

# 人工血管置換手術後 出血死亡判賠

Bleeding Death after Prosthetic  
Blood Vessel Replacement Surgery and  
Being Awarded Compensation

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令和2（7）年第1928號損害賠償請求事件

令和5年1月20日名古屋地方裁判所



## 摘要

原告A於2019年3月1日在被告Y經營醫院接受腹部主動脈人工血管置換手術。同日下午14時手術結束，16時A之收縮壓低於監測值，而醫師指示繼續輸液；16時30分，A之血壓仍低於監測值，A開始出現譫妄並主訴腹痛、腹脹等，護理師調整儀器位置後血壓讀數回升，因此判斷之前讀數不正確；17時11分醫師巡房，A之血壓仍低於正常值，故決定輸血輸液，嗣後進行開腹止血；惟A經急救仍死亡。法院認為16時時A的各項監測數值，都尚未達到醫療常規所定內出血的合理懷疑標準，且腹痛腹脹乃開腹手術常見副作用，醫師指示繼續輸液並作觀察，尚無過失。惟16時30分A之血壓在持

關鍵詞：出血性休克（hemorrhagic shock）、注意義務（duty of care）、醫療常規（medical standard）、醫療過失（medical negligence）

DOI：10.53106/241553062023100084007

續輸液後依然低於監測值，且A出現譫妄等症狀而符合出血性休克的具體標準，而多數患者在失血量超過30%以上才會出現血壓下降；縱然A的心率與呼吸頻率尚未達到出血性休克之標準，然而對老年人出血而言，其心率與呼吸頻率變化不大。因此法院認為16時30分，A已有出血性休克之病徵而醫師未及時處置，與死亡結果有因果關係並具過失。

On March 1, 2019, the plaintiff A underwent an abdominal aortic prosthetic blood vessel replacement surgery at a hospital operated by the defendant Y. The surgery was completed at 2:00 p.m. on the same day. At 4:00 p.m., A's systolic blood pressure was lower than the monitored value and the surgeon instructed to continue the infusion. At 4:30 p.m., A's systolic blood pressure was still lower than the monitored value and he began to delirium and complained of abdominal pain and bloating. After the nurse adjusted the position of the equipment, the blood pressure reading went down. The surgeon judged that the previous reading was incorrect. At 5:11 a.m., A's blood pressure was still below the normal value while the physician makes the round, so he decided to give blood and fluids and then opened the abdomen to stop the bleeding. However, A still died after emergency treatment. The court held that A's various monitoring values at 4:00 had not yet reached the standard of reasonable suspicion of internal bleeding as stipulated in the medical standard and that abdominal pain and distension were common side effects of open abdomen surgery. Therefore, the physician was not negligent when instructing to continue to give fluids and conduct observation. Nevertheless, at 4:30 p.m., A's blood pressure was still lower than the monitoring value after the continuous infusion and A showed delirium and other

symptoms that met the specific criteria for hemorrhagic shock, while most patients would only experience a drop in blood pressure when the blood loss exceeded 30%. Even though A's heart rate and the respiratory rate didn't meet the criteria for hemorrhagic shock, they didn't change much in respect of the elderly people, to which A belonged. Therefore, the court held the physician didn't treated A in time at 4:30 a.m. and was negligent when he had symptoms of hemorrhagic shock. The negligence was related to the outcome of A's death causally.

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## 壹、事實概要

### 一、事件概要

原告為本件患者A妻及二名子女，A（當時66歲）於被告Y經營的醫院接受腹部主動脈人工血管置換手術（下稱本件手術），於術後因腹腔內出血死亡。原告主張被告醫院的醫護人員在術後管理方面存在過失，根據使用者責任提起損害賠償之訴。本件系爭院方在術後管理上是否違反注意義務、因果關係及賠償金額。

A於2015年間被確診出有最大直徑35毫米的腹部主動脈瘤，之後持續在被告醫院追蹤。由於腫瘤的最大直徑擴大到51毫米，2019年3月1日的上午10時34分至下午14時22分，於被告醫院進行本件手術。手術中使用「倒Y字型」的人工血管，醫師首先進行近端主動脈和遠端髂總動脈的剝離，阻斷主動脈血流後切開主動脈瘤，將作為主動脈分枝血管的腰動脈結紮止血，與中樞端的人工血管吻合，接著進行左、右兩分枝的血管再建（計劃分別接至左／右髂總動脈）。在進行左側枝的再建之際，因左髂總動脈周圍明顯鈣化，判斷無法進行血管吻