

**MATTER NOT FILED****STATEWIDE****MEDICAL MALPRACTICE****Failure to Monitor — Anesthesiology — Emergency Room****Intubated patient not adequately watched, suit alleged****SETTLEMENT \$3,500,000**

**CASE** Susana Curbelo-Gomez v. Winthrop-University Hospital  
**COURT** Matter not filed  
**DATE** 7/5/2010

**PLAINTIFF**  
**ATTORNEY(S)** William T. Burdo, Mineola, NY

**DEFENSE**  
**ATTORNEY(S)** Bruce Cohn, Assistant Vice President, Risk Management and Insurance Services, Winthrop-University Hospital, Mineola, NY

**FACTS & ALLEGATIONS** On May 13, 2009, claimant Susana Curbelo-Gomez, 56, a financial-services provider's executive assistant, underwent a biopsy of her thyroid. Her blood's pressure greatly decreased after the procedure's needle was inserted. She also began to perspire and vomit. An ambulance was summoned, and Curbelo-Gomez was transported to the emergency department of Winthrop-University Hospital, in Mineola.

Doctors immediately noted that Curbelo-Gomez was combative, disoriented, hyperventilating and continuously flailing her arms. Intravenous lines were inserted, and monitoring sensors were placed on her chest, but Curbelo-Gomez removed them.

Doctors determined that Curbelo-Gomez had to undergo a CT scan. They administered sedatives, but Curbelo-Gomez remained agitated. Thus, the doctors determined that anesthetics were necessary. The drugs would have inhibited Curbelo-Gomez's respiration, so endotracheal intubation was performed.

After some 60 minutes had passed, Curbelo-Gomez suffered cardiopulmonary arrest. Some 20 minutes passed before she could be resuscitated, and doctors determined that she was suffering damage of her brain. Curbelo-Gomez claimed that the damage was caused by an interruption of the oxygen that was administered during her anesthetization. She contended that the interruption occurred when she unknowingly loosened and displaced the endotracheal tube. She claimed that she was not adequately monitored during the wake of the CT scan.

In lieu of a lawsuit, Curbelo-Gomez sought direct recovery from Winthrop-University Hospital. She alleged that the hospital's staff failed to properly monitor her, that the failure constituted malpractice and that the hospital was vicariously liable for the staff's actions.

Curbelo-Gomez's counsel noted that Curbelo-Gomez's treating doctors and nurses were aware that she had removed two intravenous lines and one set of sensors. He contended that they should have anticipated that she could have dislodged the endotracheal tube. He claimed that she was not adequately monitored throughout the course of the intubation.

Defense counsel contended that Curbelo-Gomez was adequately monitored. He suggested that her injury was a result of an incident that occurred during the biopsy.

**INJURIES/DAMAGES** *anoxia; brain damage; cardiopulmonary arrest; encephalopathy; physical therapy; respiratory; spasticity; tracheotomy; vision impairment*

Curbelo-Gomez claimed that she suffered cardiopulmonary arrest that caused anoxic encephalopathy. She underwent a tracheotomy, and she required the assistance of a respiratory ventilator. After several weeks had passed, she was transported to another hospital, where she underwent about four weeks of physical rehabilitation.

Curbelo-Gomez claimed that she suffers residual spasticity of her arms. She contended that her right, dominant arm is more affected than her left arm. She also claimed that she suffers residual impairment of her balance and vision, that she requires the assistance of a cane, and that her injuries prevent her resumption of work. She further claimed that she will have to undergo additional physical rehabilitation.

Curbelo-Gomez sought recovery of her past and future lost earnings, her future medical expenses, and damages for her past and future pain and suffering.

Defense counsel maintained that Curbelo-Gomez's injuries occurred prior to her admission to Winthrop-University Hospital.

**RESULT** The parties negotiated a settlement. The hospital agreed to pay \$3.5 million.

**EDITOR'S NOTE** This report is based on information that was provided by claimant's counsel and a representative of the respondent.

—Jaclyn Stewart

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