

1 AB's verbal consent for a bedside curettage and subsequently, he attempted the
2 procedure utilizing Dilaudid and a Banjo curette, which is a sharp instrument. Respondent
3 reportedly removed a small portion of the placenta, and AB's bleeding subsequently
4 subsided. AB's Hemoglobin was noted to be 11.0. Three hours later, AB reported feeling
5 lightheaded and was given a bolus of IV fluid. A subsequent Hemoglobin was 9.1. An
6 ultrasound was then obtained, and the radiologist noted a concern for additional retained
7 products of conception ("POC"). The Respondent reported that he offered the patient a
8 second curettage under anesthesia, but this conversation was not documented in the
9 chart. A nurse called Respondent and requested an on-site assessment. Respondent
10 evaluated the patient and ordered no further therapy.

11 5. AB's subsequent Hemoglobin was 6.6, and Respondent's note stated that
12 he felt the decrease in blood count was not from bleeding but catch-up from AB's post-
13 partum hemorrhage. Respondent reported that he discussed options of intravenous iron or
14 transfusion with AB; however, no such conversation was documented, and the patient was
15 discharged on oral iron.

16 6. One month later, AB called the office and reported heavy bleeding, and
17 Respondent called in a prescription for Cytotec. AB continued to have heavy bleeding and
18 went to the Emergency Department where an ultrasound showed findings concerning for
19 retained POC. Respondent performed a suction dilation and curettage. AB had continued
20 bleeding, and Respondent used a sharp curette followed by another suctioning. A large
21 placenta fragment presented along with membrane-like strands and the suctioning and
22 curette were used again, with further suction curettage when bleeding continued. The
23 repeated suctioning and curettage were performed without ultrasound guidance or
24 hysteroscopy. When AB became hypotensive immediately postoperatively, Respondent
25 suspected a perforation and obtained an ultrasound. Minimal fluid was noted in the

1 peritoneal cavity and Respondent concluded that no significant bleeding was present. A
2 pathology report was obtained two days after surgery with tube and ovary identified on the
3 specimen, so AB was taken to the operating room for laparoscopy at which time significant
4 damage was identified to both tubes and one ovary. Surgery was carried out and AB was
5 rendered unable to conceive without medical intervention.

6 7. The standard of care requires a physician to carry out manual exploration
7 and ultrasound prior to uterine instrumentation when incomplete placental delivery is
8 identified. A large blunt instrument should be used for removal of tissue, if needed, with
9 guidance by ultrasound to reduce the risk of perforation. Respondent deviated from the
10 standard of care by performing curettage without ultrasound guidance before evaluating
11 the uterus with ultrasound when the placenta was noted to be incomplete.

12 8. The standard of care requires a physician to carry out curettage when a
13 patient experiences secondary post-partum hemorrhage and concurrent ultrasound should
14 be considered. Respondent deviated from the standard of care by performing suction
15 dilation and curettage blindly when AB returned one month later with bleeding.

16 9. The standard of care requires a physician to promptly evaluate for
17 perforation with hysteroscopy and/or laparoscopy/laparotomy if continued bleeding and
18 hypotension are noted. Respondent deviated from the standard of care by failing to
19 promptly evaluate AB for perforation with hysteroscopy and/or laparoscopy/laparotomy
20 when continued bleeding and hypotension were noted.

21 10. The failure to carry out a dilation and curettage after delivery when a 5cm
22 portion of products of conception was identified by ultrasound, led to significant anemia
23 along with the secondary post-partum hemorrhage one month later. The failure to properly
24 monitor the suction dilation and curettage led to injury to tubes and ovary requiring further
25 surgery and rendering AB unable to conceive in the future without medical intervention.

1 Retained products of conception can cause infection and numerous curettages can lead to
2 Asherman's syndrome. In addition, the finding of calcified products of conception in the
3 dilation and curettage done by AB's subsequent physician, AB may have increased risk for
4 miscarriage or placenta accreta if pregnancy is obtained.

5 **CONCLUSIONS OF LAW**

6 a. The Board possesses jurisdiction over the subject matter hereof and over
7 Respondent.

8 b. The conduct and circumstances described above constitute unprofessional
9 conduct pursuant to A.R.S. § 32-1401(27)(e)("[f]ailing or refusing to maintain adequate
10 records on a patient.>").

11 c. The conduct and circumstances described above constitute unprofessional
12 conduct pursuant to A.R.S. § 32-1401(27)(q)("[a]ny conduct that is or might be harmful or
13 dangerous to the health of the patient or the public.>").

14 **ORDER**

15 IT IS HEREBY ORDERED THAT:

- 16 1. Respondent is issued a Letter of Reprimand.
17 2. Respondent is placed on Probation for a minimum period of six months with
18 the following terms and conditions:

19 a. **Competency Evaluation**

20 Respondent shall register for a competency evaluation at a facility approved by the
21 Board or its staff **within 15 days** from the date of this Order and successfully complete the
22 evaluation **within 90 days** from the date of this Order. Respondent is responsible for all
23 expenses relating to the evaluation and/or treatment. The evaluator is conducting the
24 evaluation and report solely for the benefit of the Board. Respondent shall comply with
25 any recommendations made by the evaluating facility and approved by Board staff,

1 including any requirements for practice monitoring or continuing medical education
2 ("CME").

3 In the event that the evaluating facility recommends practice monitoring,
4 Respondent shall promptly submit the name of an Arizona licensed physician who has
5 reviewed the report issued by the evaluating facility and agrees to the level of monitoring
6 recommended by the evaluating facility for pre-approval by Board staff. Should the
7 evaluating facility recommend the use of a practice monitor, Respondent may be subject to
8 periodic chart reviews to be conducted by Board staff or its agents. Respondent shall bear
9 all costs associated with the chart reviews. Based upon the chart reviews, the Board
10 retains jurisdiction to take additional disciplinary or remedial action.

11 In the event that the evaluating facility recommends that Respondent complete
12 CME, Respondent shall promptly submit his request for CME to Board staff for pre-
13 approval. Upon completion of the CME, Respondent shall provide Board staff with
14 satisfactory proof of attendance. The CME hours shall be in addition to the hours required
15 for the biennial renewal of medical licensure.

16 If the evaluating facility finds that Respondent is safe to practice without any
17 additional recommended training, monitoring or education, Respondent may immediately
18 apply for the Board to terminate this Probation in accordance with paragraph d below.
19 Respondent shall provide a copy of this Order to the evaluating facility and shall sign a
20 consent form to release all confidential evaluation results to the Board. Because
21 Respondent is undergoing this evaluation under Board Order he shall instruct any attorney
22 retained on his behalf not to contact the evaluating facility. Any questions or concerns
23 must be addressed to Board staff.

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b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Tolling

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

d. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 14 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order, including any additional practice monitoring or CME recommended by the evaluating facility. The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

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ORIGINAL of the foregoing filed
this 3rd day of June, 2016 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Mary Baker
Board Staff