

**PRESS RELEASE – FOR IMMEDIATE RELEASE**

**\$5,400,000 settlement for bowel perforation after hernia surgery in LaSalle County**

May 14, 2018 – The case settled and was dismissed by the Court on May 10, 2018. According to Plaintiff's counsel, this appears to be a record medical malpractice settlement in LaSalle County.

The Plaintiff was represented by Jill M. Webb of the Law Office of Jill M. Webb, Chicago, IL and Jeff Green of The Law Office of Jeff Green, Peoria, IL.

Attorney Richard Donohue of Donohue Brown Mathewson and Smith, Chicago, IL, mediated the case, resulting in this settlement.

Due to limited confidentiality, the Defendants can only be identified as a Central Illinois Doctor who paid \$1,000,000 of the settlement and was represented by Richard Wilderson, Graham & Graham, Springfield, and a Central Illinois Medical Group and Hospital, that paid \$4,400,000 represented by Stephen Kaufmann, & Christian Willenborg, Hepler Broom, Springfield.

On November 10, 2011, the plaintiff was admitted for a laparoscopic incisional ventral hernia repair surgery. Four days later she presented to the Emergency Department with chest pain. She was admitted to the hospital. Her vital signs and labs did not indicate the presence of an infection.

Six days after the surgery, the defendant doctor (a surgeon) ordered a CT scan of the abdomen which showed free air and fluid. The Defendant doctor ordered a CT guided drainage procedure which was cancelled. In response to the cancelled procedure, the defendant doctor ordered an x-ray for the next day, and ordered pain medication for the Plaintiff. By the seventh day after surgery, she showed signs of septic shock, was taken for emergency exploratory surgery and a bowel perforation was found along with an infected abdomen.

Plaintiff claimed that the Defendants delayed in diagnosing the bowel perforation and resulting abdominal infection, peritonitis and sepsis. As a result, Plaintiff required surgeries to wash out the abdomen, remove dead tissue, and resect the intestines. The plaintiff had an ileostomy, which was reversed. She now has permanent short bowel syndrome, which means that a short time after she eats she has diarrhea. She needs minimal care in the future. She lives independently, drives, and can do all activities of daily living.

Plaintiff, was a 59 year old female, unemployed, pack a day smoker for 30 years, with high cholesterol, high blood pressure, diabetes, diverticulitis, morbidly obese, history of skin

infections, and groin cysts. Prior to this surgery, the Plaintiff had 8 prior abdominal surgeries, including bowel resection for diverticulitis and a colovaginal fistula. Nine months before this surgery the Plaintiff had a hernia repair surgery resulting in post-operative infection and wound healing problems, including an open wound and use of a wound vac. The Defendant and defense experts claimed that much of the subsequent treatment was needed anyway due to the Plaintiff's pre-existing problems with her intestines, diverticulitis, and prior bowel surgeries.

FOR MORE INFORMATION  
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