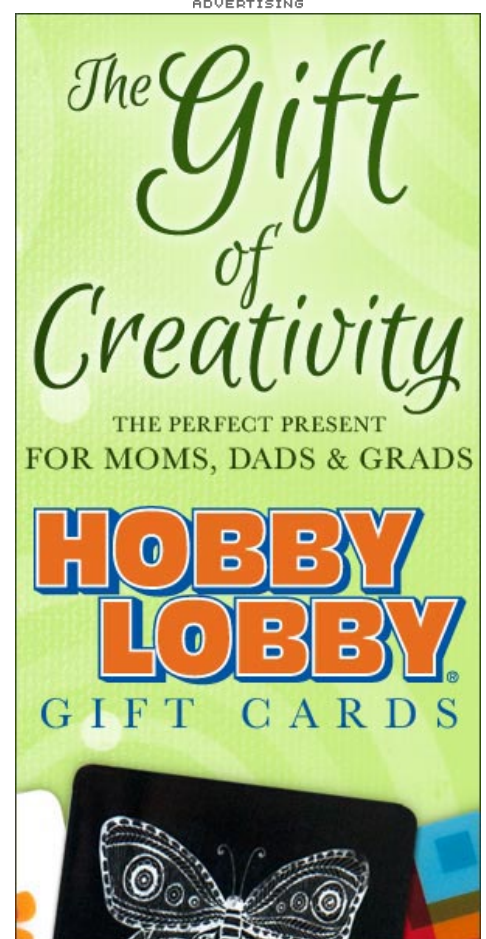
Ralph Brindley, Church's attorney, said his client has a slightly increased chance of bowel obstruction stemming from possible additional scarring from the surgery to remove the instrument. But Dr. Patchen Dellinger, chief of surgery at the medical center, said removal of the instrument didn't really add to the risk of obstruction, which occurs in less than 5 percent of patients.

Dellinger said Byrd, a respected surgeon, left the instrument inside Church. Called a "malleable retractor," the thin, 2-inch-wide, ruler-sized metal device is placed beneath the wound being closed at the end of the operation to protect underlying organs from the long suturing needle.

"It is meant to be held partly out of the opening. If it slipped inside, it would not be easy to see it. ... We don't know exactly how it happened," Dellinger said.

Standard operating-room procedure is to count surgical sponges and suturing needles both entering and leaving the surgical opening. But only since the accident with Church has it been UW policy also to count surgical instruments.

"Instruments rarely leave the surgeon's hands," Dellinger said.



Barbara Zuelzke, UW director of surgical services, said hospitals nationwide are now moving toward counting instruments in an effort to improve patient safety.

Church said the pain never went away after the operation that removed his tumor, his appendix and part of his large intestine. As soon as he got home after a week in the hospital, the instrument began causing problems.

Moving around in general caused Church pain. He could not have a bowel movement for days at a time. The retractor pushed and poked at his insides. He sometimes felt a bulge in his abdomen.

"It was like a weekly cycle," he said. "I would have pain first in my abdomen, then in my chest because this thing was moving up and down. There were times when I would just lie on my bathroom floor sobbing. I thought I must be dying."

Church returned to the job he had at the time, doing building maintenance. But he couldn't do any heavy work, and the pain continued. When he returned to the UW for a 30-day checkup, he said, the surgeons said the pain was normal because of his extensive surgery.

Finally, at the urging of his wife and mother, he went to his family physician at a UW clinic about three weeks later. The doctor referred him for a CAT scan a few days later, and the image of the retractor showed up.

"I was kind of in shock" at the discovery, he said. "At the time, I wasn't so much angry as I was relieved to know I wasn't dying after all."

A few days later, or more than two months after the initial surgery, Church had the instrument removed at Swedish Medical Center — Providence.

But not before once again showing his metal.

When he went to Seattle-Tacoma International Airport to pick up his daughter, metal detectors sounded the alarm as he tried to pass through security.

Dressed in jeans and T-shirt, he told the guards he had no weapons, just the retractor inside his body. "They just brushed me right through," he said.

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