



Surgical Infection Leads to Arbitration Award

We represented Kevin M., who sustained a left clavicle fracture in a skateboarding accident. He had a relatively straightforward surgical procedure to repair it. However, what should have been a relatively simple surgical procedure, turned out to be nothing but unmitigated disaster for him.

Kevin had surgery and developed a significant deep tissue infection after the surgery. He presented to his orthopedic surgeon three months after the surgery. He told the surgeon that he felt there was a “dead animal on his shoulder” because of the smell. The surgeon told him that this was nothing to worry about and simply discharged him back to home care. Unfortunately, that smell was a deep tissue infection that was developing in the hardware in his clavicle and literally corroding a hole in the steel plates that had been placed to set the fracture. Our client passed out at work and was transported via ambulance to Jefferson Hospital, where emergency surgery was performed to remove the hardware and to treat the infection.

We brought suit on behalf of Kevin and we were able to prove, through expert testimony, that the delay in treating the infection caused the subsequent injuries. Although Kevin had sustained a significant shoulder injury, his surgery should have repaired it. Unfortunately, due to the deep tissue infection, he now has significant limitations.

We were able to receive a substantial Arbitration Award on his behalf.



An Infection is not Always What it Seems

We have litigated several cases where our clients have been told that an infection is a common risk of the procedure. While that may be true under certain circumstances, the prompt diagnosis and the aggressive treatment of an infection is vital to a speedy recovery. Although most invasive procedures run the risk of infection, we find that too often patients are confronted with unnecessary hospitalizations, complications and damages due to delays in diagnosis and treatment of the infection.

In Pennsylvania and New Jersey, courts have recognized a theory of causation which is called “an increased risk of harm.” This allows us to prove that if the infection was diagnosed and treated more quickly, the harm would have been reduced. Of course, no one would be able to predict the outcome or the future of an infection. However, our experts are allowed to give testimony that allows us to prove our cases through this theory.

Nursing Home Care Leads to Maggots in Wound

We represented James M. who had suffered an aneurysm. He required hospitalization and was then transferred to a rehabilitation/nursing home facility. As part of his recovery at the nursing home, the nurses were required to clean and change the bandages of his leg at the incision sight, to ensure proper wound care and prevent infections. However, the wound was not properly cleaned and he was found to have a parasitic infestation of maggots inside of his wound. This required the Plaintiff to undergo a surgical procedure to have the skin surgically removed and undergo bleach therapy which was incredibly painful to the Plaintiff. In addition, the emotional distress was undeniably debilitating.

Unbelievably, the nursing home would not settle this claim prior to litigation. When we showed the Judge pictures of the wound and the resulting injuries and treatment, we were happy to secure a settlement that was far more than the demand that we had originally made prior to filing suit.

Bedsore Results in Significant Settlement

We represented William W. against a Scranton hospital, who sustained a series of significant bedsores. William had cardiac surgery that required his hospitalization in Scranton. Unfortunately, the nurses did not realize that his skin integrity was an issue, and did not turn him appropriately. Therefore, he developed excruciating bedsores that became infected. In fact, the bedsores became so deep we could literally see the bone in his coccyx.

Bedsore often result when a patient is not positioned properly or when a patient remains in one position too long.

We retained a wound care specialist to prove that the hospital was negligent in ensuring that these types of injuries did not occur. The case settled prior to jury selection.

“This one time, in court...”

INCREDIBLE (AND SOMETIMES DOWNRIGHT UNBELIEVABLE)
STORIES OF THINGS THAT HAPPENED WITH CASES. (REALLY, THEY DID.)

We recently tried a case where the defendant’s expert was literally an expert in over 200 types of products, and he listed them all on his resume. Although the product at issue dealt with a defective design of a staircase, this expert had expertise in literally hundreds of products. These products

included pencils, lawnmowers, tennis balls – to name a few. We cross-examined the expert, going through dozens of the items where the expert stated he was an expert on these particular topics. After a while, the jury was literally laughing when we started questioning how the expert

could be an expert on practically everything under the sun – including tennis balls.

After receiving a successful verdict on our client’s behalf, the jury asked us how many areas the expert was actually an expert upon, and we told them 200!