

1 express or implied, of the Board's statutory authority or jurisdiction regarding any other
2 pending or future investigation, action or proceeding. The acceptance of this Consent
3 Agreement does not preclude any other agency, subdivision or officer of this State from
4 instituting other civil or criminal proceedings with respect to the conduct that is the subject
5 of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this
7 matter and any subsequent related administrative proceedings or civil litigation involving
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended
9 or made for any other use, such as in the context of another state or federal government
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to
13 the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

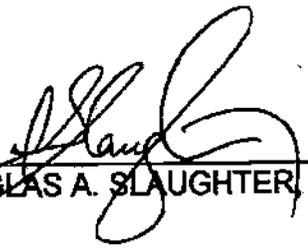
17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that will
21 be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1401(27)(r) ("violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.


DOUGLAS A. SLAUGHTER, M.D.

DATED: 2/27/08

FINDINGS OF FACT

1
2 1. The Board is the duly constituted authority for the regulation and control of
3 the practice of allopathic medicine in the State of Arizona.

4 2. Respondent is the holder of license number 23614 for the practice of
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case number MD-07-0431A after receiving notification of
7 a malpractice settlement involving Respondent's care and treatment of a fifty-five year-old
8 male patient ("KC").

9 4. On September 17, 2002, KC presented to Respondent disabled by back
10 injuries. Respondent noted KC had a normal neurologic examination and that the magnetic
11 resonance imaging scan showed compression fractures at T7, T10, L1 and L3 that
12 appeared acute with increased signal intensity. Respondent concluded that KC was a
13 candidate for a thoracic and lumbar kyphoplasty procedure. There was no evidence in the
14 KC's record indicating Respondent informed him of the benefits, risks and complications of
15 this kyphoplasty procedure.

16 5. On September 30, 2002, KC obtained a second opinion from a neurosurgeon
17 ("Neurosurgeon"). Neurosurgeon agreed that KC was a candidate for kyphoplasty of the
18 lumbar spine. Neurosurgeon also suggested performing the thoracic procedure if indicated
19 and if KC responded satisfactorily to the lumbar procedure. Respondent reviewed
20 Neurosurgeon's report at KC's pre-operative evaluation on October 14, 2002; however,
21 confirmed his initial recommendation of both a thoracic and lumbar kyphoplasty.

22 6. On October 18, 2002, Respondent performed the kyphoplasty. His operative
23 report noted KC's fracture reduction with fracture stabilization of T7, T10, L1 and L3.
24 Respondent initially could not inflate a balloon to attain any significant reduction at T7;
25 therefore, he discontinued the procedure at that level and performed kyphoplasties and

1 cement insertions at T10, L1 and L3 and then returned to T7. He then injected the cement
2 after the reduction had been attained. Respondent's post-operative note of October 18,
3 2002 indicated that KC withdrew from pain and had sensation to S2. Post-operative
4 imaging studies showed cement in the canal at T7 L > R. Respondent recommended an
5 exploration with laminectomy and fusion. The Fluoroscopic image report from the October
6 18, 2002 procedure indicated a possible complication at T7 with methylmethacrylate
7 extending posteriorly into the spinal canal. A subsequent computed tomography scan
8 indicated methylmethacrylate extended from the left injection site into the spinal canal
9 causing a mass effect on the spinal cord.

10 7. Respondent's second operative report of October 18, 2002 described
11 removal of cement from the anterior spinal cord. Post-operatively, KC had increased pain
12 and anxiety and was unable to move his legs. On October 25, 2002, KC was discharged to
13 the rehabilitation unit with T6 paraplegia. KC was discharged from the rehabilitation unit on
14 November 11, 2002 with persistent T7 spinal cord injury with paraplegia and the need for
15 an intrathecal pain pump.

16 8. The standard of care requires a physician to properly perform a kyphoplasty
17 procedure.

18 9. Respondent deviated from the standard of care because he did not properly
19 perform a kyphoplasty procedure resulting in the extravasation of cement and paraplegia
20 in KC.

21 10. The standard of care requires a physician to inform the patient of benefits,
22 risks and complications of a procedure.

23 11. Respondent deviated from the standard of care because he did not inform
24 KC of the benefits, risks and complications of the kyphoplasty procedure he intended to
25 perform.

1 12. Respondent's failure to properly perform a kyphoplasty procedure led to KC's
2 paraplegia and exposed KC to considerable potential complications as a result of
3 paraplegia, including increased risk of deep vein thrombosis, bladder infections and bowel
4 problems.

5 **CONCLUSIONS OF LAW**

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

8 2. The conduct and circumstances described above constitute unprofessional
9 conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be
10 harmful or dangerous to the health of the patient or the public.") and A.R.S. § 32-1401
11 (27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or
12 negligence resulting in harm to or the death of a patient.").

13 **ORDER**

14 IT IS HEREBY ORDERED THAT:

15 1. Respondent is issued a Letter of Reprimand for failure to properly perform a
16 kyphoplasty procedure resulting in the extravasation of cement and paraplegia in a patient
17 and for failure to inform a patient of the benefits, risks and complications that procedure.

18 2. This Order is the final disposition of case number MD-07-0431A.

19 DATED AND EFFECTIVE this 3rd day of April, 2008.

20 ARIZONA MEDICAL BOARD

21 (SEAL)



22
23 By *L. S. Wynn*
24 Lisa S. Wynn
25 Executive Director

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ORIGINAL of the foregoing filed
this 3rd day of April, 2008 with:

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

EXECUTED COPY of the foregoing mailed
this 3rd day of April, 2008 to:

Douglas A. Slaughter, M.D.
Address of Record


Investigational Review