

## Coroner calls for review of anaesthetic procedures after woman's death

A coroner has called for a national review into anaesthetic procedures after a woman died following treatment with contaminated equipment.



Jacqueline Thomason Photo: MEN

By Raf Sanchez

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Jacqueline Thomason, 53, was killed by an infection caught after being examined with an unwashed medical tool that had earlier been used on a dying patient.

During a routine thyroid operation, the mother-of-one was examined with a laryngoscope, which allows doctors to see down a patient's throat.

The tool had earlier been used in the treatment of an unnamed patient who died of Group A streptococcus, and its non-disposable handle had not been cleaned before being turned on Mrs Thomason and five others at the Royal Albert and Edward Infirmary in Wigan, Lancashire.

Mrs Thomason and two others contracted the virus and the former NHS worker died on April 3 of last year.

Hospital policy at the time said that the laryngoscope's handle, onto which disposable blades are attached, did not need to be cleaned inbetween procedures.

Following Mrs Thomason's death a full investigation was carried out and the old equipment was replaced with newer tools which will be disinfected between uses.

Deputy Coroner Alan Walsh said he was satisfied with the hospital's revised policies but warned that the same procedures could be used elsewhere.

He said: "I find it a death of great tragedy. She would have recovered from the surgery had she not got the infection which lead to her death.

"I will report these matters to the minister of health requesting a review of anaesthetic procedures involving laryngoscope handles and medical equipment to make sure of adequate decontamination or replacement of those pieces of equipment."

Laryngoscopes with both disposable and non-disposable handles are used in roughly three million general anaesthetic operations in Britain every year.

Charlie McLaughlan, deputy chief executive of the Royal College of Anaesthetists, said: "Although these are tragic circumstances for the people involved, there are clear guidelines in place and this seems to have been very much a local issue."

The Association of Anaesthetist guidelines state that handles should "be washed/ disinfected and, if suitable, sterilised" after every use.

Colin Thomason, the victim's husband, said after the inquest: "This is what we wanted in the end, at least something is going to be done and the hospital has admitted it has done something wrong.

"It cannot bring Jacqueline back, but it will hopefully prevent it happening to someone else."

Mr Walsh recorded a narrative verdict that Mrs Thomason died as a consequence of septicaemia.

Wigan, Wrightington and Leigh NHS Trust admitted that Mrs Thomason died following a breach in duty of care.

