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## Jury Awards \$2.8M for Improper Tracheostomy

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A Delaware County jury has awarded a woman \$2.78 million for having a tracheostomy placed too high, which allegedly caused her to no longer be able to breathe without the tubing.

On Aug. 21, the jury found the defendant doctor, Mohammed Budeir, and Crozer-Chester Medical Center were negligent in treating plaintiff Bonnie Semple, and caused her to permanently require a tracheostomy tube to be installed. The jury awarded more than \$1.6 million in loss of earnings and pain and suffering, as well as nearly \$1.2 million in future medical expenses.

Attorneys **Michael A. Trunk and Garabet M. Zakeosian of Kline & Specter** handled the case for Semple, a 56-year-old Aston resident. Benjamin A. Post and Cynthia L. Brennan of Post & Post represented the defendants.

"The hospital and Dr. Budeir refused to take accountability for the doctor's clear negligence in placing what was to be a very temporary tracheostomy far too high," Trunk said in a statement. "It took a jury of 12 citizens of Delaware County to force their accountability. As a result, Ms. Semple will get the life-

time care she now needs. I'm very grateful for the jury's service and hard work."

Attorneys for the defendants did not return a call seeking comment.

According to Semple's pretrial memo, she was admitted to Crozer-Chester Medical Center after a car accident, in which she was knocked unconscious and suffered abdominal bleeding, as well as blunt force trauma to her head.

Semple was endotracheally intubated, and Budeir then performed a repair of liver lacerations. After the surgery, Semple remained intubated for several days, and an ear, nose and throat doctor found swelling in her airways. The doctor recommended she receive steroids for the next few days.

According to the memo, Budeir gave Semple a smaller dose of steroids, and the swelling continued. By April, the ENT recommended Semple have a pulmonary consultation regarding a possible extubation using a bronchoscope.

The memo contended that Budeir did not consult about the extubation, and instead performed a tracheostomy. The memo said that, in his operative report, Budeir said the incision was made through the second, third and fourth tracheal rings, but added that "because of the body habitus, identification of

the landmarks were quite difficult."

Several days later, obstruction and swelling was found, and a smaller tube was placed. Semple was discharged in mid-April, but she was readmitted to the hospital for a week in early May to treat a bacterial skin infection involving her chest wall and neck. Doctors found tissue swelling, multilevel airway collapse and obstruction, the memo said. Doctors also found the tracheostomy had been placed at the level immediately below the cricoid cartilage.

After visiting trauma surgeons, Semple was referred to Dr. Natasha Mirza, an ENT at the Hospital of the University of Pennsylvania. After exploratory surgeries, Mirza performed a tracheostomy revision to lower the incision. She also operated on Semple's vocal cords and larynx. The memo noted Mirza's report said Semple had a "high tracheostomy."

Semple underwent numerous additional surgeries in 2009 and 2011, including a reconstruction procedure that involved removing portions of Semple's rib bones and cartilage.

Semple contended her trachea and larynx were permanently damaged due to her treatment, and sued Budier and Crozer-Chester Medical Center. She alleged Budeir

failed to give her the right doses of steroids while she was intubated, and should have consulted about a possible extubation before performing the tracheostomy. She also alleged the high placement was against the standard of care.

Regarding her damages, Semple argued the treatment caused her to need a permanent tracheostomy. She contended she needs a special valve to speak, she cannot be as active as she was previously, and it is dangerous for her to be around water, even when bathing, because her airway is no longer protected.

She also noted her tracheostomy tube must be replaced every three months, and she must take medications to control her stomach acidity.

In their memo, the defendants noted Semple was morbidly obese, with a "short, thick neck" that in part prevented her from being weaned from the endotracheal tube.

The defendants also said Budeir had consulted with an ENT about removing the tube, but determined it would be necessary to perform a tracheostomy. The memo further noted the ENT recommend steroids, "if OK with primary team," and a nurse ultimately chose the lower dosage because of concerns about Semple's blood sugar level following the surgery.

The memo also said Budeir discussed the possible extubation, but determined it would be too risky because of her obesity.

The memo also said the tracheostomy was placed properly, and the location did not cause the injuries. Semple, the memo argued, had not complied with her home care regimen, and did not change her tube

daily, or regularly wear a high-humidity collar.

The defendants also said Semple had a pre-existing condition that required the tube to remain permanently.

After the five-day trial in Senior Judge Charles B. Burr's courtroom, the jury deliberated for five hours, and then returned the verdict for Semple.