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DIABETIC RETINOPATHY

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Ophthalmologist from South Dakota

Background information on diabetic retinopathy: Diabetes mellitus of longstanding duration, usually fifteen to twenty years, may affect the retina of the eye. Diabetic retinopathy develops over this prolonged period and exists in two forms, background diabetic retinopathy (BDR) and proliferative diabetic retinopathy (PDR), and these forms may coexist. BDR creates problems when damaged small blood vessels leak fluid into the central retina causing blurred vision. PDR is a proliferation of new blood vessels accompanied by fibrous tissue and may cause hemorrhaging inside the eye, which may interfere with vision. The patient's vision is no reliable guide to the presence or severity of diabetic retinopathy and frequently the patient does not experience symptoms until the disease is quite far advanced. Thus, an annual examination of the retina with dilated pupils is critically important to detect diabetic retinopathy. If threatening disease is discovered, treatment in the early stages of the disease is effective. The results are often disappointing when appropriate treatment is given in the later stages.

Case study: A diabetic patient was periodically examined for several years by an ophthalmologist. The ophthalmologist performed laser treatments on the patient for BDR in 1987 and for PDR in 1999. Because of continuing problems, the patient saw another ophthalmologist. The second ophthalmologist diagnosed advanced PDR in both eyes and performed additional laser treatment and more complicated surgery called vitrectomy. The overall outcome was markedly decreased vision in both eyes.

Analysis: Because of deteriorated vision, the patient and the attorney felt that the second ophthalmologist had caused the problem and were prepared to proceed against him. However, careful analysis of the records by an expert medical professional revealed the first ophthalmologist had failed to make an accurate and complete diagnosis, rendered incomplete and inadequate treatment, and had failed to suggest further necessary treatment or referral. This allowed the progression of the disease and

irreversible damage to the eyes. These had occurred before the patient saw the second ophthalmologist. The second ophthalmologist appropriately diagnosed and treated the patient but obtained a poor result because the disease was already too far advanced.

Conclusions: The medical malpractice lawsuit should be filed against the first ophthalmologist as he was negligent in his care of the patient, which led to irreversible damage to the patient's vision. The second ophthalmologist was not negligent and did not cause damages.

There are numerous experts who are more than willing to provide testimony for medical malpractice and personal injury litigation cases. Finding the right one is crucial to the strength of your particular case.

Since 1983, Medical Advisors has assisted in the selection of expert witnesses in several thousand cases. Working with plaintiff and defense bar, we have provided medical opinions and testimony which have resulted in competent preparation and in-court support for cases involving medical malpractice, hospital negligence, personal injury, workers' compensation and product liability.

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