NARRATIVE SUMMARY

Narrative Summary — Okonkwo, Marcus J.

Post-operative spine infection · septic shock · revision surgery.

CASE OVERVIEW	
CASE NO.	**MR-2026-0531**
PATIENT	Okonkwo, Marcus J.
DOB	**02/09/1962**
DATE OF LOSS / SERVICE	**08/12/2024 (surgery)**
MATTER TYPE	Medical malpractice — post-operative infection
PREPARED FOR	Bexar Trial Group
ATTORNEY	L. Hartman, Esq.
PREPARED BY	D. Whitaker, RN
DATE PREPARED	**08/13/2026**

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Index surgery

Mr. Okonkwo underwent L4-L5 decompression and posterolateral fusion on 08/12/2024 at Lakeside Surgical Center [p.024]. His post-operative course was complicated by fever on POD #1 (38.2 C) and POD #2 (38.8 C) with tachycardia (HR 108) and leukocytosis (WBC 14.8) [p.038, p.044].

Discharge & readmission

Despite the persistent fever and elevated white count, Mr. Okonkwo was discharged on POD #2. The discharge note attributed the fever to 'presumed atelectasis'; no blood or wound cultures were obtained and no imaging was performed [p.048]. He called the next day with chills and incisional drainage and was offered an appointment in five days [p.055]. On 08/17/2024 he presented to the ED in septic shock, with purulent wound drainage and lactate 3.8, and was admitted to the ICU [p.063, p.074].

Infectious complications

Cultures grew methicillin-sensitive Staphylococcus aureus. Surgical debridement on 08/20/2024 drained a 400 mL purulent collection [p.089]. He completed a six-week IV antibiotic course and wound-vac therapy [p.096, p.117]. By 01/09/2025, imaging showed early pedicle-screw loosening and residual epidural enhancement; nonunion was confirmed in a second opinion [p.147, p.158].

Revision & current status

Revision surgery with hardware explant, autograft, and new instrumentation was performed on 04/22/2025 [p.172]. Recovery was slow but stable; Mr. Okonkwo now manages chronic post-operative pain with gabapentin and physical therapy and carries permanent restrictions [p.196, p.205]. Plaintiff IME assessed 16% whole-person impairment on 05/13/2026 [p.222] and MMI was reached 07/01/2026 [p.231].

The 72-hour delay between discharge and readmission, and the absence of an infection workup at discharge, are analyzed in the accompanying standard-of-care opinion.