SUMMARY

DR. BRIAN WILLIAM FERGUSON (CPSO# 91441)

1. Disposition

On August 12, 2016, the Inquiries, Complaints and Reports Committee (the Committee) required obstetrician/gynecologist Dr. Ferguson to appear before a panel of the Committee to be cautioned with respect to recognizing presenting symptoms and the diagnosis, investigation, treatment and management of bladder complications and ureteric injuries during and following hysterectomy. The Committee requested Dr. Ferguson to prepare and submit a written report on these topics, before attending for the caution.

2. Introduction

The patient complained to the College about complications that arose after Dr. Ferguson performed a Total Abdominal Hysterectomy (TAH) and bilateral salpingectomy on her..

The patient expressed concerns that Dr. Ferguson failed to request a urology consultation during her surgery to repair injuries to her vaginal wall and bladder; failed to inform her of or acknowledge the injuries post-operatively; and failed to appropriately investigate or refer her in a timely manner to a urogynaecologist or urologist for further investigation and treatment, and did so only at her insistence, after several post-operative visits.

Dr. Ferguson responded that he repeatedly inspected the patient during the surgery, and that there was no concern that he had injured her bladder. He was unaware of the patient's complication until another physician diagnosed a fistula. Dr. Ferguson also noted that he sent a referral to a urologist within five days of the patient's surgery, and that he subsequently sent referrals to two different urogynaecologists.

3. Committee Process

An Obstetrical Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in

Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee acknowledged that a fistula is a known complication for the type of surgery the patient underwent. The Committee was satisfied that Dr. Ferguson performed the operation in an appropriate manner, and that there was no indication during surgery that an injury had occurred. As a result, the Committee concluded that there had been no need for Dr. Ferguson to request an intra-operative urology consultation. The Committee also concluded that Dr. Ferguson did not intentionally fail to inform or acknowledge the patient's complication following surgery, as it appeared that he was not aware of the fistula until another physician subsequently diagnosed it.

The Committee did, however, identify serious concerns with the post-operative care Dr. Ferguson provided to the patient, and the judgment he displayed in failing to properly investigate and manage her ongoing symptoms of urinary leakage and incontinence. In particular, the Committee was concerned that Dr. Ferguson did not document the possibility of a fistula in his post-operative differential diagnosis, and they questioned his diagnosis of stress urinary incontinence.

The Committee noted that although Dr. Ferguson physically examined the patient in the ER several days following surgery, he inappropriately relied on his belief that another physician (who had been covering for him during an absence) had previously examined the patient, when in fact, nothing in the record indicated that this had occurred. The Committee also concluded it would have been prudent for Dr. Ferguson to re-examine the patient in later follow-up visits (which he stated he did not do because the patient's symptoms had not changed).. The Committee felt that, in all likelihood, the patient's fistula would have been visible immediately following surgery, if Dr. Ferguson had performed a thorough, appropriate examination.

Finally, the Committee stated that although Dr. Ferguson properly sent an urgent referral to a urologist within five days of the patient's surgery, it would have been appropriate in the circumstances for him to intervene and seek an earlier assessment date (as the urologist's office scheduled the consultation appointment was over a month later).