Clinical review

Interactive case report

Postoperative hypoxia in a woman with Down's syndrome: case outcome

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This is the final part of a three part case report, which describes the outcome and summarises the comments made by readers during the case presentation. Further responses are welcome through bmj.com

Five weeks ago (9 April, p 834) we presented the case of Miss Webb, a 24 year old woman with Down's syndrome, who developed postoperative hypoxia after a hysterectomy for menorrhagia. She was subsequently found to have a pericardial effusion.

A full blood count done on her second admission showed a high mean corpuscular volume of 109.8 (normal range 80-100) fl. Her liver function results and vitamin B12 and folate concentrations were normal. Thyroid function tests showed a thyroid stimulating hormone concentration of 63.7 (0.5-4.1) mIU/l and free T4 of 2.57 (10.3-25.3) pmol/l. Severe hypothyroidism with multiple serous effusions of the pericardial and pleural cavity was then diagnosed. She was treated with oral levothyroxine (thyroxine) 100 µg per day initially. Intravenous liothyronine 25 µg three times a day was then added to get a prompt response. After five days of intravenous therapy, liothyronine was stopped and oral levothyroxine continued. The pleural and pericardial effusions were fully aspirated.

She made an excellent recovery and was discharged home on a daily maintenance dose of 125 µg of levothyroxine. An echocardiogram at one month did not show any pericardial effusion and her chest radiograph showed no abnormality. Two years later she remains extremely well and independent, with normal thyroid function test results.

Any discussion on this case would be incomplete without commenting on the ethical aspects of the consent process. The box highlights the salient points that were kept in mind when obtaining consent from Miss Webb. She was given all the information about

Obtaining consent from people with learning disabilities

- Adults are always presumed to be capable of taking healthcare decisions, unless the opposite has been shown. This applies just as much to people with learning disabilities as to any other adult
- People are not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success
- For a person's consent to be valid, the person must be:
  - Capable of taking that particular decision (competent)
  - Acting voluntarily
  - Provided with enough information to enable decision making
- People with learning disabilities will often have support from people close to them (family members, carers, or friends) or from independent supporters or advocates who can help them understand the issues and come to their own decisions

- The benefits and risks of proposed treatment
- What the treatment involved
- The implications of not having treatment
- What alternatives were available
- The practical effects on her life of having and not having the treatment.

Her mother played an important part in the decision making process. In the end, Miss Webb agreed to a hysterectomy, knowing what the implication of that would be on her future fertility.

Competing interests: None declared.

Interactive case reports

We welcome contributions of interactive case reports. They are presented in three parts, published in the *BMJ* over five weeks with open debate from readers on the web through rapid responses on bmj.com. We ask several people, including clinical and educational experts and the patient, to comment on each case.

If you would like to send us an interactive case report please ensure that the patient has consented to publication and is willing to follow the ensuing debate on bmj.com and write a commentary about his or her experiences (with help if necessary).

The fact that real patients take part is, we feel, one of the strengths of interactive case reports. We encourage questions that are patient centred rather than simply clinical, asking what the doctor should say to the patient and sometimes prompting discussion on ethics issues. Taking part and helping others to learn from personal experience takes generosity and courage on the part of patients and, to some extent, their doctors. We ask readers to bear this in mind when giving their views.