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Editorial

Urology legal expert's report

Peritaje judicial urológico

Legal reports by urological experts are a significant subject in the daily practice of urology, but are very rarely discussed in urological literature. After acting as a legal expert for the Official Medical Association of Barcelona in lawsuits related to the genitourinary tract for more than 20 years, I would like to discuss a number of aspects related to such activity and to describe my personal experience over these years.

It should first be noted that many lawsuits related to the practice of urology are not reported in medical literature, despite the fact that they are rare complications. It is understandable, in part, that they are not reported by the physicians involved. Most physicians affected by lawsuits related to the genitourinary tract are urologists, followed by gynecologists, surgeons, and physicians not qualified as urologists but acting as such.

The area to which more suits are related is undoubtedly the genital tract. Suits are mainly related to failed vasectomy or recanalization of vas deferens, but also to orchiectomy after vasectomy.

Other significant reasons for lawsuits include delayed or missed diagnosis of testicular torsion and subsequent orchiectomy. Rejection of penile prostheses and resection/plication in Peyronie disease resulting in a decreased penile size, persistent curvature, or pain on erection also result in lawsuits. Errors and delay in tumor diagnosis are frequent reasons for lawsuits. Wrong differential diagnosis between renal cyst and hydronephrosis with renal annulment and subsequent nephrectomy occurred in another case. In another patient, a renal angiomyolipoma evolved to a tumor over the years. There was a patient in whom prostate cancer occurred after laser treatment.

Other patients experienced urinary sepsis causing death after urethral catheterization and from obstructive ureteral stones.

Severe complications occurred after prostate biopsy, including a case of septic shock and death. In an unusual case seen, an epidural abscess occurring after prostate biopsy caused permanent paraplegia (no similar cases were found in medical literature). Severe surgical complications resulting in death after nephrectomy, in one case using a laparoscopic approach, were also examined, as well as kidney transplant complications.

Sequelae following transurethral resection for incontinence, non-ejaculation (retrograde), and urethral stenosis have also been grounds for lawsuits. My opinion was also requested in a case with a postoperative foreign body and another in which neurogenic bladder occurred after surgery for a glioma in medullary canal were also examined.

Finally, gynecological iatrogeny, mainly urethral ligation and section and vesicovaginal fistula, is a very common cause of lawsuits, as are poor results and repeat surgery in the treatment of cystocele.

Over these years, use of informed consent for all surgical procedures and some medical or diagnostic procedures has decreased the number of lawsuits. However, the main reasons for filing suits continued to be economic. When a patient refuses a diagnostic test or treatment, such refusal should be recorded in writing and signed.

Some of the cases reported by me, such as severe complications of prostate biopsies, may be considered as accidents, as all adequate procedures for antibiotic prophylaxis and immediate hospital monitoring were performed.

Finally, I hope that this review of my personal experience as a legal expert in urology-related lawsuits is of help to you, and I thank all colleagues who have suffered suits, including myself, for their friendship.

I would recommend all of my colleagues who issue legal expert reports to try and be fair and impartial when judging the facts, to thoroughly review clinical records (which should be updated with any event), to always search previous reports in medical literature and, as a final useful recommendation, to always ask for financial cover before the report is provided, as has been done for approximately four years now at the Medical Association of Catalonia.

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