



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

Doctor breaches Code in care of woman with varicose veins 20HDC01268

A doctor who specialises in vein treatment breached the Code of Health & Disability Services Consumer's Rights (the Code) for failing to act after a complication that led to a woman having both lower legs amputated.

The woman, in her seventies, visited the doctor for varicose vein treatment, which included an ultrasound-guided foam sclerotherapy (a treatment to eradicate varicose veins by injecting a chemical into the vein). The doctor discussed possible complications with the woman, including the risk of inadvertent intra-arterial injection, which he called a 'very rare complication'.

During the woman's treatment, the doctor suspected he might have inadvertently injected the main artery in the right foot. He examined both feet but did not notice any difference between them.

That evening, the doctor called the woman to check on her progress. She reported pain and colour blotches in both feet. At this point the doctor recognised that the issue affected both feet and arranged a review appointment for the next day.

At the review appointment the woman reported high pain levels and the soles of both feet had a mottled appearance. The doctor explained that intra-arterial injection may have occurred and used diagrams to describe this, apologising for the complication. The doctor advised the woman that the outcome would not be known for about six weeks and kept in contact over the coming days with regard to managing her pain.

Less than a week later, the woman was admitted to a public hospital with discoloured and painful feet. She was then transferred to a larger hospital where she underwent a below-the-knee amputation on both legs due to tissue death from a lack of adequate arterial blood flow to the affected areas.

Aged Care Commissioner, Carolyn Cooper, was critical that the doctor did not refer the woman to an emergency facility immediately when he recognised that a significant arterial event might have occurred.

Ms Cooper found the doctor breached Right 4(1) of the Code which gives consumers the right to have services provided with reasonable care and skill.

Since these events, the doctor has closed his practice and no longer performs any vein procedures. He told HDC he is truly sorry for the 'devastating complication' that happened under his care and has written a letter of apology to the woman.

In her report, Ms Cooper recommended the doctor provide HDC with an audit report on his documentation of the outcome of vascular assessments from the last three months of his practice.

She also recommended the Australasian College of Phlebology and the Royal Australasian College of Surgeons formulate and adopt an emergency protocol for cases of actual and suspected intra-arterial injection.

28 August 2023

ENDS

Editor's notes

The full report of this case will be available on HDC's [website](#). Names have been removed from the report to protect privacy of the individuals involved in this case.

The Commissioner will usually name providers and public hospitals found in breach of the Code, unless it would not be in the public interest, or would unfairly compromise the privacy interests of an individual provider or a consumer.

More information for the media, including HDC's naming policy and why we don't comment on complaints, can be found on our website [here](#).

HDC promotes and protects the rights of people using health and disability services as set out in the [Code of Health and Disability Services Consumers' Rights](#) (the Code).

In 2021/22 HDC made 402 recommendations for quality improvement and providers complied with 98% of those recommendation.

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