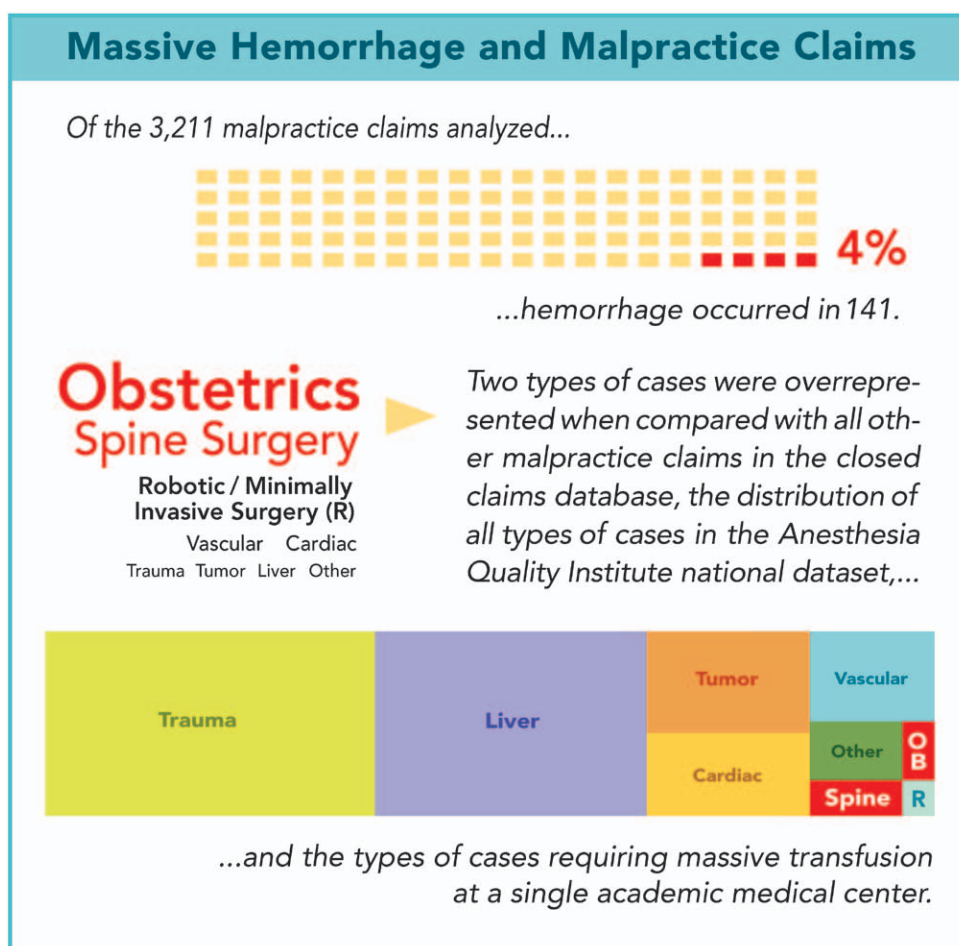


# ANESTHESIOLOGY



Case categories for malpractice claims from massive hemorrhage were extracted directly from a recent analysis,<sup>1</sup> using categories as specified by the authors and representing the proportion of cases by using relative size of the text. To demonstrate the disparity between the types of cases requiring massive transfusion and those leading to malpractice claims, we queried Vanderbilt University's Perioperative Data Warehouse with institutional review board approval to identify procedures associated with transfusion over the past decade. Massive transfusion was defined as intraoperative administration of 10 or more units of erythrocytes along with any quantity of fresh frozen plasma. There were 1,255 such cases identified of the 599,908 analyzed, and they were categorized according to primary procedure using the authors' categories.<sup>1</sup> The relative proportions of each category were visualized using R (The R Foundation for Statistical Computing, Vienna, Austria, package treemap); the size of each block in the bottom diagram represents the relative proportion of massive transfusion cases for each case type. Although trauma and liver resection often require massive transfusion, there are few related malpractice claims. In contrast, spine surgery and obstetric (OB) cases seldom require massive transfusion, yet are overrepresented among malpractice claims.

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1. Dutton RP, Lee LA, Stephens LS, Posner KL, Davies JM, Domino KB: Massive hemorrhage: A report from the Anesthesia Closed Claims Project. *ANESTHESIOLOGY* 2014; 121:450-8