

De Caro & Kaplen, LLP Obtain \$4.5 Million Dollar Settlement for Stroke Victim in Medical Malpractice Lawsuit

A New York medical malpractice lawsuit for a stroke victim has resulted in a settlement of \$4.5 million dollars because of the legal work performed by New York medical malpractice attorneys Shana De Caro and Michael V. Kaplen.

Our firm achieved a \$4.5 million settlement for our client, who at age 63 suffered a massive stroke following improper treatment for his paroxysmal atrial fibrillation and improper treatment at the emergency department of a local hospital.

We established our client was suffering from long standing paroxysmal atrial fibrillation, (AFib), a common heart condition in which the heart periodically deviates from normal rhythm. Frequently a patient with AFib experiences fatigue, heart fluttering, dizziness, chest pain and other signs that alerts him/her of the irregular heartbeat. There is effective medication that can control a patient's heart rhythm and reduce the risk of stroke. If untreated, however, this condition can cause an accumulation of blood in the heart's atrial chamber causing increased risk of an embolus (a blood clot that breaks off) and places an individual at a higher risk of a stroke.

Our client was seen by a cardiologist, seeing patients for his own vacationing doctor (who were both part of the same medical group), during an emergency appointment for symptoms of an irregular heartbeat. In the past when he experienced AFib he was placed on a well-known anti-coagulation (blood thinning) medication, Coumadin (also known as Warfarin). On this visit, the cardiologist, ignored his past medical history (including a prior TIA and hypertension), and past successful treatment with Coumadin. This physician negligently determined plaintiff was at a low risk for a stroke and improperly placed the patient on a high dose of aspirin therapy with instructions to schedule a follow up visit one week later.

We established it was medical malpractice not to prescribe Coumadin and instead place our client on aspirin therapy. New York medical malpractice lawyers, Shana De Caro and Michael Kaplen also proved that the cardiologist was negligent in not recommending the patient return in two days to follow up and alert the patient's regular cardiologist of this emergency visit.

One week later, when the patient returned for his scheduled examination by his regular cardiologist he was still in AFib and was immediately placed on Coumadin and sent him home. Our malpractice attorneys proved his treating cardiologist committed malpractice because he failed to recognize that Coumadin would not reach therapeutic (beneficial) levels for several days. Considering his history of one week of AFib, he should have prescribed a rapid action blood thinning medication, Heparin to bridge the gap until Coumadin reached a therapeutic level.

The combined failures of both cardiologists diminished plaintiff's chances for a better outcome.

Predictably and unfortunately, twenty four hours after this second visit, the plaintiff suffered a stroke in his home and was immediately transported by ambulance to a local hospital certified stroke center. Although emergency department doctors established he was a candidate for the stroke busting agent, tPA, they incorrectly administered an experimental stroke busting medication, Tenecteplase (TNK) generally used for acute myocardial infarction, not stroke.

It is well-known that tPA is the only FDA approved medication for a stroke. The medication works to rapidly dissolve the blood clot that develops in the brain and reduces brain damage that may develop due to impaired blood flow and decreased oxygen reaching brain tissue. Effective treatment requires that tPA be administered within 4 ½ hours after signs of a stroke develop. Plaintiff's stroke was witnessed by his wife and he arrived at the Emergency Department well within the window of opportunity for treatment. When timely administered, tPA significantly improves the chances for a good outcome. The emergency department doctors committed medical malpractice by ignoring the recommended time for administering tPA to a patient with obvious signs of a stroke who reached the hospital within 4 ½ hours of the stroke's onset.

After discovery of the medication error, plaintiff was transferred on an emergency basis to a university hospital hoping they would perform an embolectomy, (a surgical procedure sometimes used to mechanically open the blockage in the blood vessel) within the brain causing the stroke. Unfortunately, even after the emergency arrangements were made, the stroke team at the university hospital was not notified for an hour. When they finally arrived a repeat CT study demonstrated the patient's stroke was too large to perform this embolectomy. It was too late.

Because of his stroke Plaintiff suffered hemiparesis (paralysis) and aphasia (word finding difficulties) requiring full time care at home.

The treating cardiologists contributed their policy limits of \$3.5 million dollars; hospital number one contributed \$750,000 and hospital number two contributed \$250,000 to the final settlement. It was agreed there would be no disclosure of the identities of the parties.

The case was prosecuted by New York personal injury and malpractice attorneys, Shana De Caro, immediate past chair of the Traumatic Brain Injury Litigation Group, a member of the Board of Directors of the Brain Injury Association of America and Michael V. Kaplen, a member of the Board of Directors of the American Board of Professional Liability Attorneys and a Professorial Lecturer in Law at The George Washington University Law School.

If you or your loved one suffered injuries because of the careless or negligent conduct of a doctor or hospital, you may be entitled to compensation. Contact the law firm of De Caro & Kaplen, LLP for a free, no obligation, consultation. Our personal injury attorneys have been representing victims of medical negligence for over 35 years.