



**University Hospitals  
of North Midlands**  
NHS Trust

Trust Ref: INQ/111/18

25 September 2019

**Ms S Murphy  
H M Assistant Coroner  
Coroner's Chambers  
547 Hartshill Road  
Stoke on Trent  
ST4 6HF**

**Royal Stoke University Hospital  
Executive Suite  
Springfield  
Newcastle Road  
Stoke-on-Trent  
Staffordshire  
ST4 6QG**

Tel: 01782 676612

Dear Ms Murphy

**Gladys Margaret BORGOGNO**

Further to previous correspondence, I am pleased to provide a response to your report under paragraph 7 of Schedule 5 of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, addressing your concerns surrounding the death of Gladys Margaret Borgogno.

#### **Recorded Circumstances of the Death**

On 24 April 2018, Mrs Borgogno underwent an ERCP procedure due to symptomatic bile duct stones. The procedure was uneventful but some stones remained. Mrs Borgogno's post procedure observations were normal but prior to discharge, she was noted to vomit bile. This was not regarded as being indicative of a diagnosis of pancreatitis following a medical review as there were no other clinical symptoms.

Mrs Borgogno was sent home after the standard four hour post procedure hospital observations and provided with written discharge instructions which warned of seeking further medical advice if severe symptoms developed which included vomiting. Mrs Borgogno continued to vomit in the car on the way home and at home, but did not seek further medical attention.

Mrs Borgogno was found the following morning lifeless on her living room floor with vomit in close proximity and was confirmed dead by paramedics at 10am on 25 April 2018.

Cause of death was given as 1a: acute pancreatitis, 1b: gallstones and endoscopic retrograde cholangiopancreatography (ERCP), II: hypertensive heart disease

#### **Concerns**

During the course of the inquest H M Assistant Coroner, felt that evidence revealed matters giving rise for concern. In her opinion, there is a risk that future deaths will occur unless action is taken and the matters of concern are as follows:

1. The length of the post procedure observation period where there has been an episode of vomiting in the absence of any other symptoms and abnormal observations.

2. The pre and post procedure written documentation in respect of the advice to seek further medical attention if vomiting developed post procedure upon discharge from hospital. In evidence at the inquest, the treating Consultant Pancreatico-biliary Surgeon advised that he understood the family's confusion surrounding the symptom of vomiting given the fact that Mrs Borgogno had vomited after the procedure but had been discharged from hospital.

He advised that he would recommend that the hospital review its pre and post procedure ERCP documentation provided to patients.

### Action Taken

Following the inquest, the Trust has reviewed matters raised by H M Assistant Coroner and the following response outlines the Trusts position.

1. Mrs Borgogno's case has been discussed with the ERCP team and staff who work in the department. The procedure information sheet advises that the post-procedure observations will be undertaken for 4 hours and that patients will only be discharged once safe and with their agreement.

Post ERCP, all the patients have observations every 10 minutes for the first hour, and then every 15 minutes, 30 minutes or every hour until the time of discharge (4 hours after the procedure), depending on the patients clinical condition.

If concerns are raised during the 4 hour observation period a clinician is asked to review the patient and the frequency of monitoring, the period of observation in recovery and the time of discharge (same day discharge or observation overnight in the hospital) is decided.

A single episode of vomiting with no other symptom will not automatically trigger an extended period of observation.

2. The Trust has strengthened the information given to patients on discharge following ERCP. I have attached the draft document for you with the amended information in red. This is currently being ratified through the Trust's governance processes but it now highlights the importance of returning to hospital if vomiting, and other symptoms, start at home. This is to cover those uncommon situations where symptoms develop post 4 hours following the ERCP procedure.

I sincerely hope that this report provides the Coroner with assurance that the University Hospitals of North Midlands NHS Trust has taken the matters arising from the inquest touching upon the death of Mrs Gladys Borgogno seriously. The Trust strives to provide a high standard of care to all patients and I am grateful to you for raising these concerns on this occasion.

Should you wish to discuss any aspect of this report further, please do not hesitate to contact me directly.

Yours sincerely



**Tracy Bullock**  
CHIEF EXECUTIVE

Encs: Post procedure patient information leaflet