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Law LLC
123 Main Street
Minneapolis, MN 12345

Re: ***** case

Per your request, I have reviewed the provided medical records of *****. It is my understanding that ***** is claiming to have been injured during her thyroidectomy which was performed by surgeon Dr. ***** on 8/25/21. I have included my comments and recommendations for your consideration.

In my opinion, this case is nonmeritorious. I was unable to discover a deviation from standard of care.

***** was appropriately consented and prepared for the thyroidectomy by Dr. ***** . The procedure was recommended due to findings of cancer.

On 7/20/21, Dr. ***** documented, "She will need a total thyroid thyroidectomy, CNLD, and a right MRND. We discussed the procedure in detail, risks of bleeding, infection, *injury to RLN, Cranial nerves X-XII*, seroma, lymphatic leak."

The patient signed a consent form on 8/25/21 stating that she and her doctor had discussed the risks and she agreed to proceed with a total thyroidectomy, central neck dissection and a right modified radical neck dissection.

According to the surgery note by Dr. ***** , all precautions were taken to avoid nerve injury, including applying a nerve monitor at the start of the procedure. According to his documentation, all nerves appeared intact at the end of the procedure and there was no obvious nerve injury during the surgery. Nerves were checked (stimulated) prior to closure of incision. Dr. ***** wrote, “Both the nerves checked prior to closure and were working well.”

The immediate post-operative pain that was reported by ***** is not abnormal.

After her surgery, ***** was hospitalized for three days for low calcium levels. Her calcium levels dropped to 6.6 mg/dL, which is below the normal range of 8.5 - 10.5 mg/dL. “The hallmark of acute hypocalcemia is neuromuscular irritability. Patients often complain of numbness and tingling in their fingertips, toes, and the *perioral region*.”
https://www.ncbi.nlm.nih.gov/books/NBK279022/

On 2/8/23 during a visit with Dr. ***** , a highly qualified facial plastic and reconstructive surgeon who runs the Facial Paralysis Center at the University of MN, ***** reported that her lip symptoms were improving. Documentation from that visit is as follows:
“From a facial nerve perspective, what I see today is favorable. She shows an intact marginal mandibular nerve with intact function.”
“From the neck perspective, I do believe some of the limitations and tightness would be expected from such extensive surgery and the need for lymphadenectomy. Scar is for sure to have developed in the soft tissue planes.”
Dr. ***** is attributing *****’s ongoing symptoms to scar tissue.

There is some inconsistency in *****s self-reporting. On 2/8/23, she reported to Dr. ***** that some of her symptoms were improving. On 3/3/23, she reported to the physical therapist that there had been “no change over time”.

***** only attended three physical therapy appointments.

Other considerations:

No facial paralysis or abnormalities were objectively noted on any routine exam unless mentioned by the patient.

The consult with Dr. ***** was a video visit and exam quality could have been hindered.

*****'s Facebook profile picture that she posted on 8/21/2022 shows no obvious facial asymmetry or drooping.

It could be argued that scar tissue formed as a result of *****'s thyroidectomy which is causing her prolonged bothersome symptoms.

Even when there is no deviation in standard of care, there is always risk to surgery. In my opinion, the benefit of removing the cancer outweighed the risk of nerve injury.

Thank you for the opportunity to assist in evaluating this case. Please contact me if you have any questions or desire additional information.

Sincerely,

Julie Nielsen