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BEFORE THE DISTRICT CONSUMER DISPUTES REDRESSAL
COMMISSION – I, HYDERABAD

P r e s e n t

HON'BLE MRS. B. UMA VENKATA SUBBA LAKSHMI, PRESIDENT
HON'BLE MR. V. JANARDHAN REDDY, MEMBER

On this the Friday, the 13th day of March, 2026

C.C.No.839/2022

Between:-

G. Nageswara Rao, S/o. G. Bapanaiah,
Aged: 60 years, Indian, Occ: Retd, Sr. Divisional Manager,
National Insurance Company Limited,
R/o. Falt No.102, Brundavanam Apartments,
4-1-216/168, Karthikeya Nagar,
Nacharam-500 076, Medchal-Malkajgiri District.

....Complainant

AND

1. Akshara Medical & Research Centre,
8-2-686/B, Vengalrao Building,
Road No.12, Banjara Hills, Hyderabad - 500 034,
Rep by its Managing Director.
2. Dr. N. Sarada Vani, Gynecologist,
M/s. Ankura Hospital,
8-2-686/B, Vengalrao Building, Road No.12,
Banjara Hills, Hyderabad-500 034.
3. M/s. Apollo Hospitals,
Road No.72, Film Nagar,
Jubilee Hills, Hyderabad-500 033,
Rep by its Managing Director.
4. M/s. National Insurance Company Ltd.,
Branch Office: 4-1-124/G, Ramlal Estate 2nd Floor,
King Koti, Hyderabad - 500 001,
Rep by its Branch Manager.
5. M/s. Reliance General Insurance Company Ltd.,
Rep by its M.D. Kachiguda,

DA Branch, 4/1/240/G, Ramlal Estate,
2nd Floor, King Koti, Road, Hyderabad.

(OP Nos. 4 & 5 are impleaded as per the orders of the
Hon'ble Commission Dt. 23.11.2023 in IA No.185/2022)

....Opposite Parties

Counsel for the Complainant	:M/s. V. Gouri Shankar
Counsel for the Opposite Parties No.1 & 2	: Srinivasa Rao Pachwa
Counsel for the Opposite Party No.3	: M/s. Indus Law Firm
Counsel for the Opposite Party No.4	: K. Krishna Reddy
Counsel for the Opposite Party No.5	: Suri Sravan Kumar

O R D E R

(By HON'BLE MR. V. JANARDHAN REDDY, MEMBER
on behalf of the bench)

The present complaint is filed by the complainant U/Sec.35 of the Consumer Protection Act, 2019 alleging deficiency of service on the part of the Opposite Parties and seeking the following reliefs to direct the opposite parties to:

- i. To pay compensation of Rs.50,00,000/- along with interest @15% p.a., till the date of realization;
- ii. To pay costs of Rs.3,00,000/-.

Brief facts of the case:

1. It is the case of the complainant that his wife Smt. G. Lakshmi Narasamma, aged about 51 years was suffering from the complaint of irregular periods. She visited the Doctors at Sunshine Plus Hospitals, Gachibowli on 12.09.2018, 07.08.2020, 21.09.2020, 06.09.2021 and 26.10.2021. In her last visit there was also abdomen pain. For the first time, on 27.10.2021, the wife of the complainant visited the O.P No.2 at Ankura Hospitals with the complaints of severe Dysmenorrhea (painful menstruation), prolonged bleeding with clots and irregular menstrual cycles. During July & August 2021, the menstrual periods were occurring within 10 days, 15 days and even less than 30 days. After going through the history, previous medical records the O.P No.2

suggested that the patient has to undergo TLH + BSO (Total Laparoscopic Hystectomy + Bilateral Salpingo Oophorectomy i.e., removal of uterus and ovaries with both side tubes) on 28.10.2021. She also advised to take the opinion of the General Physician Dr. Sujith Chadala. He opined that the patient was fit for surgery.

2. The patient was admitted at Ankura Hospital under the care of the O.P No.2 at 6.30 pm in Emergency Room, She was shifted to SICU to 7:20 pm. The patient was given pre-operative 1 unit of PRBC Transfusion of 290 ml at 9.30 pm. Un-eventfully, the BP was 140/90 130/90. Pre-operative instructions were given. The patient was supposed to be shifted to operation theatre at 11.00 am on 28.10.2021, The Admission Record reveals that the patient was a known case of Hypothyroidism of 4 years duration with Thyronorm 0.25 Micro gram. It was under control. There was on and off Migraine for last 10 years. The "Ultrasonography of abdomen Report Dt.10.07.2021 reveals Subserosal fibroids (largest being 1.2 X 1.2 CMs) and right renal calculus (Right Kidney Stone) 9.7 mm. The patient was subjected to various pre-operative investigations on 27 & 28 October 2021. All the reports were normal except blood HB was 8.4 Gms (on 10.07.2021 the HB was 10.6 Gms). Echo reveals that LV Diastolic Dysfunction. The other findings were normal i.e., APTT, PT (bleeding & clotting parameters), LFT (Liver Function Test), S. Creatinine, Urea, S. Electrolytes (Kidney Tests) and ABG (Artrial Blood Gas Analysis). All the Reports reveal that all the organs were healthy except severe anaemia, which was due to blood loss due to the abnormality of the periods. The patient underwent the surgery in the evening of 28.10.2021 under General Anesthesia. The surgery was performed by the O.P No.2. The recovery was satisfactory. PR was 0.4/mt and the BP was 140/90. The patient was shifted to SICU for further management. The operation notes reveal that the patient had P2L2, AUB (Acute Uterin Bleeding) with Fibroid Uterus with Adenolysis. In the surgical finding it was mention that the Uterus was bulky, Globular with Adenomyotic changes. Left ovary cyst was noted

right ovary was normal. "The tubes were normal. LAVH + BSO was done. It was not Total Laparoscopic Hysterectomy, but Vaginal Hysterectomy. It was uneventful. The specimens were sent to Histo Pathology Examination. Intra operatively, 1 unit of PRBC was transfused.

3. It is further submitted that the Case Sheet at 6.30 pm on 28.10.2021 reveals that Dr. Navya advised that the patient should not to take anything by mouth, advised the follow drug chart and monitor vitals. According to the Nurses Notes, at 8.00 pm., reveals that the PR was 80, the BP was 120/80 and the urine output was only 80 ml. At midnight 12.30 i.e., 00.30 am., on 29.10.2021 the Nurses Notes reveals that the GC was fair, Afebril, the PR was 92/mt, the BP was 90/70 and SPO2 (saturation point of Oxygen) was 88% (room atmosphere). The urine output was 50 ml. The features suggest that the patient was in critical condition. In spite of transfusing 3 bottles of IV fluids rapidly, the BP fall into 70/30. The bleeding was the cause for loss of blood. The Physician advised Nor-Adrnalin drip. On examination it was found that Heart/Lungs Bilateral Crepts. The urine output was 5-10 ml.
4. Opposite party No.2 was informed by the staff. She advised repeat the tests and arrange blood. The blood test reports revealed alarming changes. The HB was 7.2 Gms. The total count was 12500. The platelets were 1.69 lakhs Serum Creatinine was 2.5 mg. The urea was 48 mg. Serum Electrolytes Na/K/CI 138/4.1/102. The LFT-TB was 7.4, DB was 4.5, IDB was 2.9, SGOT was 490, SGPT was 660, ALP was 45, S. Protein was 4.2, ALB was 3, GLB was 1.2. The blood reports reveal that the blood levels were falling down due to bleeding. There was liver failure, kidney failure leading to jaundice and reduced urine output. All these complications are due to low BP, shock caused by bleeding after surgery. At 4.00 am on 29.10.2021 the O.P No.2 examined the case USG scanning revealed minimum fluid in POD which indicates leakage i.e., accumulated bleeding in pelvis in the first post-operative day. The test reports revealed further deterioration of the condition of the patient.

The platelets were falling to 45000, The HB was 7 gms. 1 unit of blood was running. The O.P No.2 planned for infusion of Albumin and 2 units of RBC. 1 unit of plasma was arranged.

5. Due to improper monitoring, the BP shoot-up to 230/100, which may damage heart or brain with bleeding. Later the BP was controlled by medication. All these complication indicate in the grave condition of the patient. The O.P Nos. 1 & 2 shifted the patient to the OP No.3 Hospital for the purpose of dialysis since there was decreased urine output and AKI (Acute Kidney Injury). The complainant having left with no other option, was constrained to shift his wife to O.P No.3 Hospital. The wife of the complainant was admitted in O.P No 3 Hospital at 5.30 am., on 29.10.2021 with the complaints of Hypotension Episodes, breathing difficulty, no urine output, Post-Hysterectomy. The O.P No.3 diagnosed that the patient was suffering From Acute Kidney Injury, Renal Cortical Necrosis and Severe Metabolic -Acidosis. The patient was intubated and put on ventilator. In spite of starting Broad Spectrum Antibiotics and supportive treatment, there was no Improvement in the condition and on the other hand there was deterioration of the condition of the patient and she was declared dead at 3.03 pm on 30.10.2021.
6. O.P. No.2 performed Hysterectomy while the patient in periods. She ought to have postponed the surgery since there was no emergency. Prior to surgery all the blood test reports were in normal including kidneys, liver, lungs and heart except 8.4 grams of HB. All the vital data such as pulse, BP and respiration before and immediately after surgery were also normal. Few hours later there was deterioration of health due to low BP and consequently leading to damage of kidney, liver, brain and lungs. The cause being Haemorrhage and the patient was in high risk since there was severe anemia of HB 8.4 grams Seven after transfusion. There was Haemorrhage during surgery while extraction of bulky uterus injuring blood vessels, due to negligence and deficiency on the part of the O.P No.2. Haemorrhage, lead to shock with fall of BP, which resulted in failure of liver effecting by way of jaundice and

bleeding. Clotting mechanism was failed. Kidney was also effected as there - was no urine formation. The BP was not controlled by the O.P No. 2 inspite of many transfusion. The O.P Nos.1 & 2 failed to control the internal bleeding, which was the primary cause for all the complications. The Doctors at O.P No.3 have diagnosed that the patient was in shock-Hypovolaemic, Sepsis with DIC. Hypovölaemic was due to loss blood. Dr. Sainath, the Consultant at O.P No.3 rightly suggested Diagnostic Laparoscopy to know the cause and status inside the abdomen to arrest bleeding if any. He also found blood strained finger for vaginal examination. But the same was not done.

7. The complainant paid Rs. 1,00,000/- vide Bill No.INV21015799 Dt.29.10.2021 towards Hospital Bills, got reimbursement from his insurer. The complainant also paid Rs.4,39,901/- at O.P No.3 hospital through his Insurer. Inspite of the same, the wife of the complainant could not be saved.
8. O.P No.2 in hastily performing Hysterectomy while the patient was in periods and in anaemic conditions and failure on that part to diagnose the bleeding and failure to take appropriate measures to control the same and failed to maintain the vital organs and other parameters by administering appropriate treatment and delaying shifting of the patient for higher centre at the fag end/critical and irreparable condition not only amounts to deficiency in service but also amounts to unfair trade practice.
9. Due to negligence and deficiency in the medical services rendered by the O.P Nos.1 & 2 resulting in unfortunate and pre-mature death of the wife of the complainant not only amounts to deficiency in service but also amounts to unfair trade practice. The complainant and his family members have been subjected to serious inconvenience, hardship and severe mental agony apart from irreparable financial loss.
10. It is the version of the opposite parties NO.1 & 2, that the patient name Mrs Lakshmi Narasamma, 51 years she came to the Ankura Hospital

(Banjara Hills) on 27.10.2021 for first time and presented with complaint of severe dysmenorrhea (Painful Menstruation) and also with prolonged bleeding episodes with large clots and irregular periods lasting for 10 to 15 days in a month and she was in severe pain and bleeding and was unable to sit in OPD also. As per the patient, she used to take Cyclopam (pain killer) tablets as self-medication to reduce the pain and as self-medication is not helping her to reduce the pain and bleeding and last three years the severity was increasing and she was in deep distress. Earlier she consulted at Sunshine Hospital, Gachibowli. After going through the previous history and medical reports dated 12.09.2018, 07.08.2020, 21.09.2020, 06.09.2021 and 26.10.2021 of Sunshine hospital Gachibowli and she was known case of hypothyroid patient for 4 years and also history of Migraine for 10 years. On clinical examination, her general condition was fair but pale and PR 80/min, BP-110/70 mm Hg and abdomen examination: Uterus is bulky and Mobile and vaginal examination showed bleeding per vagina and USG Abdomen reports reveals that Uterus was bulky with adenomyosis/multiple small sub-serosal fibroids (with largest being 1.2 x 1.2 cm) and right renal calculus (9.7 mm).

11. Basing on the above condition of the patient, diagnosis was made that P2 L2 with fibroid uterus with heavy menstrual bleeding with moderate anaemia. Counselling was done to the patient, her husband and children (sons), as she was 51 years old, with long standing history from 12.09.2018 with heavy menstrual and irregular bleeding with excessive bleeding, with clots and severe dysmenorrhea (pain during periods) and chronic anaemia. All the above factors were causing deterioration of her general condition and as she was not responding to medical treatment. The doctors explained the need for surgery, so suggested for Total laparoscopic hysterectomy (TLH) + bilateral salpingo-oophorectomy (BSO)/ Laparoscopic assisted vaginal hysterectomy (LAVH) with bilateral salpingo-oophorectomy (BSO) (TLH+ BSO/LAVH + BSO) and also need for blood transfusion before and during the surgery, to

improve her general condition. Accordingly discussed with patient and her husband elaborately and also appraised about the risks and complications involved in surgery: For which the patient and her husband accepted for surgery. The patient was referred to Dr.Sujith Chadala (Critical Care Specialist) for evaluation of general condition of the patient and fitness for surgery and also to Anaestheticfor Pre Anaesthetic Check. The pre-operative investigation are shows that (Hb- 9 g/dl) and other tests including LFT, Sr.Creatinine, Blood Urea, Sr. Electrolytes, APTT, INR, PT are normal Echo showed LV diastolic dysfunction. Since, the Hb report shows severe Anaemia due to blood loss, two units of packed red blood cells were reserved. After thorough evaluation and fitness given by both critical care team and aesthetic team, the patient was posted for surgery (TLH BSO/LAVH BSO) on 28.10.2021 at 11.00 am.

12. The patient was admitted in hospital at 6.30 pm on 27-10-2021. On advice by Dr.Sujith Chadala, IV prophylactic antibiotic regime was started and one unit of packed cell blood was transfused. The surgery was planned on 28-10-2021 at 11.00 AM. Before the surgery, the CBP shown Hb-8.4g/dl, TLC-9510, platelets count 2.9 lakhs. Despite one unit of blood transfusion, the patient Haemoglobin was not improved due to on-going bleeding. Then the Doctors thought that the patient may deteriorate further if the localised on going bleed was not intervened and corrected. The critical care team advised one more blood transfusion intra-operatively and prophylactically reserved one more PRBC.
13. The surgery "Total Laparoscopic Hysterectomy Bilateral SalpingoOophorectomy" was conducted has been done on 28-10-2021 (uterus and ovaries and both side fallopian tubes were removed. The procedure was conducted under aseptic condition and uneventful. Ports were removed under vision after checked haemostasis. Gas completely emptied from the patient abdomen and ports closure done. The Urine output of the patient was adequate and clear at the end of

procedure. Vitals of the patient were stable. One unit of packed red blood cell transfusion was given during procedure as advised by anaesthetic team. After the extubation the patient was shifted to SICU at 01:00 pm. Vitals were monitored and stable.

14. On 28.10.2021 at 12:00 AM the duty doctor informed the Opp. party No.2 and Dr.Sujith Chadala (Critical care specialist) that the urine output was 50ml in previous hour. Immediately patient was given fluid with volume expanding normal saline (1.5 litres) and oxygen support was given. There was no improvement in the urine output and BP despite fluid resuscitation. Immediately blood investigations done and bed side Sonography was taken and it showed only post-operative changes, minimal free fluid and no haemorrhage, Critical Care and Anaesthetic team started resuscitative measures including increasing strength of Noradrenaline, Central line and arterial insertion, Oxygen support, Blood transfusion, Albumin infusion serial monitoring of the patient.
15. The team of Gynaecologist and Obstetrician, Anaesthetist, General physician and Critical care explained the patient husband Mr. G. Nageswara Rao and Son Mr.Mahesh regarding the prognosis of the patient Mrs Lakshmi Narasamma. That with fluid resuscitation, Vasopressor support, Blood transfusion, oxygensupport and patient was hemodynamically stable. BP 110/70 mm Hg with 8ml/hr viasyringe pump Noradrenaline. The patient neither had external bleed/internal bleed nor cardiac events.
16. The doctors suspected that the most probable cause was that the patient would have had SEVERE SYSTEMIC INFLAMMATORY RESPONSE SYNDROME which is a very serious condition, due to cytokine storm which may be triggered by any surgery, leading to multi organ dysfunction like Acute Kidney Injury, Disseminated intravascular coagulation, Hypotension, Respiratory failure (Acute Lung Injury). The doctors explained the patient husband Mr G. Nageswara Rao and Son

Mr Mahesh for the need of CECT abdomen to rule out other possible differential diagnosis and been explained the risk of refractory septic shock, renal failure, and mechanical ventilator support. The doctors advised for shifting of the patient to higher centre in view of progressive multi organ dysfunction which may require mechanical ventilator support and renal replacement therapy and also non-availability of CT imaging at our facility. The patient Mrs.Lakshmi Narasamma had been shifted to nearest higher centre i.e Apollo Hospital, Jubilee Hills in hospital ambulance accompanied by critical care physician with 10 litre oxygen flow, on flow PRBC, BP-110/70mmHg on Noradrenaline support. We had delivered the best multidisciplinary services possible for the greater good of the patient. We had followed advanced trauma life support (ATLS) and Surviving Sepsis Campaign Guidelines 2021 protocols in resuscitation of the patient. After the initial resuscitation and stabilisation, patient was shifted to the higher center, which was evident by the vital parameters as recorded. There was no delay in shifting the patient to the higher centre. It was unfortunate that the patient could not be save despite the best medical assistance being extended to her by the multidisciplinary experts in the field.

17. On 28-10-2021 under general anaesthesia, patient recovery was satisfactory. It was a total Laparoscopic Hysterectomy but not vaginal Hysterectomy. The patient was shifted to SICU for further management and intra-operatively one unit of PRBC was given. On 28-10-2021 at around 12.30 AM i.e, at 0.30 Hrs on 29-10-2021, the urine output was low and saturation levels were decreasing and it suggest that the patient was in critical condition. Requisite fluids were transfused. It is incorrect to state that bleeding was the cause for loss of blood. In view of the above submissions, since there is no negligence on the part of the Opposite parties in treating the complainant's wife, the Opposite parties are not liable to pay any amounts to the complainant for alleged mental trauma physical pain and suffering.

18. Complainant is claiming exorbitant amounts under the guise of alleged negligence without giving any basis and since this Opposite Parties have treated the complainant by following standard protocols, the question of payment of compensation does not arise. The complainant's wife was treated with standard procedures and protocols. The Complainant is making false allegations with a malafide intention to disrepute the Opposite Parties and in order to extract the amounts from the Opposite Parties and the same is evident from exorbitant amounts claimed by the complaints without any basis. Hence, the Complainant is not entitled to any amounts as compensation. It is pertinent to submit that the complainant has not filed any evidence to substantiate his monetary claims. The allegations made by the complainant are frivolous and false and are invented for the purpose of the case. The complainant cannot unjustly enrich at the expense of the opposite parties by claiming unjust and exorbitant compensation.
19. In the written version filed by opposite party No.3, Opposite party is neither proper party nor necessary party to the present case. They have been unnecessarily dragged into the litigation between the complainant and the other opposite parties and as such, it is clear case of mis-joinder of parties and hence, the Complaint is liable to be dismissed against this opposite party. In the absence of any cause of action against this opposite party, the complaint against them is liable to be dismissed with costs. Apparently, the 3rd opposite party hospital has been added as a party so as to give evidence, which cannot be the ground for making them as a party to the present case. Complainant has admittedly not made any allegation as far as this opposite party is concerned and as such seeking relief from this opposite party cannot be countenanced. The complainant in his complaint has categorically stated in the 1st paragraph that "The O.P No.3 is a formal party to the proceeding where the patient died, while undergoing further treatment. The O.P No.3 is a necessary party to the proceedings. However no monetary claim is made against O.P.No.3". Contrary to his own

pleadings the complainant sought relief from all the opposite parties, including this opposite party which is unfair and unjust. Moreover, the complainant had stated at paragraph 12 of his complaint that "the doctors at O.P. No.3 have diagnosed that the patient was in shock-Hypovolaemic, sepsis with DIC. Hypovolaemic with due loss of blood. Dr. Sainath. the consultant at O.P. No.3 rightly suggested Diagnostic Laparoscopy to know the cause and status inside the abdomen to arrest bleeding if any.", by which it can be concluded that there is no negligence attributed to the opposite party herein. In that view of the matter, this opposite party is neither necessary nor a proper party to the present case.

20. The patient Mrs. Gudugutla Lakhmi Narasamma a 50 years old female, was brought to emergency on 29.10.2021 with complaints of Hypotensive episodes had breathing difficulty with sudden in onset post hysterectomy. Patient was reported to emergency dept. With complaints of 1 year of heavy mensural bleeding (HB: 8grms) laparoscopic Hysterectomy done in outside hospital on 28.10.21 for sub-serosal fibroids following which she developed hypotension and anuria and breathlessness sudden in onset was shifted to this Opposite Party hospital for further management with 1 unit PRBC transfusion ongoing. She had history of Denova Diabetes, Hypothyroidism on medication. She was diagnosed as Shock. Patient was intubated and put on ventilator in view of severe metabolic acidosis and started on broad spectrum antibiotics after sending pan cultures. The patient from the time of arrival to the emergency department, was attended by the specialist team and she was investigated appropriately and was provided all the necessary care. The patient's family were counselled about the critical condition and the high risk to life. In spite of all the aggressive treatment by the 3rd opposite party team, patient's condition did not improve and she had a cardiac arrest on 30.10.21 and declared dead at 3.03 pm. Hence, it is prayed that the complaint may be dismissed.

21. In the written version filed by the opposite party No.4, it was contended that the preamble of the policy clearly shows that the subject to the terms, exclusions and conditions contained or endorsed, the company to indemnify there liability to pay compensation. As such OP No.4 is liable to indemnify. OP No.1 in the first instance, it is OP No.1 to pay the claim and to get the same renumbered as per the policy terms and conditions.
22. It is also contended that the OP No.1 failed to give information about the filing of the present complaint which amounts to violation of conditions set out in clause 10 of the policy as such not liable to indemnify the OP No.4 and its doctors under the policy and there is no privity of contract between the complainant and OP No.4, and as per the policy terms and conditions the OP No.4 is liable to indemnify the loss if any sustained due to error of omission in professional services by OP No.1. As such no liability can be fastened on OP No.4.
23. The version of the opposite party No.5 is that the complainant is a third party to the insurance policy issued to OP No.2 as such he cannot claim any relief under the policy directly from OP No.5. It is also the version of the OP that the policy was issued to indemnify the insured and as per the conditions of the policy the insured has to first make the payment and seek reimbursement from OP No.5 as per the sum assured under the policy. It is also the contention of the opposite party No.5 that in the event of the Hon'ble Commission decides negligence is proved and fastens liability against the OPs, no order can be passed against OP No.5 and at the most this Commission can pass orders to reimburse the amount to the insured after satisfying the orders. Therefore, the complaint may be dismissed as it is not maintainable.
24. The complainant filed his affidavit evidence reiterating the averments made in the complaint and got marked Ex.A1 to Ex.A12. Affidavit evidence of Dr. N. Sarada Vani (OP-2) filed reiterating the written version filed by the OP No.1 & 2 and got marked Ex.B5 to Ex.B7.

Evidence affidavit of Dr. Ravindra Babu, Medical Superintendent of OP No.3 hospital filed reiterating the written version. Swetha Venkat, Assistant Manager, filed her affidavit reiterating the contents in the written version of OP No.4 and got marked Ex.B2 to Ex.B4. On behalf of OP No.5 evidence affidavit of Shabbeer working as Senior Legal Manager has filed affidavit evidence and got marked Ex.B1.

25. Based on the facts and material available on the record and written arguments of both sides, the following points have emerged for consideration:

- i) Whether the complainant has established negligence / deficiency in service on the part of the opposite parties ?
- ii) Whether the complainant is entitled for the reliefs as prayed in the complaint?
- iii) If so, to what reliefs?

26. Points 'i', 'ii' & 'iii':

26.1. It is evident from the record that the complainant's wife Smt. G. Lakshmi Narasamma, was suffering from the complaint of irregular periods. She visited the doctors at Sunshine Plus Hospitals, Gachibowli on 12.09.2018, 07.08.2020, 21.09.2020, 06.09.2021 and 26.10.2021 under (Ex.A1) and in her last visit there was also abdomen pain. It is evident under (Ex.A2) on 27.10.2021, the wife of the complainant visited the O.P No.2 Ankura Hospitals with the complaints of severe Dysmenorrhea (painful menstruation), prolonged bleeding with clots and irregular menstrual cycles. During July & August 2021, the menstrual periods were occurring within 10 days, 15 days and even less than 30 days. After going through the history, previous medical records the O.P No.2 suggested that the patient has to undergo TLH + BSO (Total Laparoscopic Hystectomy + Bilateral Salphingo Opphorrectomy i.e., removal of uterus and ovaries with both side tubes) on 28.10.2021. The complainant had undergone

all the tests as suggested by the opposite party No.2 (Ex.A4 to Ex.A7). She also advised to take the opinion of the General Physician Dr. Sujith Chadala. He opined that the patient was fit for surgery.

26.2. It is an admitted fact that the wife of the complainant / patient was admitted at Ankura Hospital under the care of the O.P No.2 on 27.10.2024 at 7 pm in Emergency Room. The admission record has been marked under (Ex.A9). She was shifted to SICU to 7:20 pm. The patient was given pre-operative 1 unit of PRBC Transfusion of 290 ml at 9.30 pm. Un-eventfully, the BP was 140/90 130/90. Pre-operative instructions were given. The patient was supposed to be shifted to operation theatre at 11.00 am on 28.10.2021. The Admission Record reveals that the patient was a known case of Hypothyroidism of 4 years duration with Thyronorm 0.25 Micro gram. It was under control. There was on and off Migraine for last 10 years. The "Ultrasonography of abdomen Report Dt.10.07.2021 reveals Subserosal fibroids (largest being 1.2 X 1.2 CMs) and right renal calculus (Right Kidney Stone) 9.7 mm. The patient was subjected to various pre-operative investigations on 27 & 28 October 2021 under (Ex.A4 to Ex.A7). All the reports were normal except blood HB was 8.4 Gms (on 10.07.2021 the HB was 10.6 Gms). Echo reveals that LV Diastolic Dysfunction. The other findings were normal i.e., APTT, PT (bleeding & clotting parameters), LFT (Liver Function Test), S. Creatinine, Urea, S. Electrolytes (Kidney Tests) and ABG (Artrial Blood Gas Analysis). All the reports reveal that all the organs were healthy except severe anaemia, which was due to blood loss due to the abnormality of the periods. The patient underwent the surgery in the evening of 28.10.2021 under General Anesthesia. The surgery was performed by the O.P No.2. The surgical operation notes has been marked under (Ex.A9). The recovery was satisfactory. PR was 0.4/mt and the BP was 140/90. The patient

was shifted to SICU for further management. The operation notes (Ex.A9) reveals that the patient had P2L2, AUB (Acute Uterine Bleeding) with Fibroid Uterus with Adenolysis. In the surgical finding it was mentioned that the Uterus was bulky, Globular with Adenomyotic changes. Left ovary cyst was noted right ovary was normal. "The tubes were normal. LAVH + BSO was done. It was not Total Laparoscopic Hysterectomy, but Vaginal Hysterectomy. It was uneventful. The specimens were sent to Histo Pathology Examination. Intra operatively, 1 unit of PRBC was transfused.

26.3. It is observed from the case sheet (Ex.A9) at 6.30 pm on 28.10.2021 reveals that Dr. Navya advised that the patient should not to take anything by mouth, advised the follow drug chart and monitor vitals. According to the Nurses Notes, at 8.00 pm., reveals that the PR was 80, the BP was 120/80 and the urine output was only 80 ml. At midnight 12.30 i.e., 00.30 am., on 29.10.2021 the nurses notes reveals that the GC was fair, Afebril, the PR was 92/mt, the BP was 90/70 and SPO2 (saturation point of Oxygen) was 88% (room atmosphere). The urine output was 50 ml. The features suggest that the patient was in critical condition. In spite of transfusing 3 bottles of IV fluids rapidly, the BP fall into 70/30. The bleeding was the cause for loss of blood. The physician advised Nor-Adrnalin drip. On examination it was found that Heart/Lungs Bilateral Crepts. The urine output was 5-10 ml.

26.4. It is to be noted that on 29.10.2021 at 2 a.m the staff has informed the opposite party No.2 with regard to the condition of the patient. The opposite party No.2 advised to repeat the tests and arrange blood. The blood test reports revealed alarming changes. The HB was 7.2 Gms. The total count was 12500. The platelets were 1.69 lakhs. Serum Creatinine was 2.5 mg. The urea was 48 mg. Serum Electrolytes Na/K/CI 138/4.1/102. The LFT-TB was 7.4, DB was 4.5, IDB was 2.9, SGOT was 490, SGPT was 660, ALP was 45, S. Protein was 4.2, ALB was 3, GLB was 1.2. The blood reports reveal

that the blood levels were falling down due to bleeding. There was liver failure, kidney failure leading to jaundice and reduced urine output. All these complications are due to low BP, shock caused by bleeding after surgery. At 4.00 am on 29.10.2021 the O.P No.2 examined the case USG scanning revealed minimum fluid in POD which indicates leakage i.e., accumulated bleeding in pelvis in the first post-operative day. The test reports revealed further deterioration of the condition of the patient. The platelets were falling to 45000, The HB was 7 gms. 1 unit of blood was running. The O.P No.2 planned for infusion of Albumin and 2 units of RBC. 1 unit of plasma was arranged.

26.5. It is to be noted that, due to improper monitoring, the BP shoot-up to 230/100, which may damage heart or brain with bleeding. Later the BP was controlled by medication. All these complication indicate in the grave condition of the patient. The O.P Nos. 1 & 2 shifted the patient to the OP No.3 Hospital for the purpose of dialysis since there was decreased urine output and AKI (Acute Kidney Injury). The complainant having left with no other option, was constrained to shift his wife to O.P No.3 Hospital. The wife of the complainant was admitted in O.P No 3 Hospital at 5.30 am., on 29.10.2021 with the complaints of Hypotension Episodes, breathing difficulty, no urine output, Post-Hysterectomy. The O.P No.3 diagnosed that the patient was suffering From Acute Kidney Injury, Renal Cortical Necrosis and Severe Metabolic -Acidosis. The patient was intubated and put on ventilator. In spite of starting Broad Spectrum Antibiotics and supportive treatment, there was no Improvement in the condition and on the other hand there was deterioration of the condition of the patient and she was declared dead at 3.03 pm on 30.10.2021.

26.6. It is to be observed from the death summary (Ex.A.12) issued by the opposite party No.3 wherein the details of the diagnosis with regard to additional diagnosis - ACUTE KIDNEY INJURY - RENAL

CORTICAL NECROSIS - SEVERE METABOLIC ACETOSIS with regard to chief complaints: complaints of hypotensive episodes and breathing difficulty, sudden in onset post hysterectomy. With regard to present illness: patient underwent laproscopic hysterectomy on 28.10.2021 and developed hypertension, breathing difficulty, anuria and was shifted to Apollo. These findings which are mentioned in Ex.A12 discharge summary which clearly indicates that due to the surgery conducted by the opposite party No.2 without monitoring all parameters of the patient who was anemic. Though the other parameters are normal.

- 26.7. It is to be observed from the medical history of the patient that she was suffering with the problem of irregular periods and bleeding and also the percentage of haemoglobin in the blood was less and she is also anemic. In view of the same, the opposite party No.2 ought not have conducted the surgery as the patient was anemic and there is no need to conduct the surgery in hasty manner. The opposite party No.2 failed to adduce any evidence to show that there is a need for immediate surgery.
- 26.8. In the written version filed by the opposite party in para 8 wherein it was stated that "the patient was admitted in hospital on 27.10.2021. on advised by Dr.Sujith Chadala, IV Prophylactic anti biotic regime was started and 1 unit of packed cell blood was transfused. The surgery was planned on 28.10.2021 at 11 a.m. Before the, the CPB shown Hb - 8.4, ELC - 9510, platelets count 2.9 Lakhs. Despite one unit of blood transfusion, the patient haemoglobin was not improved due to on going bleeding Then, the thought that the patient may not deteriorate further with the localized on going bleed was not intervened and corrected. The critical care team advised one more blood transfusion intra-operatively Prophylactically preserved one more PRBC. In such a situation the opposite party No.2 should not have conducted the

surgery keeping in view of the patient earlier condition with regard to that she was an anemic.

26.9. It is to be noted that in the written version filed by opposite parties No.1 & 2 in para No.16, it was stated that “It submitted that it is incorrect to state that the opposite party No.2 ought to have postponed the surgery as the patient was in “periods”. It is pertinent to submit here that the patient having continuous bleeding and the patient was in severe dysmenorrhoea. This clearly shows the negligence of the opposite party No.2 in performing the surgery as there was no emergency as per the medical record of the patient.

26.10. Though, the opposite parties No.1 & 2 have pleaded in their written version that they had delivered the best multi disciplinary services possible for the greater good of the patient and also followed advanced trauma life support and surviving Sepsis Campaign Guidelines, 2021 protocols. But, the deficiency in service can be attributed to the opposite party No.2 in conducting the surgery which was not warranted due to the health condition of the patient particularly as she was an anemic.

26.11. It is to be noted that at the time of admission and before conducting the surgery all the necessary tests were conducted and the reports reveals that all the organs were healthy except severe anemia, which was due to blood loss which is due to the abnormality of the periods. At that juncture, the opposite party No.2 should not have performed the surgery.

26.12. The case sheet reveals that, on 28.10.2021 at 6.30 pm, Dr. Navya advised that the patient should not to take anything by mouth, advised the follow drug chart and monitor vitals. According to the Nurses Notes, at 8.00 pm., reveals that the PR was 80, the BP was 120/80 and the urine output was only 80 ml. At midnight 12.30 i.e., 00.30 am., on 29.10.2021 the Nurses Notes

reveals that the GC was fair, Afebrile, the PR was 92/mt, the BP was 90/70 and SPO₂ (saturation point of Oxygen) was 88% (room atmosphere). The urine output was 50 ml. The features suggest that the patient was in critical condition. In spite of transfusing 3 bottles of IV fluids rapidly, the BP fell into 70/30. The bleeding was the cause for loss of blood. The Physician advised Nor-Adrenalin drip. On examination it was found that Heart/Lungs Bilateral Crepts. The urine output was 5-10 ml.

26.13. The opposite party No.2 has advised the staff to repeat the tests and arrange blood. The blood test reports revealed alarming changes. The HB was 7.2 Gms. The total count was 12500. The platelets were 1.69 lakhs Serum Creatinine was 2.5 mg. The urea was 48 mg. Serum Electrolytes Na/K/Cl 138/4.1/102. The LFT-TB was 7.4, DB was 4.5, IDB was 2.9, SGOT was 490, SGPT was 660, ALP was 45, S. Protein was 4.2, ALB was 3, GLB was 1.2. The blood reports reveal that the blood levels were falling down due to bleeding. There was liver failure, kidney failure leading to jaundice and reduced urine output. All these complications are due to low BP, shock caused by bleeding after surgery. At 4.00 am on 29.10.2021 the O.P No.2 examined the case USG scanning revealed minimum fluid in POD which indicates leakage i.e., accumulated bleeding in pelvis in the first post-operative day. The test reports revealed further deterioration of the condition of the patient. The platelets were falling to 45000. The HB was 7 gms. 1 unit of blood was running. The O.P No.2 planned for infusion of Albumin and 2 units of RBC. 1 unit of plasma was arranged. All the complications indicate in the grave condition of the patient. The opposite parties No.1 & 2 shifted the patient to the opposite party No.3 hospital for the purpose of dialysis since there was decreased urine output and acute kidney injury. When the opposite party No.1 is a reputed hospital and the opposite party No.2 doctor who had vast experience (as per the version of the

opposite parties No.1 & 2) failed to provide proper service and the patient was subjected to shift to Apollo Hospital for the purpose of dialysis as the same facility was not available in opposite parties No.1 & 2. This clearly shows deficiency of service on the part of the opposite parties No.1 & 2.

26.14. It is to be noted that the opposite party No.2 ought not have performed Hysterectomy surgery while the patient in periods and the patient was known case of anemic. This clearly shows the negligence and deficiency of service on the part of the opposite parties No.1 & 2. The opposite parties No.1 & 2 failed to adduce any evidence to show that the patient was under critical condition and the surgery is necessitated. In the absence of any evidence that the surgery was the only life saving option available at that time, the action to operate upon the patient cannot be said to be prudent decision.

26.15. We relied on the decision of Hon'ble Supreme Court in Arun Kumar Manglik Vs. Charaya Medical Health and Medicare Pvt Ltd., 2019 SCC Online SC 197, held as under "In the practice of medicine, there could be varying approaches to treatment. There can be a genuine difference of opinion. However, while adopting a course of treatment, the medical professional must ensure that it is not unreasonable. The threshold to prove unreasonableness is set with due regard to the risks associated with medical treatment and the conditions under which medical professionals function. This is to avoid the situation where doctors resort to 'defensive medicine' to avoid claims of negligence, often the detriment of the patient. Hence, in a specific case where unreasonableness in professional conduct has been proven with regard to the circumstances of that case, a professional cannot escape liability for medical evidence merely by relying on a body of professional opinion".

26.16. It is to be observed that in the written version filed by opposite parties No.1 & 2 in para 12 which was stated that 'the doctors *suspected* that the most probable cause was that the patient *would have* had SEVERE SYSTEMIC INFLAMMATORY RESPONSE SYNDROME which is a very serious condition, due to cytokine storm which may be triggered by any surgery, leading to multi organ dysfunction like Acute Kidney Injury, Disseminated intravascular coagulation, Hypotension, Respiratory failure (Acute Lung Injury). The doctors explained the patient husband Mr G. Nageswara Rao and Son Mr Mahesh for the need of CECT abdomen to rule out other possible differential diagnosis and been explained the risk of refractory septic shock, renal failure, and mechanical ventilator support. The doctors advised for shifting of the patient to higher centre in view of progressive multi organ dysfunction which may require mechanical ventilator support and renal replacement therapy and also non-availability of CT imaging at our facility. The patient Mrs.Lakshmi Narasamma had been shifted to nearest higher centre i.e Apollo Hospital, Jubilee Hills in hospital ambulance accompanied by critical care physician with 10 litre oxygen flow, on flow PRBC, BP-110/70mmHg on Noradrenaline support. This clearly indicates, that, the patient condition was very serious.

26.17. The opposite parties No.1 & 2 have invented that 'SEVERE SYSTEMIC INFLAMMATORY RESPONSE SYNDROME' (SIRS). May be the most probable cause leading to multi organ disfunction syndrome. It is an admitted fact the patient was not suffering from any infection there is no possibility for any patient to effective with SIRS, post surgery unless there was infection. As such the opposite parties No.1 & 2 have invented SIRS as the most probable cause for development of MODS. The opposite party No.1 hospital is not equipped with dialysis facility and also do not have CT scan

abdomen facility. Therefore, there is deficiency of service on the part of opposite parties No.1 & 2.

26.18. The above version of the opposite parties No.1 & 2 clearly shows that the doctors have only suspected the problem and opined that the patient would have had SEVERE INFLAMMATORY RESPONSE SYNDROME which is very serious condition. Hence, the opposite parties No.1 & 2 failed to know the exact cause for deterioration of the health condition of the patient. As there is no need for emergency operation, since the opposite parties No.1 & 2 have not adduced any evidence with regard to the immediate surgery which was not at all required at that juncture.

26.19. The learned counsel for opposite party has relied on the decision of Hon'ble National Consumer Redressal Commission 2010 SCC Online NCDRC 227 in Dr. Sy. Insaf Hussain Vs. Dr. Azam Nawaz and Others, and also relied on the decision of Hon'ble Supreme Court (2024) 2 Supreme Court cases 242 in MA Biviji Vs. Sunitha and others. In the above decisions cited by the opposite parties No.1 & 2 are on different footing and no application for the facts of the present case. In the decision of Hon'ble Supreme Court it was held that 'when a doctor opts for a particular line of treatment but does not achieve desired result, they cannot be held liable for negligence, provided that said course of action undertaken was recognized as sound and relevant medical practice and to safeguard medical practitioners and to ensure that they are liable to freely discharge their medical duty, higher proof of burden must be fulfilled by the complainant where as in the present case the negligence of the opposite parties No.1 & 2 is attributable to the surgery which was unwarranted and the complainant is not alleging the line of treatment was defective one. Hence, the above cited decisions have no application for the facts of the present case.

26.20. The doctors at O.P No.3 have diagnosed that the patient was in shock-Hypovolaemic, Sepsis with DIC. Hypovolaemic was due to loss blood. Dr. Sainath, the consultant at O.P No.3 rightly suggested Diagnostic Laparoscopy to know the cause and status inside the abdomen to arrest bleeding if any. He also found blood stained finger for vaginal examination. As there is no negligence attributed to the opposite party No.3 the complaint against them is dismissed.

26.21. So far as the claim against OPs No. 4 & 5 the liability cannot be fastened against them as there is no privity of contract between the complainant and OPs No. 4 & 5. It is open to the opposite parties No.1 & 2 to reimburse the amount from them, in view of the orders passed in the present complaint.

26.22. We relied on the decision of Hon'ble Supreme Court in Nanda Kishore Prasad Vs. Dr. Mohid Hamidi reported in II (2019) wherein it was held that the surgery of patient with excessive low platelets count and profuse bleeding and death of the patient, deficiency in service, there is a vicarious liability - recorded history of patient is complaint of pain in abdomen, fever and haemorrhage in both eyes in past 5 days no evidence of critical condition of patient to be operated upon even with no platelet count - surgery to remove round worms is not proved to be of immediate necessity to save life of a patient who had critical platelet count. It is a case of unreasonable decision of operative surgeon to operate and not a case of "bit negligent" so as to absolve surgeon from allegation of medical negligence liability of hospital to pay amount of compensation is vicarious as death has occurred during the course of employment of operative surgeon with the said hospital. The decision is squarely covered for the facts of the present case.

26.23. In view of the above facts and circumstances of the case and also legal position, we are of the considered opinion that there is a deficiency of service on the part of the opposite parties No.1 & 2.

26.24. So far as the claim of the complainant is concerned that he had paid Rs. 1,00,000/- vide Bill No.INV21015799 Dt.29.10.2021 towards Hospital Bills, got reimbursement from his insurer. The complainant also paid Rs.4,39,901/- to O.P No.3 hospital through his Insurer. The wife of the complainant who is at the age of 51 years died due to deficiency of service and also negligence on the part of the opposite party No.1 & 2 in taking wrong decision to perform surgery which was not warranted.Due to the death of complainant's wife, the complainant and the family members have been subjected to serious inconvenience, hardship and sever mental agony apart from irreparable financial loss. Hence, the compensation has to be calculated on the basis of twin criteria of age and income but in the absence of income of the deceased, there is no legally acceptable norm available on record for payment of compensation. However, keeping in view of the age of the deceased and also loss of consortium, the complainant is entitled for the compensation of Rs.30,00,000/-, besides the costs of Rs.20,000/-.

26.25. In the result, the complaint is allowed in part directing the opposite parties No.1 & 2 jointly and severally to

- i. Pay an amount of Rs.30,00,000/- (Rupees Thirty Lakhs Only) towards compensation for serious inconvenience, hardship and sever mental agony apart from irreparable financial loss;
- ii. To pay costs of Rs.20,000/- (Rupees Twenty Thousand Only).

Time for compliance 45 days from the date of receipt of the order.

Complaint against opposite party No.3 is dismissed and no liability is fastened against opposite parties No.4 & 5.

Dictated to steno, transcribed and typed by her, pronounced by us on this the 11th day of March, 2026.

Sd/-
MEMBER

Sd/-
PRESIDENT

APPENDIX OF EVIDENCE

WITNESS EXAMINED FOR THE COMPLAINANT:

G.Nageswara Rao (PW1)

WITNESS EXAMINED FOR THE OPPOSITE PARTIES NO.1 & 2:

Dr. N. Sarada Vani

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO:3:

Dr. A. Ravindra Babu

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO:4:

Swetha Venkat

WITNESS EXAMINED FOR THE OPPOSITE PARTY NO:5:

M.A. Shabbeer

EXHIBITS FILED ON BEHALF OF THE COMPLAINANT:

Ex.A1: Copy of sunshine plus hospital prescription (bunch of 5 prescriptions).

Ex.A2: Copy of OP No.1 hospital prescription of Dr Saradavani.

Ex.A3: Copy of OP No.1 hospital prescription of Dr. Sujith Chadal dt. 27.10.2021.

Ex.A4: Copy of tenet diagnostics HRCT report dated 27.10.2021.

Ex.A5: Copy of tenet diagnostics 2D ECHO report dated 27.10.2021.

Ex.A6: Copy of tenet diagnostics ECG report dated 27.10.2021.

Ex.A7: Copy of OP No.1 blood investigation reports dated 28.10.2021.

Ex.A8: Copy of OP No.1 blood investigation reports dated 29.10.2021.

Ex.A9: Copy of OP No.1 case sheet.

Ex.A10: Copy of OP No.1 discharge summary dated 28.10.2021.

Ex.A11: Copy of OP No.1 biopsy report dated 03.11.2021.

Ex.A12: Copy of OP No.3 death summary dated 30.10.2021.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTY NO.5:

Ex.B1: Copy of policy along with wordings.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTY NO.4:

Ex.B2: Copy of duly certified policy Br No.550105492110000026 dated 22.09.2021.

Ex.B3: Copy of policy terms and conditions.

Ex.B4: Copy of authorization letter dated 18.01.2024.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTIES NO.1 & 2:

Ex.B5: Copy of patient case sheet.

Ex.B6: Copy of the insurance policy of the OP No.1 policy No.
550105492110000026 dated 22.09.2022.

Ex.B7: Copy of the insurance policy of the OP No.2 policy No.
130422127160000625 dated 23.01.2021.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTY NO.3:

Nil

Sd/-
MEMBER

Sd/-
PRESIDENT