BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **JOHN KASSENBROCK, M.D.** Holder of License No. 17245 For the Practice of Allopathic Medicine In the State of Arizona	Case No. MD-13-0438A **ORDER FOR LETTER OF REPRIMAND AND PRACTICE RESTRICTION AND CONSENT TO THE SAME**

John Kassenbrock, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

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

2. Respondent is the holder of license number 17245 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-13-0438A after receiving notification of the revocation of Respondent's privileges to perform open inguinal and femoral hernia repairs based on his history of accidental femoral nerve blocks, following hernia repairs, and the continuation of such complications despite repeated efforts by the Banner Surgery Center Medical Executive Committee (MEC) to assist him in modifying his practice.

4. Patient DR, a 62 year-old male patient, underwent surgery performed by Respondent. Specifically, he underwent an open, tension free, left inguinal hernia repair with mesh under general anesthesia. The nurses noted at 1½ hours after surgery that DR had numbness of his anterior left thigh and inability to bear weight. Thirty-five minutes

later, DR described symptomatic improvement. He was discharged later that day, and a call to DR the following day revealed him to be asymptomatic.

5. On April 16, 2013, it was reported to the Board that Respondent's privileges to perform inguinal and femoral hernia were revoked. This appeared to follow a prior MEC corrective action whereby Respondent had been counseled to change his practice to prevent this complication, which had been experienced on several occasions in the past.

6. The Medical Consultant (MC) stated that Respondent appears to have provided substandard care by his technique of injecting local anesthetic during open inguinal hernia repair. The MC additionally stated that although injecting local anesthesia in the groin in order to effect ilioinguinal, iliohypogastric and genitofemoral nerve blockade for postoperative analgesia is a reasonable and accepted practice, and although, rarely, a complete femoral nerve block may be accidentally produced, it appears that the technique employed by Respondent was poor and possibly overaggressive.

7. In addition, the MC commented that there appears to be a recognized pattern of this preventable complication in that several patients suffered this complication though an absolute number was never mentioned. This was recognized by the Chief of Staff and MEC of his institution. Corrective action was instituted in the form of counseling for technique modification to prevent the complication. However, a further episode of this complication was identified. According to the MC, the MEC of the institution appropriately suspended the privilege for open hernia repair until it could be proven that this complication would not happen again in the future.

8. The standard of care for providing local or regional anesthesia to patients undergoing open inguinal hernia repair requires a physician to effectively create anesthesia and analgesia in the area of the groin operation, while avoiding inadvertent nerve block or intravascular injection.

9. Respondent deviated from the standard of care by inadvertently or accidentally causing femoral nerve blockade on several patients over a period of 7-8 years by injecting local anesthesia in an attempt to create a field block even though the patient was under general anesthesia.

10. The patients had a femoral nerve block resulting in excessive postoperative stays in the post anesthesia care unit prior to discharge home.

11. By injecting local anesthetic deep to the transversalis fascia, the risk of inadvertent intravascular injection with more serious complications such as seizure is possible. A patient may attempt to ambulate postoperatively with an unrecognized complete femoral nerve block which had resulted in quadriceps paralysis and would subsequently fall to the ground with resulting injury.

CONCLUSIONS OF LAW

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

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

ORDER

IT IS HEREBY ORDERED THAT

1. Respondent is issued a Letter of Reprimand.
2. Respondent's practice is restricted in that he shall be prohibited from injecting local anesthetic agents during the performance of inguinal or femoral hernia repair for a period of five years.

DATED AND EFFECTIVE this 3rd day of OCTOBER, 2013.

ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

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

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any

modifications to this original document are ineffective and void unless mutually approved by the parties.

7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

8. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

10. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating 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.

John Kassenbrock, M.D.

DATED: 9-11-13

EXECUTED COPY of the foregoing mailed this 3rd day of October, 2013 to:

John Kassenbrock
Address of Record

ORIGINAL of the foregoing filed this 3rd day of October, 2013 with:

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

Mary Bofra
Arizona Medical Board Staff