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Montco Jury Sides With Doctor in Blood Thinner Case

BY ZACK NEEDLES

Of the Legal Staff

A Montgomery County jury, on an 11-1 vote, handed down a defense verdict May 18 in a case in which a 74-year-old man on blood-thinning medication died following a heart valve replacement and quadruple bypass surgery.

After one-and-a-half hours of deliberation following a five-day trial in Judge Kent H. Albright's courtroom, the jury found cardiothoracic surgeon Dr. Francis P. Sutter not negligent in the death of a patient to whom he administered the anti-coagulation drug Coumadin following surgery.

In *Culp v. Sutter*, plaintiff Culp underwent an aortic valve replacement procedure in which a bioprosthetic valve made of bovine tissue and synthetic materials was implanted Nov. 15, 2001, according to the defense's pretrial statement.

The defense's statement said that during the procedure temporary pacemaker wires were inserted into Culp's heart to ensure a proper heartbeat following surgery.

Immediately following the operation, Culp was recuperating well and was placed on Coumadin, a routine measure taken to reduce the risk of clot and stroke after surgery, the defense statement said.

On the morning of Nov. 20, 2001, Sutter instructed physician's assistant Suzanne Morgan to remove the temporary pacemaker wires, the defense statement said.

Shortly after she did that, Culp's blood pressure dropped and Sutter realized the internal bleeding was coming from one of the vein grafts that had been placed there during surgery, the defense statement said.

According to the defense statement, Sutter suspected one of the clips holding the grafts in place became caught on the pacemaker wires as they were being removed.

The defense statement said this complication was a "tiny, but known inherent risk" of the procedure.

According to the defense attorney, Naomi A. Plakins of Plakins & Associates in Doylestown, Pa., the risk for any complication caused by pacemaker wires is .4 percent.

Sutter was able to repair the vein graft, and

tearing of the graft clip, the defense said in its statement.

"In essence, Mr. Culp's bowel had suffered a stroke," the defense said in its statement.

According to both the plaintiffs and the defense, Culp's International Normalized Ratio, or INR — the measurement used to monitor blood-thinning drugs — was 3.5 at the time his pacemaker wires were removed.

Plakins said the plaintiffs' expert, Dr. Donald L. Bricker, a cardiothoracic surgeon from Texas, testified that the acceptable target range for the INR under American College of Cardiology/American Heart Association guidelines was between 2.5 and 3.

But, according to Plakins, the defense expert, Walter E. Pae Jr., testified that although it has since been lowered, the acceptable target range for the INR under ACC/AHA guidelines was between 2.5 and 3.5 in 2001.

Plakins said Bricker's admission on the stand that he had not done any research into the ACC/AHA guidelines, as well as his admission that he had never heard of a complication in which temporary pacemaker wires could get caught on a graft clip, were what swayed the jury to side with the defense.

"That was his 'eject' button," she said.

Conversely, Plakins said Pae, a professor of surgery at Pennsylvania State University's Milton S. Hershey Medical Center, showed the jury he had done the research before taking the stand.

"To demonstrate to the jury that 'Yes, the clip came off but that's a risk' was our burden and I think we shouldered it well," Plakins said.

The plaintiffs' attorney, Hugh A. Donaghue of Donaghue & Labrum in Media, Pa., could not be reached for comment at press time. •

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— Naomi A. Plakins

Culp eventually left the operating room in satisfactory condition, the defense statement said.

But soon after, the defense statement said, Culp's condition began to deteriorate, and, on Nov. 23, 2001, an exploratory laparoscopy by a general surgeon not named in the suit showed an extensive gangrenous small bowel and a pulseless superior mesenteric artery. He died later that day.

The plaintiffs, in their own pretrial statement, alleged Culp died because the Coumadin had rendered his blood overly anticoagulated, predisposing him to hemorrhage.

But the defense said in its statement that Culp did not die as the result of overly anticoagulated blood.

Rather, Culp's bowel, already weakened by atherosclerotic disease, failed following the

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