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Delaware County Man Blinded From Surgery Awarded \$21.8M

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Drainer sued neurologist Dr. Hagop L. DerKrikorian, Riddle Memorial Hospital, and Society Hill Anesthesia Consultants and one of its doctors and anesthesia nurses. However, sources familiar with the case said the jury found only DerKrikorian, the doctor who performed Drainer's back surgery, liable.

David Caputo of Kline & Specter represented Drainer, Nancy Raynor of Raynor & Associates represented DerKrikorian, and Amalia V. Romanowicz of Post & Schell represented the Society Hill defendants. All declined to comment. Riddle Memorial's attorney, Peter J. Hoffman of Eckert Seamans Cherin & Mellott, did not return a call and email seeking comment.

"Had Mr. Drainer's surgery been adequately performed within a reasonable amount of time, and had Mr. Drainer's anesthesia care team addressed his intraoperative hypotension, prolonged surgery, and decreased perfusion,

Mr. Drainer would not have suffered blindness and worsening of

his back and lower extremity symptoms," the plaintiff's pretrial memorandum said.

Drainer began seeing DerKrikorian in 2008 for a series of ailments, including back and neck injuries, according to court papers. After treatment for Drainer's back problems proved ineffective, DerKrikorian scheduled Drainer for a surgery to take place in January 2012.

On the day of the surgery, Drainer was anesthetized and placed in the prone position on the operating table. Before surgery commenced, Drainer developed arterial hypotension and produced inadequate amounts of urine; received too much of one intravenous fluid and not enough of another; and his blood pressure was inadequately monitored as he spent the next eight hours in the prone position, court papers alleged.

The nearly nine hour surgery performed by DerKrikorian, with Drainer lying in the prone position the entire time under general anesthesia, not only failed to correct Drainer's back problems, but contributed to his blindness, according to court papers.

"The unnecessarily prolonged surgery increased the risk of his suffering

perioperative visual loss and was the cause of his blindness," court papers said. "The failure to adequately decompress his spinal nerve roots caused him to endure two additional back surgeries and worsening symptoms of pain and lower extremity numbness and weakness."

According to DerKrikorian's pretrial memorandum, the length of a surgery varies from surgeon to surgeon and depends upon the patient's condition.

For example, a single discectomy, defense papers said, can take more than four hours to complete.

Defense papers also said back surgeries are not normally aborted because the operation exceeds seven or eight hours and that there was no good reason to abort the surgery before that time in Drainer's case.

Additionally, Drainer "was more susceptible to ischemic neuropathy because of his underlying diabetes which was not well controlled per the records," defense papers said.

Despite Drainer's claims that DerKrikorian's surgery failed to relieve his pain, defense papers said Drainer's condition actually improved after the operation, until

a "sudden" development of increased pain occurred.

Society Hill's court papers said that all the proper precautions were taken with regard to the anesthesia procedures. Additionally, the Society Hill defendants argued that surgery-related blindness is rare and that Drainer's blindness was caused by another condition.

At the beginning of their memorandum, the Society Hill defendants noted that Drainer had a history of obesity, diabetes, anxiety, panic disorder, depression, severe degenerative joint disease with chronic lower back pain, and suspected sleep apnea.

Riddle Memorial asserted in its court papers that "based on the available evidence at the time of surgery, Mr. Drainer did not, from a medical perspective, have risk factors that have been identified as independent variables that would predispose him to postoperative vision loss."