

Date of Filing: 18.05.2024
Date of Order: 11.09.2025

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 MRS. C. LAKSHMI PRASANNA, MEMBER
HON'BLE MRS. D. MADHAVI LATHA, MEMBER

On this the Thursday, the 11th day of September, 2025

C.C.No.201/2024

Between:-

Mr. G. Shiva Rama Krishna, aged 49 years,
S/o. Sayanna, Occupation: Business,
R/o. Park View Apartment, 6-43/158,
Plot No.157 & 158, Venugopal Nagar,
Dammaiguda Village, Alwal, 500083,
Ph: 9391784172.

....Complainant

AND

1. Ananya Gastroenterology Hospital,
Rep by its Chairman and Founder Dr. Ananda Kumar,
5-1-97/B/NR, Ramalayam Road, Kukatpally,
Hyderabad 500072.
2. Dr. Ananda Kumar,
Chairman and Founder of Ananya Hospital,
5-1-97/B/NR, Ramalayam Road, Kukatpally,
Hyderabad 500072.
3. Dr. D. Srinivasulu,
Consultant Gastroenterologist,
#7-1-212/A/19, Shiv Bagh Colony Balkampet Road Lane,
Beside Hotel Surya Residency, Ameerpet,
Hyderabad-500016.
4. AIG Hospitals,
Rep by Chairman and Managing Director,
Dr. D. Nageshwar Reddy,
1-66/AIG/2 to 5, Mindspace Road,
Gachibowli, Hyderabad, Telanga-500032.
5. Dr. D. Nageshwar Reddy,
Chairman and Managing Director of AIG Hospitals,
1-66/AIG/ 2 to 5, Mindspace Road,
Gachibowli, Hyderabad, Telangana-500032.

....Opposite Parties

Counsel for the Complainant : B.Aruna
Counsel for the Opposite Parties No.1 to 3 : Md.Raheem
Counsel for the Opposite Parties No.4 & 5 : P.V. Janani & Associates

O R D E R

(By HON'BLE MRS. C. LAKSHMI PRASANNA, MEMBER
on behalf of the bench)

The present complaint is filed by the complainant U/Sec.35 of The Consumer Protection Act, 2019 alleging negligence/deficiency of service on the part of the Opposite Parties No. 1, 2 & 3 and seeking the following reliefs-

- i) To direct the Opposite Parties No.1, 2 & 3 to pay the amount of Rs.12,00,000/- that is spent by the complainant towards the medical treatment;
- ii) To pay Rs.48,00,000/- towards loss of income;
- iii) To pay compensation of Rs.20,00,000/- for suffering and mental agony;
- iv) To pay Rs.20,00,000/- towards the loss of quality of education of the complainant's children due to financial hardship caused due to the deficiency of service/negligence of the Opposite Parties No.1,2 & 3
- v) And to pass such other order/orders deemed fit and proper in the interests of justice.

Brief facts of the case are:-

1. As per the averments of the complaint, the complainant, who is 49 years old and working in construction business consulted O.P.No.2, who is the Chairman and Managing Director of O.P.No.1 Hospital on 11/4/2022 with complaints of gastric and digestion related problems, and after various prescribed diagnostic tests including Endo profile, RFT, O.P.No.2 diagnosed it as Colonic Polyp (abnormal growth of tissue) in the large intestine and recommended Colonoscopy + Polypectomy under General Anaesthesia (Ex.A-1), and accordingly, the complainant underwent Polypectomy on 19/5/2022 at O.P.No.1 Hospital and the surgery was conducted by O.P.No.3, who was the Consultant Gastroenterologist (Ex.A-2). It is submitted by the complainant that O.P.No.3 has neither examined him nor aware of his medical history nor interacted with him before the surgery on 19/5/2022. It is alleged by the complainant that he was neither told by O.P.No.1 that another doctor would be conducting the surgery nor taken his consent for the same. Apparently, the complainant was discharged from the hospital on the same day i.e 19/5/2022 stating

that the surgery was successful. However, the complainant reportedly developed severe pain in the abdomen, vomiting and fever immediately after discharge from the hospital and had to rush to O.P.No.1 Hospital on 20/5/2022 and after much persuasion, O.P.No.2 attended and examined the complainant and on further investigation, it was diagnosed as 'Caecal perforation and peritonitis' and referred the complainant to O.P.No.5 Doctor in O.P.No.4 Hospital (Letter dt.20/5/2022 filed under Ex.A-3). It is submitted that the complainant got admitted in O.P.No.4 Hospital on 20/5/2022 and immediately shifted to ICCU and Dr.G.V.Rao and his team treated the complainant with antibiotics and pain killers and informed the complainant and his family members that caecal perforation was formed in his large intestine causing infection due to a small hole done by piercing during the procedure at O.P.No.1 Hospital and that a corrective surgery was to be done as soon as possible and accordingly, a surgery involving IC resection and Ileostomy was performed on 21/5/2022 wherein the diseased section of the intestine was removed and rejoined, and a stoma bag was attached for waste collection (the whole abdomen x-ray and detailed synopsis of the treatment at O.P.No.4 Hospital are filed under Ex.A-4 & A-6) and the treatment at O.P.No.1 Hospital is filed under Ex.A-5. It is submitted that the complainant was discharged from O.P.No.4 Hospital after 6 days of the second corrective surgery and the stoma bag inserted after the second surgery had to be replaced periodically and the complainant suffered from consequential infections and pain for three months and he had to undergo another surgery on 31/8/2022 in O.P.No.4 Hospital to join the healed healthy intestines ends and permanently remove the stoma bag, and the complainant who had a medical history of heart problem, was closely monitored after the surgery by the doctors at O.P.No.4 Hospital and was discharged after 6 days. It is the case of the complainant that due to the negligence/deficiency of service on the part of O.P.No.2 & 3 while undergoing procedure at O.P.No.1 Hospital, the complainant had to undergo two corrective surgeries at O.P.No.4 Hospital causing him immense pain and suffering and loss of income due to hospitalization and house arrest due to post operative complications with a stoma bag inserted for waste collection for three months after the procedure done at O.P.No.1 Hospital on 19/5/2022. It is also submitted by the complainant that due to additional expenses and financial burden, he had to borrow money from his friends and relatives to for the treatment

and that his family and children were deprived of decent education and subjected to hardship and mental agony, owing to the negligence of O.P.No.2 & 3 of O.P.No.1 Hospital. Aggrieved by the same, alleging gross medical negligence against O.P.No.2 & 3 for causing perforation in the intestines during Polypectomy on 19/5/2022 resulting in post-operation infection and complications for three months and requiring two more surgeries at O.P.No.4 Hospital, the complainant got issued legal notice dt.2/4/2024 calling upon O.P.No.1,2 & 3 (copy of the notice along with track report filed under Ex.A-10) to defray the expenses incurred for the corrective surgeries along with compensation for the mental trauma and hardship caused to the complainant. As the Opposite Parties No.1,2 & 3 were non-responsive to the legal notice issued by the complainant, the present complaint is filed seeking appropriate relief.

2. In the written version filed on behalf of O.P.No.1,2 & 3, while denying the allegations, it was contended that on examining the complainant on 19/5/2022 who came with abdominal pain and gas problem, it was diagnosed as colonic polyp based on the diagnostic tests including colonoscopy, O.P.No.2 and considering the fact that the complainant had a medical history of coronary artery disease (CAD) and percutaneous transluminal coronary angioplasty (PTCA) in 2021, O.P.No.2 advised for through investigations and informed the complainant that a qualified gastroenterologist/O.P.No.3 would do the procedure, as O.P.No.1 does not perform such procedures himself and never made any promises to personally undertake the procedure himself, and accordingly the 'colonoscopy and polypectomy' was done under GA on 19/5/2022 after taking the consent of the complainant and his daughter, and that the patient/complainant and his daughter were informed about the risk of complications (pain abdomen, bleeding, perforation) associated with procedure, even by the anaesthetist and the patient/complainant herein was discharged on the same day i.e 19/5/2022 in a haemodynamically stable condition. It is further submitted on behalf of O.P.No.1,2 & 3 that on 20/5/2022, O.P.No.2 received a call from the complainant's daughter that her father/complainant developed abdominal pain and fever and O.P.No.2 immediately instructed them to come to the emergency unit of O.P.No.1 Hospital and after conducting necessary investigations including an x-ray abdomen (erect) and ultrasound of abdomen, perforation was found

and hence, needed a another surgery at a higher centre in view of the patient's recent PTCA, and referred to Dr.Nageshwer Rao & Dr.G.V.Rao of O.P.No.4 Hospital and coordinated for shifting the complainant to O.P.No.4 Hospital for further management of the complainant's case. It is also submitted that O.P.No.2 was not only actively involved in providing medical treatment but also supported him in making financial arrangements for his second surgery in O.P.No.4 Hospital, and that O.P.No.2 personally spoke to the concerned staff of O.P.No.4 to reduce the medical bill and that an amount of Rs.21,575/- discount was offered by O.P.No.4 on the intervention of O.P.No.2. It is also submitted that beyond providing medical care, O.P.No.2 contributed Rs.90,000/- and O.P.No.3 contributed Rs.50,000/- towards the medical treatment of the complainant in O.P.No.4 Hospital. It is further contended that colonoscopy and endoscopic procedures do carry inherent risks including bleeding, abdomen pain and perforation, which were clearly explained to the complainant and his daughter, who signed on the consent form. It is further submitted that after discharge from O.P.No.4 Hospital, there was no further communication and chose to continue treatment with Dr.G.V.Rao and his team at O.P.No.4 Hospital, as evident from the medical record filed under Ex.B-4. It is also contended that colon perforation is a known complication of polypectomy varying from 0.7% to 0.9% and the rates of perforation have increased to 4% to 7% in endoscopic submucosal dissection (ESD) (Reference: Advances in colonoscopy. April 2015 Volume 25, No.2, Chapter: Colon perforation by Thrimurthi & Raju filed under Ex.B-5). It is also submitted that colon perforation ranges from 0.16% to 0.2% in diagnostic colonoscopies and upto 5% in some endoscopic colonoscopic interventions including polypectomy, and are associated with patients of advanced age or with multiple comorbidities including diabetes mellitus, chronic pulmonary disease, congestive heart failure, myocardial infraction, cerebrovascular disease, peripheral vascular disease, renal insufficiency, liver disease and dementia. Other risk factors for colon perforation reported in the literature include history of diverticular disease or previous intra abdominal surgery, colonic obstruction as an indication for colonoscopy and female gender. (Reference: Lohsiriwat V.Colonoscopy perforation: incidence, management and outcome. World J Gastroenterol 2010 Jan 28, 16(4) 425-30 filed under Ex.B-5). Relying on Bolam vs Friern Hospital Management Committee 1957 1 WLR 582 (1957) 2 All ER 118, Jacob

Mathe vs State of Punjab AIR 2005 SC 3180, Malay Kumar Ganguly vs Dr.Sukumar Mukherjee an others (2009) 9 SCC 221, wherein it was held that, “ in determining whether negligence exists in a particular case, all attending and surrounding facts and circumstances have to be taken into account,” and that “a doctor is not guilty of negligence if he/she had acted in accordance with a practice accepted as proper by a responsible medical man skilled in that particular act,” or “ a professional may be held liable for negligence when a) he was not possessed of requisite skill which he professed to have possessed and/or b) he did not exercise with reasonable competence in the given case, the skill which he did possess,” it was contended that there is no act of commission or omission that amounts to negligence or deficiency of service on the part of the Opposite Parties No.1,2 & 3, and that O.P.No.2 & 3 have treated diligently, prudently as per accepted medical standards. With the above contentions, the Opposite Parties O.P.No.1, 2 & 3 sought to dismiss the complaint.

3. In the written version filed on behalf of O.P.No.4 & 5, it is contended that the complainant has neither made any specific allegations nor sought any relief against the Opposite Parties No.4 & 5. Having been referred by O.P.No.2 from O.P.No.1 Hospital for the management of post colonoscopy and polypectomy on 19/5/2022 and caecal perforation on 20/5/2022, the medical team of Dr.G.V.Rao at O.P.No.4 Hospital conducted CECT and exploratory laparotomy on 21/5/2022 and again conducted corrective surgery on 31/8/2022 for restoration of continuity, which was successful and was discharged on 6/9/2022 in a stable condition. With the above submissions, O.P.No.4 & 5 sought to dismiss the complaint against them as there is no cause of action and allegation against O.P.No.4 & 5 nor any relief sought against O.P.No.4 & 5.
4. During the course of enquiry, the complainant filed his evidence affidavit, reiterating the averments of his complaint and in support of his claim, filed the copy of the consultation sheet at O.P.No.1 Hospital, Colonoscopy report Colonoscopic and Polypectomy report, Letter referring to O.P.No.4 Hospital, Ultrasound scan of whole abdomen, Prescriptions of O.P.No.1 Hospital, Detailed synopsis of O.P.No.4 Hospital, Copy of the medical bills for the two corrective surgeries at

O.P.No.4 Hospital and the after surgery doctor notes at O.P.No.4 Hospital and the copy of the legal notice, all marked under Ex.A-1 to A-10 on behalf of the complainant.

5. Based on the facts and material on record, the oral and written submissions of both the parties, the following points have emerged for consideration:
 - Whether the complainant could make out a case of deficiency of service/unfair trade practice on the part of the Opposite Parties?
 - Whether the complainant is entitled for the claim/compensation made in the complaint? To what relief?

6. The undisputed facts of the case are that the complainant consulted O.P.No.2, who is the Chairman and Managing Director of O.P.No.1 Hospital on 11/4/2022 with complaints of gastric and digestion related problems, and after various prescribed diagnostic tests including Endo profile, RFT, O.P.No.2 diagnosed it as Colonic Polyp (abnormal growth of tissue) in the large intestine and recommended Colonoscopy + Polypectomy under General Anaesthesia as evident from Ex.A-1 & B-1, and accordingly, the complainant underwent Polypectomy between 4 pm to 4.35 pm 19/5/2022 at O.P.No.1 Hospital and the said procedure was conducted by O.P.No.3, who was the Consultant & Surgeon in Gastroenterology and the complainant was discharged on the same day around 7 pm on 19/5/2022 as evident from Ex.B-3, B-5 & B-6. It is also not in dispute and is evident from Ex.A-5 and B-7 that on the very next day i.e 20/5/2022, the complainant developed abdominal pain and fever and went back to O.P.No.1 Hospital around 5 pm and as advised by O.P.No.2, the complainant underwent ultrasound scan of whole abdomen (Ex.A-4), X-Ray Erect Abdomen, X-Ray Chest PA view, and it was diagnosed as Caecal perforation with peritonitis by O.P.No.2 and it is also mentioned in Ex.A-5 & B-7 that “in view of the symptoms and signs of peritonitis and post PTCA status, referred to AIG under Dr.Nageshwar Reddy” and Ex.A-3 is the hand written letter written by O.P.No.2 referring the patient/complainant herein to AIG Hospital/O.P.No.4 stating that the patient needs higher centre care. It is also not in dispute and is evident from Ex.B-13 filed on behalf of O.P.No.4 & 5 that the complainant got admitted in O.P.No.4 Hospital around 9.50 pm on 20/5/2022 and after various diagnostic investigations as mentioned in the medical bill filed under

Ex.A-7, as per Ex.A-6 dt.21/5/2022, the doctors at O.P.No.4 Hospital planned for “Cluster-5 -Restoration of continuity and Exp laparotomy surgery, IC resection and End ileostomy under General Anaesthesia was done on 21/5/2022 at 10.45 am and in the operative procedure in the case sheet Ex.B-13, it is inter alia mentioned that, “ abdomen opened and perforation site closed to reduce contamination...ascending colon mobilised, staple line reinforced, peritoneal lavage given...transect ileum brought out through stoma site.” And in the operative findings in Ex.B-13, it is mentioned as “ purulent fluid in abdomen, ascending colon perforation-1/3 circumference ascending colon loaded with stool unhealthy edges, small bowel oedematous” and the patient/complainant was discharged with stoma bag on 26/5/2022 in a haemodynamically stable condition. Thereafter, the complainant as per the course of treatment planned during the complainant’s admission on 20/5/2022 as evident from Ex.A-6 dt.21/5/2022, the patient/complainant herein underwent another surgery on 31/8/2022 at 9.55 am for restoration of continuity and as per the findings in the Operation Notes and Doctors Notes filed under Ex.B-14, side to side ‘Ileal ASC anastomosis’ done after removing the stoma bag and discharged on 6/9/2022.

It is the case of the complainant that O.P.No.2 & 3 of O.P.No.1 Hospital have negligently conducted the polypectomy on 19/5/2022 causing perforation in the intestines, resulting in post-operation infection and complications for three months and requiring two more surgeries at O.P.No.4 Hospital and hence liable to defray the expenses incurred for the consequential corrective surgeries along with compensation for causing mental and physical suffering and financial loss owing to the prolonged discomfort with the stoma bag and post-surgical infections. It is the contention of the Opposite Parties No.2 & 3 of O.P.No.1 Hospital that they have treated the patient/complainant herein diligently, prudently as per accepted medical standards and that beyond providing medical care, O.P.No.2 contributed Rs.90,000/- and O.P.No.3 contributed Rs.50,000/- towards the medical of the treatment of the complainant in O.P.No.4 Hospital. It is also contended by O.P No.2 & 3 that colon perforation is a known complication of polypectomy varying from 0.7% to 0.9% and the rates of perforation have increased to 4% to 7% in endoscopic submucosal dissection (ESD) and in support of their arguments filed relevant medical literature under Ex.B-5 (Reference: Advances in colonoscopy. April

2015 Volume 25, No.2, Chapter: Colon perforation by Thrimurthi & Raju). It is also the contention of O.P.No.2 & 3 that the patient/complainant herein and his daughter were duly informed about the risk of complications (pain abdomen, bleeding, perforation) associated with procedure, and that 'colonoscopy and polypectomy' was done after taking the consent of the complainant and his daughter and filed the consent forms evidencing the same.

There is neither any allegation nor relief sought against O.P.No.4 & 5 in the complaint.

So, the issue for consideration is whether there is deficiency of service/negligence on the part of O.P.No.2 & 3 in conducting the polypectomy in O.P.No.1 Hospital on 19/5/2022 which resulted in the colon perforation and post-surgical consequential infection requiring two corrective surgeries in O.P.No.4 Hospital. Whether the perforation was preventable and whether the acts or omissions of O.P.No.2 & 3 fell below the accepted standard of care.

As per the submissions of O.P.No.2 & 3, the complainant was diagnosed with colonic polyp based on the Colonoscopy Report dt.19/5/2022 and Colonoscopic Polypectomy Report dt.19/5/2022 filed under Ex.A-2, wherein it is mentioned- 'Cecum- around 1 cm sessile polyp seen' and impression-'ascending colon polyp ,snare polypectomy done.' As per the scientific literature referred by O.P.No.1 , 2 & 3 in their written version regarding colonoscopic perforation-incidence, risk factors, management and outcome, it is mentioned that *a) colon perforation is a known complication of polypectomy varying from 0.7% to 0.9% and the rates of perforation have increased to 4% to 7% in endoscopic submucosal dissection (ESD) (Reference: Advances in colonoscopy. April 2015 Volume 25, No.2, Chapter: Colon perforation by Thrimurthi & Raju) and b) that colon perforation ranges from 0.16% to 0.2% in diagnostic colonoscopies and upto 5% in some endoscopic colonoscopic interventions including polypectomy, and are associated with patients of advanced age or with multiple comorbidities including diabetes mellitus, chronic pulmonary disease, congestive heart failure, myocardial infraction, cerebrovascular disease, peripheral vascular disease, renal insufficiency, liver disease and dementia. Other risk factors for colon perforation reported in the literature include history of diverticular disease or previous intra abdominal surgery, colonic obstruction as an indication for colonoscopy and female gender. (Reference: Lohsiriwat V.Colonoscopy perforation: incidence,*

management and outcome. World J Gastroenterol 2010 Jan 28, 16(4) 425-30).

It is pertinent to mention that in the above medical literature filed by the Opposite Parties No.1,2, & 3, it is interalia explained that, “*The colon wall is approximately 3 mm thick. The submucosa is the strongest layer in the [GI tract](#). Full-thickness resection of the submucosa leaving the muscularis propria intact results in postpolypectomy syndrome and delayed perforation; this could be avoided by prophylactic clip closure of deep resections where the muscularis propria is exposed.*

Once a perforation occurs, air escapes into the [peritoneum](#). A massive air leak could result in tension [pneumoperitoneum](#) and cardiovascular arrest; this could be prevented by the routine use of carbon dioxide instead of room air for colon insufflation, because carbon dioxide gets reabsorbed into the body faster than room air. In addition, periodic decompression of the colon by removing the biopsy cap and allowing the gas in the colon to vent out reduces this risk.

Within minutes of perforation, fluid leaks out of the colon and [peritonitis](#) sets in. If stool escapes, fecal peritonitis sets in. Hence, it is important to have a clean colon and aim for an excellent colon preparation. In addition, making an effort to suction and dry up the colon segment where a resection is performed as well segments proximal and distal to the site of resection avoids the risk of flooding the site of resection if colon perforation were to occur. Placing the lesion in a nondependent position minimizes the risk of flooding of fluid and avoids fluid escape in case of perforation.”

So, summarising the above literature filed along with written version of O.P.No.1,2 &3, it is clear that ‘*Once a perforation occurs, air escapes into the peritoneum and a massive air leak could result in tension pneumoperitoneum and cardiovascular arrest and within minutes of perforation, fluid leaks out of the colon and peritonitis sets in.*’ It is also mentioned in the said article that ‘*this could be prevented by the routine use of carbon dioxide instead of room air for colon insufflation, because carbon dioxide gets reabsorbed into the body faster than room air. In addition, periodic decompression of the colon by removing the biopsy cap and allowing the gas in the colon to vent out reduces this risk.*’

The above excerpts from the medical literature on colon perforation emphasizes the need for endoscopists to be prepared to manage complications and to use available techniques to prevent them.

In the instant case, the complainant herein was discharged from O.P.No.1 Hospital after conducting polypectomy under general anaesthesia, by O.P.No.2 & 3 within three hours around 7 pm after the said procedure stating that the patient is haemodynamically stable. It is undisputed and is evident from Ex.A-5 and B-7 that on the very next day i.e 20/5/2022, the complainant developed abdominal pain and fever and went back to O.P.No.1 Hospital around 5 pm and as per the ultrasound scan of whole abdomen (Ex.A-4), X-Ray Erect Abdomen, X-Ray Chest PA view, it was diagnosed as Caecal perforation with peritonitis by O.P.No.2.

If the doctors O.P No.2 & 3 are aware that caecal perforation is a known complication of polypectomy and also informed the complainant and his daughter, the question is, whether they have taken necessary precautions for preventing such complications and whether O.P.No.2 & 3 were adequately prepared to manage if such complications occur in the patient after polypectomy. It is pertinent to mention that except the intra operative anaesthesia record and post anaesthesia record filed under Ex.B-5 & B-6, which are numbered as Page 9 & 10 of 18 and Pg. 15 of 18, with missing pages from 10 to 14 and from 15-18, there is no information as to the procedure details including what was used for colon sufflation, etc, to determine whether O.P.No.2 & 3 have followed the standard procedure and whether the complainant was kept under observation and properly monitored after polypectomy to ensure and rule out if there is any incidence of colon perforation, which is a known complication of polypectomy. Except the pre-operative and post operative anaesthesia record filed under Pgs 9 & 10 of 18 and Pg.15 of 18 under Ex.B-5 & B-6, Opposite Parties No.2 & 3 have not filed any evidence on record regard the procedure notes and the findings to establish that they have followed the standard procedure, as asserted in their written version. There is nothing on record to show that O.P.No.2 & 3 have taken any precautionary preventive techniques to minimise the risk of colon perforation as mentioned at Page 346 of the Medical literature filed along with the expert opinion affidavit of Dr.Raghavendra, a medical gastroenterologist and a Senior Consultant at Asian Institute of Gastroenterology and Citizens Hospital, Hyderabad.

Box 5 -Prevention of colon perforation

Polyp is accessible and scope position can be maintained

Lesion is positioned in a non-dependent location

Bowel preparation is excellent, residual feces and liquid are removed from the entire colon

Appropriate volume of solution is injected into the submucosal space

Adequate submucosal lift is achieved (especially if polypectomy has previously been attempted)

Carbondioxide used for insufflation

While opining that there is no indication of or lack of care on the part of O.P.No.2 & 3 in the treatment provided to the complainant herein, the expert witness has mentioned about reviewing the indoor case papers, treatment records and relevant documents pertaining to the patient/complainant herein. However, the said indoor case papers, treatment records and relevant documents which are reviewed by the expert witness, are filed before the Commission. At the cost of repetition, it is pertinent to mention that except the pre-operative and post operative anaesthesia record filed at Pgs 9 &10 of 18 and Pg.15 of 18 under Ex.B-5 & B-6, Opposite Parties No.2 & 3 have not filed any evidence on record regard the procedure notes and the findings to establish that they have followed the standard procedure or the preventive measures that are mentioned in Box 5 Of the medical literature filed on behalf of the Opposite Parties No.1, 2 & 3. There is nothing on record evidencing that Bowel preparation including residual feces and liquid are removed from the entire colon, appropriate volume of solution is injected into the submucosal space, Carbondioxide was used for insufflation as mentioned in Box-5 of the referred Medical literature to prevent potential colon perforation. In fact, in the operative findings of the exploratory laparotomy at O.P.No.4 Hospital in the case sheet filed Ex.B-13, it is mentioned as “purulent fluid in abdomen, ascending colon perforation-1/3 circumference ascending colon loaded with stool unhealthy edges, small bowel oedematous.” Further, there is nothing on record to show if a post-procedural imaging was done to rule out any micro-perforation before discharging the patient/complainant herein around 7pm on the same day i.e 19/5/2022. In the absence of any evidence on record showing that O.P.No.2 & 3 a) have taken the preventive

measures to reduce the risk of colon perforation while conducting polypectomy procedure to the complainant herein at O.P.No.4 Hospital and discharging the patient within 3-4 hours after the procedure without clinically ensuring and ruling out the incidence of any perforation or any other post-polypectomy complications, it leads to the irresistible conclusion that the consequential complication/risk of caecal perforation and transmural coagulation (that was diagnosed as per Ex.A-6 and the medical records filed by O.P.No.4) led to the subsequent two corrective surgeries at O.P.No.4 Hospital causing the damage and discomfort to the complainant with stoma bag for waste collection and prolonged hospitalization and recovery from post-polypectomy trauma suffered by the complainant owing to the deficiency of service/negligence on the part of the Opposite Parties No.2 & 3. Hence, this point is answered in favour of the complainant and against O.P.No.1,2 & 3.

7. In view of the above findings, the complainant is entitled for the medical expenses incurred for the two corrective surgeries underwent at O.P.No.4 Hospital and O.P.No.1, 2 & 3 are jointly and severally liable to defray the expenses incurred for the corrective surgeries (Restoration of continuity and Exp laparotomy surgery, IC resection and End ileostomy incurring Rs.4,40,000/- for the 1st surgery + Rs.2,66,100/- for the 2nd surgery as mentioned in para 12 of the complaint and evident from the medical bills filed under Ex.A-7 & A-8) along with compensation for the mental trauma and hardship caused to the complainant. In this context, it cannot be lost sight of the fact that, for reasons best known, O.P.No.2 contributed Rs.90,000/- and O.P.No.3 contributed Rs.50,000/- towards the medical treatment of the complainant in O.P.No.4 Hospital (as submitted in their written version and evident from Ex.A-9), after referring the patient/complainant herein as per the letter filed under Ex.A-3 and A-5. Hence, O.P.No.1,2 & 3 are jointly and severally liable to pay the balance amount i.e Rs.7,06,100 – Rs.1,40,000/- = Rs. 5,66,100/- along with reasonable compensation to the complainant. Although, the complainant has sought Rs.48,00,000/- towards loss of income, as there is no substantial evidence supporting the said claim for loss of income, the same cannot be considered.
8. In the result, the complaint is allowed in part and the Opposite Parties No.1,2 & 3 are jointly and severally held liable and are directed

- i) To pay Rs.5,66,100/- (Rupees Five Lakhs Sixty Six Thousand only) towards the medical expenses incurred for the two corrective surgeries as mentioned above;
- ii) To pay Rs.1,00,000/- towards incidental expenses and compensation for the mental agony and suffering;
- iii) To pay Rs.50,000/- towards legal expenses;
- iv) The complaint is dismissed against O.P.No.4 & 5 as there is neither any allegation nor relief sought against them.

This order shall be complied with by the Opposite Parties No.1, 2 & 3 within 45 days from the date of receipt of the Order, failing which the above-mentioned amount @ S.No. (i) shall carry interest @9% per annum from the date of this order till the date of actual payment.

Dictated to steno, transcribed and typed by her, pronounced by us on this the 11th day of September, 2025.

Sd/-
MEMBER

Sd/-
MEMBER

Sd/-
PRESIDENT

APPENDIX OF EVIDENCE

WITNESS EXAMINED FOR THE COMPLAINANT:

G. Shiva Rama Krishna (PW1)

WITNESS EXAMINED FOR THE OPPOSITE PARTIES NO.1 TO 3:

Dr.Ananda Kumar

Dr.Raghavendra (RW-2)

WITNESS EXAMINED FOR THE OPPOSITE PARTIES No.4 & 5:

P. Murali

EXHIBITS FILED ON BEHALF OF THE COMPLAINANT:

Ex.A1: A copy of the consultation sheet of Ananya Hospital dated 11.04.2022.

Ex.A2: Copy of colonoscopy report and colonoscopic polypectomy report dated 19.05.2022.

Ex.A3: Copy of letter referring to Dr. Nageshwar Reddy and AIG Hospital dated 20.05.2022.

Ex.A4: Copy of ultrasound scan of whole abdomen dated 20.05.2022.

Ex.A5: Copy of bunch of prescriptions of Ananya Hospital dated 20.05.2022.

Ex.A6: Copy of detailed synopsis of AIG Hospital dated 21.05.2022.

Ex.A7: Copy of the final bill of AIG Hospital from 20.05.2022 - 26.05.2022.

Ex.A8: Copy of the final bill of AIG Hospital from 29.08.2022-06.09.2022.

Ex.A9: A bunch of the after-surgery doctor consultations dated 31.08.2022, 17.10.2022, 18.12.2022, 16.09.2022, 21.09.2022, 13.02.2023.

Ex.A10: Copy of the tracking report of the legal notice.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTIES NO.1 TO 3:

Ex.B1: Original prescription of complainant dated 11.04.2022.

Ex.B2: Original consent form for gastroenterology procedures dated 19.05.2022.

- Ex.B3: Original immediate pre-operative evaluation dated 19.05.2022.
Ex.B4: Original consent for anesthesia dated 19.05.2022.
Ex.B5: Original intra operative anesthesia record dated 19.05.2022.
Ex.B6: Original post anesthesia care unit record dated 19.05.2022.
Ex.B7: Original prescription letter dated 20.05.2022.
Ex.B8: Original final bill (8 No.s) of AIG Hospital dated 20.05.2022.
Ex.B9: Original payment receipt vide No.AGIT220045714 issued by AIG Hospital dated 30.05.2022.
Ex.B10: Original letter issued by AIG hospital to Dr. Ananda Kumar dated 10.04.2024.
Ex.B11: Office copy of reply notice dated 08.04.2024.
Ex.B12: Original postal receipts along with acknowledgement and postal cover dated 08.04.2025.

EXHIBITS FILED ON BEHALF OF THE OPPOSITE PARTIES NO.4&5:

- Ex.B13: Copy of case sheet -I.
Ex.B14: Copy of case sheet-II.

Sd/-
MEMBER

Sd/-
MEMBER

Sd/-
PRESIDENT