

**RUSSELL HORSEFIELD**  
**-v- SALFORD ROYAL NHS FOUNDATION TRUST**

**Loss of the bowel**

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Mr Horsefield attended Hope Hospital in July 2002 with a 3 week history of abdominal pain and was admitted for 3 weeks and investigated but discharged home again on 8th August 2002. He was re-admitted on 15th August in a substantially deteriorated condition and ultimately underwent a laparotomy on 18th August 2002, during which the majority of his bowel was removed. The Claimant was left dependant on parenteral nutrition (he has to be hooked up throughout the night to a feeding machine) and has a high output stoma which is a lengthy waste tube and large bag which he has to carry with him everywhere.

It was Mr Horsefield's case that during the 3 week admission in July 2002 he should have been diagnosed as suffering from reduced blood supply to his bowel. Mr Horsefield's case was that the doctors caring for him should have given further consideration to grossly abnormal test and x-ray results they had already observed and have carried out further tests which would have led to a correct diagnosis of his condition in time for much earlier intervention to have occurred. It was alleged that if earlier treatment based on the correct diagnosis had been instituted, then he would not have lost his bowel, or at least would have retained sufficient bowel so that he would not have required total parenteral nutrition or a high output stoma at all and could have led a relatively normal life. Instead of which he now has a clearly restricted lifestyle and was described by the Claimant's nursing care consultant as one of the most disabled people that she had seen by reason of the debilitating physical and emotional effects of losing his bowel.

The Defendants disputed the case up to trial and disagreed with the Claimant's diagnosis of his original problem. They also indicated that they thought that whatever caused the reduced blood circulation to his bowel would not have been amenable to earlier treatment. It was their view that there were insufficient indications to have required them to intervene by performing surgery before the point at which they actually removed his bowel.

This was an extremely complicated case requiring expert input from a colorectal surgeon, a vascular surgeon, a radiologist, a gastroenterologist, and a histopathologist on the issues of liability and causation, in addition to a

psychiatrist and a nursing care expert on the issue of the value of the case. The Claimant's experts however continued to support the claim up until trial, at which point the Defendants offered a settlement to Mr Horsefield which he chose to accept.

Mr Horsefield was very grateful to the team of lawyers and doctors who supported him throughout the case, in the face of a very aggressive approach to the case from the solicitors for the Defendant hospital. This was a case described by Counsel as one of the most technically difficult cases to present from a medical point of view.

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Claire Horton is the Solicitor who heads up the Clinical Negligence department and she is a member of the Law Society Clinical Negligence Panel and has over 19 years experience in Claimant Clinical Negligence claims. Claire has acted for a number of claimants who suffer from cerebral palsy who have been successful in obtaining settlements in excess of £1 million.