B/C: y
Accred: y

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P.O. Box 946, Montgomery, AL 36101

1

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 12/15/03 Type of Surgery: Breast

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 12/15/03

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Negative Pressure Pulmonary Edema

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt. developed p-op pulm. edema 2° to neg. pressure phenomenon. Rx c O2, lasix; resolved within 12°. We will cont. to monitor for this random event.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 2/23/04

B/C: y
Accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology / Interventional Nephrology

Date of Surgery: 3/5/04 Type of Surgery: Angioplasty of shunt graft

Type of Anesthesia (Moderate, Deep, or General): NONE

Name & Title of Person Administering Anesthesia: NONE

Date of Adverse Event: 3/5/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

dye reaction

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt. developed hives and increased bronchial secretions after receiving 10 cc of IV gadolinium. Pt. responded to IV steroids & epinephrine. Eventually observed in Princeton Baptist Emergency department and discharged home the same day. Known IV contrast allergy but no recorded problems with gadolinium previously.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 3/5/04

B/C: y
accred: y

(2)

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #[redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 03·16·04 Type of Surgery: Facelift & Temporal lift; ↑↓ lip liposuction

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 03·16·04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Hematoma, neck

Patient Hospitalized: Yes ___ No X
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient presented to office on POD 1 & hematoma in her neck despite overnight drain placement. Hematoma was successfully evacuated & affected areas were cauterized. New, larger drains were placed. less than 100cc was evacuated; there was no problem with her airway prior to evacuation. Patient tolerated the procedure well. No new protocols adopted as this is something that occurs in <2% of the surgical population

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

already reported April '04 on

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 3·16·04

B/C: y
accred: y

Duplicate #2

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 03.15.04 Type of Surgery: Facelift & Temporal lift; ↑↓lip lipectomy

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 03.16.04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Hematoma, neck

Patient Hospitalized: Yes ___ No X
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient presented to office on POD 1 & hematoma in her neck despite overnight drain placement. Hematoma was successfully evacuated & affected areas were cauterized. New, larger drains were placed. Less than 100cc was evacuated; there was no problem with her airway prior to evacuation. Patient tolerated the procedure well. NO new protocols adopted as this is something that occurs in <2% of the surgical population

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 3.16.04

B/C: y. plastic surg
accred: yes

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: PLASTIC SURGERY

Date of Surgery: 31904 Type of Surgery: AUGMENTATION

Type of Anesthesia (Moderate, Deep, or General): MODERATE

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 31904

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): PNEUMOTHORAX

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

DURING DISSECTION OF SUBPECTORAL POCKET ~~DIS~~
A RENT OCCURRED IN INTERCOSTAL SPACE INTO
PLEURA. SEE ATTACHED OP REPORT.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 4 13 04

B/C: y
accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 3/25/04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 3/29/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Deflation Left implant

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt presented to office 4 days p/o with deflation of left implant. We are unsure if deflation was a result of employee error vs. implant defect. We are awaiting report from implant manufacturer.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 5-18-04

B/C: y
accid: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #[redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 3/25/04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 3/26/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Deflated (L) implant

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt presented to office POD 1 with a deflation of the left implant. We are unsure if deflation was a result of employee error vs. implant defect. We are awaiting report from implant manufacturer.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 5-18-04

B/C: y, colon & rectal surg
Accred: y.

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Colon & rectal surgery

Date of Surgery: 3/25/04 Type of Surgery: colonoscopy & polypectomy

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] MD.

Date of Adverse Event: 3/31/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

LOWER GASTROINTESTINAL BLEEDING

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ✓

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

PT CONTACTED ME VIA ANSWERING SERVICE 3/30/04 ~9:50pm SHE COMPLAINED OF PASSING "ABOUT ½ PINT" OF BLOOD & CLOT FROM HER RECTUM - SHE HAD A COLONOSCOPY WITH POLYPECTOMY ON 3/25/04 - SHE HAD TAKEN SOME ALEVE EARLIER THAT DAY FOR ARTHRITIC PAIN SHE WAS ASKED TO PRESENT TO EMERGENCY ROOM FOR FURTHER EVALUATION AFTER SHE HAD A SECOND EPISODE WITH IN 40 MINUTES OF THE FIRST - PLEASE SEE ATTACHED H/P

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 3/31/04

B/C: y
accrd: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 3/25/04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 4/1/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Deflation right implant

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt presented to office 4 days p/o with a deflation of the right implant. We are unsure if deflation was a result of employee error vs. implant defect. We are awaiting report from implant manufacturer.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 5-18-04

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B/C: y
accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 3/25/04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 4/2/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Deflated (Rt) implant

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt presented to office 1 week p/o with a partial deflation of the (Rt) implant. We are unsure if deflation was a result of employee error vs. implant defect. We are awaiting report from implant manufacturer.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 5-18-04

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B/C: y
accud: y

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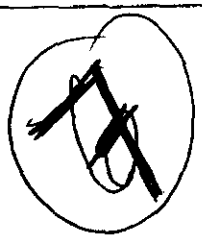

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 3/22/04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 4-12-04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Infected (Lt) Breast / Implant

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient presented to office 3 weeks s/p breast augmentation with fever & frank pus from wound on (L) breast which communicated with breast implant. Implant removed on day 21 with penrose drain placement. IV antibiotics given as well as oral antibiotics. Drain removed @ 5 days post-op. Patient has recovered fully & is awaiting reimplantation on 6-10-04.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 18 MAY 04

✓

B/C: yes accred. by

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Office-Based Surgery Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 4-22-04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 4-22-04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Hematoma (Lt) Breast

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient presented approx. 8 hrs. after breast augmentation with acute swelling of the left breast. Exploration & evacuation of left breast hematoma performed without difficulty. Patient recovered fully.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 5-18-04

B/C: y, colon+rectal surg
accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #[redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Colon and Rectal Surgery

Date of Surgery: 4/22/04 Type of Surgery: Colonoscopy & polypectomy

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 4/24/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

post-polypectomy lower gastrointestinal bleeding

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ✓

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt had colonoscopy & polypectomy 4/22/04 and called 4/24/04 c large amount of rectal bleeding, syncope + pallor, told to go to local ER stat (2 miles away) in Syracuse. Report from Dr. Pierson in ER - pt was orthostatic hypotensive, responded to IV fluid bolus & was to be admitted there to PCP. I told them I would be glad to accept him in transfer. Changes in protocol could include selective withholding of aspirin use after polypectomy.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 4/26/04

BC: y
accd: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 4/26/04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 4/26/04 PM

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Hematoma right breast

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt presented to office 6 hrs after breast Augmentation with acute swelling of the right breast. Exploration & evacuation of right breast hematoma performed without difficulty. Patient recovered fully.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 5-18-04

B/C: y, plastic surg accred: y

11

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Cosmetic + Reconstructive surgery

Date of Surgery: 05/07/04 Type of Surgery: Abdominoplasty

Type of Anesthesia (Moderate, Deep, or General): Epidural

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 05/14/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Pulmonary embolism, deep vein thrombosis

Patient Hospitalized: Yes X No ___
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt. developed PE + DVT, recuperative course uneventful with full recovery.

Prevention: ace wraps +/or SCD on all pt's while on the OR table.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 5 25 04

Board cert.: Y Plastic Surg
Accred.: Y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 6-2-04 Type of Surgery: Evacuation (R) cheek HT

Type of Anesthesia (Moderate, Deep, or General): Local only

Name & Title of Person Administering Anesthesia: Dr [redacted]

Date of Adverse Event: 6-2-04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Hematoma Rt Cheek - Surgical Complication

Patient Hospitalized: Yes ___ No X
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. 230cc Aurora

Patient developed acute hematoma Rt cheek nine days post-op. Evacuated under local anesthesia without complication. No change in procedure is indicated.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 8 June 04

B/C: y, Nephrology
accrd: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street [redacted] City State Zip

Physician Specialty: Nephrology

Date of Surgery: 6/11/04 Type of Surgery: Thrombectomy of AV Graft

Type of Anesthesia (Moderate, Deep, or General): Moderate

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 6/11/04 Extravasation from vein after angioplasty

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): interventional complication

Patient Hospitalized: Yes X No ___
Patient Outcome: Full Recovery ___ Disability X Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

In this patient with severe vascular disease & ESRD & AV Graft Fistula (clotted) we found a very diseased venous outflow segment beyond the graft. This required much high pressure angioplasty to open. When clot was removed from the AV G, blood was found to be leaking from this section of vein. It was promptly controlled by inflating the angioplasty balloon & allowing the graft to re-clot. It will require surgical revision. She was admitted x 23 hrs for observation

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 6/16/04

B/C: y. Nephrology
Accred: N

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P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL Lice[redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 6/21/04 Type of Surgery: Perm Cath Insertion

Type of Anesthesia (Moderate, Deep, or General): None

Name & Title of Person Administering Anesthesia: N/A

Date of Adverse Event: 6-21-04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ✓ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

The patient presented to the Vascular Lab having not dialyzed x 4 days. Procedure was uneventful. After the procedure the pt developed dyspnea and diaphoresis.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 6/21/04

B/C: y, Plastic surg

JUL 02 2004 9:11AM ALBME 334-240-3363

accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic & Reconstructive Surgery

Date of Surgery: 6/24/04 Type of Surgery: Endoscopic brow lift Upper & lower Lid blepharoplasty

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 6/24/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): admission to hospital 8 hr after disch from office facility

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt ↑ nausea at disch. Became nauseated & vomited at home. Different pain + antinausea meds tried ↑ success. Adm to hosp for IVF and IV meds. Disch next AM on diet + po meds & resolution of Admitting Sx.

Considering requiring out of county pts to routinely spend the night when having this Sx

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 7/1/04

Bk: 4, plastic surg
Accred: 4

16

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: _____
Street City State Zip

Physician Specialty: Plastics

Date of Surgery: 7/22/04 Type of Surgery: R/R (L) Implant; (L) capsulo: rhaphy (R) capsulotomy

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 7/23

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

hematoma (R) Breast

Patient Hospitalized: Yes ___ No X
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt CAME FOR CAPSULAR CONTRACTURE OF BREAST SURGERY PERFORMED WITHOUT INCIDENT ON 7/22/04. PHYSICIANS OFFICE WAS NOTIFIED OF HAVE SLIGHT SWELLING (R) BREAST 7/23. OBSERVED THROUGHOUT THE DAY x 3 VISITS WITH NO CHANGE IN BREAST SIZE. SITE AND PT HUSBAND INSTRUCTED TO CONTACT DR IF PROBLEMS. THIS WAS SEEN ON 7/23 - ISOLATED SURGICAL INCIDENT. NO SIGNS

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 11/3/04

B/C: y, plastic surg
Accred: y

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Office-Based Surgery
Adverse Event Report Form

Nam[redacted] AL License [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 7/26/04 Type of Surgery: Neck Platysma; UELS

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 7/26/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): hematoma in neck

Patient Hospitalized: Yes ___ No X
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

7/26/04 – NECKLIFT, LIPOSUCTION, BILATERAL BREAST REDUCTION (CM
DISCHARGED RECOVERY ROOM 11 AM
PAGED 1:45 PM – BP INCREASED OUTPUT
FROM JP DRAINS
SEEN BY DR [redacted] IN ER, ADMITTED TO CRANE
10 CRANE
HEMATOMA EVACUATED NO BLEEDER
NO BLEEDER

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 11/03/04

B/C: g. Nephrology accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] MD AL License [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Interventional Nephrology

Date of Surgery: 8/9/04 Type of Surgery: Percutaneous Thrombectomy

Type of Anesthesia (Moderate, Deep, or General): Light - Moderate

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 8-9-04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Post-op Respiratory Failure

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ___ Disability ___ Death ✓ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

After successful thrombectomy, patient developed resp. failure. ACLS protocol followed. Pt transferred to nearby (BMC Princeton) Hosp E.D. Pt expired in the E.D.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 8/9/04

B/C: Y, plastic surg
Accred: Y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #[redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 9/2/04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 9/3/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Hematoma

Patient Hospitalized: Yes ___ No X
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

PT. PHONED 18 HRS POST OP c SWELLING RT. BREAST. EXPLORED IN OR, 300cc c EVACUATED, BLEEDING VESSEL ELECTROCAUTERIZED. MAC ANESTHESIA.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 3 SEP 04

B/C: y, Nephrology
Accred: N

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P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology (Interventional)

Date of Surgery: 9/20/04 Type of Surgery: AVG thrombectomy (Left thigh)

Type of Anesthesia (Moderate, Deep, or General): moderate

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 9/20!

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Surgical Complication

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ✓ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

After thrombectomy, patient developed bilateral lower extremity arterial insufficiency patient was taken to OR for lower ext. arterial bypass surgery

10/18 Addendum: patient underwent Lower extremity ~~ext~~ Arterial embolectomy, @ fem-pop Bypass, and Bilateral fasciotomy the evening of 9/20/04, pt developed cardio-pulmonary arrest twice (3Am & 5Am). Patient later found to have severe hyperkalemia (@ 5Am of 9/21/04) Patient expired evening of 9/21/04. Autopsy Results still pending

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 9/21/04
10/18/04

B/C: plastic surg

accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 9/29/04 Type of Surgery: BAM, Abdominoplasty

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia [redacted] CRNA

Date of Adverse Event: 9/30/04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

Admission to hospital for N + V

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt admitted 30h post op for 6h duration nausea + vomiting unrelieved by meds. Treated c IV fluids + IVP meds with resolution

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 10/7/04

B/C: Y, plastic surg
Accred: Y

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Office-Based Surgery Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: _____ Type of Surgery: Bilateral Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 10-04-04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

left breast implant infection

Patient Hospitalized: Yes __ No ✓
Patient Outcome: Full Recovery ✓ Disability __ Death __ ** Pending __

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

PT. DEVELOPED LOCAL WOUND INFECTION 7 WEEKS POST OP - CULTURED E. COLI. TREATED W/ IV ABX, LOCAL WOUND CARE AND PO ANTIBIOTICS - WOUND IMPROVED. WOUND INFECTION RECURRED IN 2 WEEKS LATER, EXPLORING INCISION FOUND BREAK IN CAPSULE CONTAMINATED WITH IMPLANT, IMPLANT AND FOREIGN MATERIAL REMOVED USING LOCAL ANESTHESIA. NO EVIDENCE SYSTEMIC INFECTION OR SIGNIFICANT LOCAL INFECTION AT ANY TIME

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 4 OCT 04

B/C: Y, plastic surg

Accred: 4

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 10-04-04 Type of Surgery: Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): GENERAL

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 10-04-04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Hematoma left breast

Patient Hospitalized: Yes ___ No Y
Patient Outcome: Full Recovery Y Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

PT CALLED ~6 HRS POST OP - SWOLLEN PAINFUL L BREAST. PT C/O HEMATOMA EVACUATED 2 IV SEDATION (PREVIOUS NERVE BLOCK SELECTIVE) SMALL (~2cm) BLEEDING VESSEL ELECTROCOAGULATED. ~300 cc BLOOD + CLOT EVACUATED. ALL COMPLICATIONS

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 10-04-04

B/C: y, plastic surg.
Accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 10·18·04 Type of Surgery: Bilateral Breast Augmentation

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted], CRNA

Date of Adverse Event: 10·18·04

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

hematoma, Right breast

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

PT. PRESENTED 3 HRS POST DISCHARGE WITH PAIN AND SWELLING RIGHT BREAST. EXPLORED UNDER MAC ANESTHESIA – 350cc CLOT AND BLOOD EVACUATED, PT REMAINED STABLE THROUGHOUT.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 18 Oct 04

B/C: y, Dermatology
Accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]3

Address: [redacted]
Street City State Zip

Physician Specialty: Dermatology

Date of Surgery: 5/5/05 Type of Surgery: Wide Excision Melanoma

Type of Anesthesia (Moderate, Deep, or General): Local only

Name & Title of Person Administering Anesthesia: [redacted], M.A.

Date of Adverse Event: 5/10/05

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Seroma with Secondary Infection (non-MRSA)

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

As outlined in my letter dated 6/30/05, the physician who saw the patient post-operatively suspected a serious infection & had her hospitalized. However, C+S revealed Staph aureus resistant only to penicillin & ampicillin & the patient was discharged home with oral Keflex on the third day.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] MD Date: 8/30/05

✓

B/C: y. Nephrology
Accred: yes

29

Alabama Board of Medical Examiners
P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 10/28/05 Type of Surgery: AV Graft thrombectomy

Type of Anesthesia (Moderate, Deep, or General): conscious sedation

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 10/28/05

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

surgical complication

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

71YO woman had clotted AV Graft for one month. presented to Vascular Lab for declot of graft. stenosis at Arterial Anastomosis was found, using 6-mm balloon, this area was angioplasticed but caused rupture at the anastomosis, Angioplasty balloon was inflated to stop bleeding (successfully). The

B/C: y, Nephrology
accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License [redacted]

B/C: plastic surg
accred: Y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic & Reconstructive Surgery

Date of Surgery: 1/9/06 Type of Surgery: liposuction iliacs

Type of Anesthesia (Moderate, Deep, or General): General

Name & Title of Person Administering Anesthesia: [redacted] CRNA

Date of Adverse Event: 1/9/06

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Negative pressure pulmonary edema in RR

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt had laryngospasm on emergence from general Anes. Negative pressure pulmonary edema noted in RR and treated c O2 and lasix. Symptomatically improving at 5pm (2 hr p/o) but transferred to hospital for overnight observation. D/ch 0730 next AM c sx resolved and O2 sat 98% on RA
No changes planned

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 1/10/06

B/C: y
accred: N

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JAN

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 1/12/06 Type of Surgery: percutaneous fistula angioplasty

Type of Anesthesia (Moderate, Deep, or General): Versed

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 1/12/06

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

allergic reaction to IV contrast – no prior history of allergy

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt. name: [redacted]
~20 minutes after the procedure p̄ receiving contrast the pt developed (L) wheals over his fistula. He went into bed c̄ some confusion. He was administered IV Benadryl + IV Hydrocortisone. His rash became diffuse across chest c̄ rhonchi & swelling of his eyelids. He was stabilized c̄ N-Saline & the above drugs. He was observed for 1 hr + eventually transported to St. Vincent's Hospital. p̄ 4 (hrs) all signs & symptoms resolved & he was d/c'd home in care of his brother.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

F/U Exam 1/13/06 revealed no sequelae.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 1/16/06

25

B/C: y, Nephrology
accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology / Interventional Nephrology

Date of Surgery: 1/24/05 Type of Surgery: Angioplasty of dialysis AV graft

Type of Anesthesia (Moderate, Deep, or General): Moderate

Name & Title of Person Administering Anesthesia: [redacted], MD

Date of Adverse Event: 1/24/05 *

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Hypotension after administration of versed sedation

Patient Hospitalized: Yes X No ___
Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt received versed dose that had previously been well-tolerated (on prior trip here) and became hypotensive with momentary loss of consciousness. Romazicon, dopa epinephrine, normal saline and dopamine given with sluggish response in BP. She was emergently transported to St. Vincents Hospital ED and subsequently admitted. BP and mental status completely resolved with in 24°

She had surgery on the even of stenosis in her dialysis access and discharged several days later in satisfactory condition (no evidence of MI or PTE)

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 2/21/05

B/C: y, Nephrology
accred: y

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Alabama Board of Medical Examiners
P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: ~~1/17/07~~ 1/18/07 Type of Surgery: Angioplasty of AV Graft

Type of Anesthesia (Moderate, Deep, or General): Moderate, conscious sedation

Name & Title of Person Administering Anesthesia: Dr. [redacted]

Date of Adverse Event: ~~1/17/07~~ 1/18/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Surgical Complication

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient presented with deminished flow in his R arm brachial-axillary graft. He was found to have several venous stenosis including a tight intra-stent stenosis at the swing point. The intra-stent stenosis was being dilated with a 10x4 angioplasty balloon when the balloon ruptured. As the balloon was being removed the distal portion tore loose and embolized into the stent in front of the stent causing graft thrombosis. Patient was referred to the hospital where thrombectomy was performed and another stent was deployed effectively compressing the balloon fragment against the vein wall in the previously stent. Excellent results. No further complications. Patient did not require hospitalization.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

*Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician [redacted] Date: 1/18/07

B/C: y, nephrology acted: y

(32)

Alabama Board of Medical Examiners
P.O. Box 946, Montgomery, AL 36101

APR 4 2007
ABME

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 3/5/07 Type of Surgery: Thrombectomy & Angioplasty of AV graft

Type of Anesthesia (Moderate, Deep, or General): Conscious sedation, moderate

Name & Title of Person Administering Anesthesia: Dr. [redacted]

Date of Adverse Event: 3/5/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Surgical complication, grade III hematoma arterial limb of AV graft.

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ✓

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient presented for thrombectomy of AV loop graft. She developed spontaneous subcutaneous bleeding in the arterial limb following heparinization and thrombectomy. This occurred at the site of a needle stick that patient received earlier in the day at the dialysis clinic. The hematoma was expanding rapidly and further intervention was stopped to address this problem. Hematoma was stable and expansion had stopped at the time of transfer to the hospital for observation.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician [redacted] Date: 3/5/07

Bx: y, Nephrology
accred: y

duplicate
32

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 3/5/07 Type of Surgery: Thrombectomy & Angioplasty of AV Graft.

Type of Anesthesia (Moderate, Deep, or General): Conscious sedation

Name & Title of Person Administering Anesthesia: Dr. [redacted]

Date of Adverse Event: 3/5/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Grade III hematoma

Patient Hospitalized: Yes ___ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Hematoma s/p thrombectomy & intervention. She was observed overnight in hospital and dialyzed the next morning without problem. Outpatient follow up found hematoma to be resolving nicely on 3/21.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician [redacted] Date: 4/2/07

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 3-13-07 Type of Surgery: Angioplasty

Type of Anesthesia (Moderate, Deep, or General): conscious sedation

Name & Title of Person Administering Anesthesia: [redacted] er, MD

Date of Adverse Event: 3-13-07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Complication of Angioplasty. Grade III Hematoma at Cephalic Vein

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ✓

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

The patient presented for evaluation of dialysis graft with poor flow. Angiography revealed stenosis at the site of a cephalic vein to basilic vein anastomosis at the level of the axilla on the left. An angioplasty balloon was placed across the area of stenosis and was inflated. The procedure resulted in vein rupture and an axillary hematoma which extended to the chest wall. The patient was transferred to Huntsville Hospital via ambulance.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 3-13-07

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accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 3-13-07 Type of Surgery: Angioplasty

Type of Anesthesia (Moderate, Deep, or General): conscious sedation

Name & Title of Person Administering Anesthesia: [redacted], MD

Date of Adverse Event: 3-13-07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

Complication of Angioplasty. Grade III hematoma at Cephalic Vein.

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

In follow-up to the previously reported adverse event of 3-13-07, the patient was admitted to the hospital and underwent intravascular stent placement at the ruptured cephalic vein without complication. The hematoma resolved and the patient was discharged home.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 3-26-07

B/C: y, Nephrology
Accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] MD AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 6/11/07 Type of Surgery: Venous Angioplasty

Type of Anesthesia (Moderate, Deep, or General): Conscious Sedation.

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 6/11/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Rupture of vein c hematoma follow angioplasty

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ✓

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

The patient presented c thrombosis of her (L) forearm dialysis (Arteriovenous) graft. A thrombectomy was performed. She was noted to have strictures of the cephalic vein in the (L) upper arm and of the (L) subclavian vein. The strictures were treated c angioplasty. The angioplasty was complicated by a large hematoma which arose on the (L) anterior chest wall.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 6/12/07

B/C: y, Nephrology accred: y

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Office-Based Surgery Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 6/11/07 Type of Surgery: Angioplasty

Type of Anesthesia (Moderate, Deep, or General): Conscious sedation

Name & Title of Person Administering Anesthesia: [redacted], MD

Date of Adverse Event: 6/11/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

In follow-up to the previously reported adverse event (chest wall hematoma) of 6-11-07, the patient recovered fully.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 6/14/07

B/C y, plastic surg
Accred: y

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Office-Based Surgery
Adverse Event Report Form

35

Name: [redacted] AL License #[redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Plastic Surgery

Date of Surgery: 8/7/07 Type of Surgery: Local - Bl Capsulorrhaphy

Type of Anesthesia (Moderate, Deep, or General): Local

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 8/7/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Minimal Apical Pneumothorax

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

See attached

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 8/16/07

#35 cont

August 7, 2007

PRE-OP: Patient came in for a planned revision of the right breast. In the preoperative area, lidocaine with epinephrine was infiltrated into and through the old scar into the inframammary area. After waiting the appropriate time she was taken to the operating room. Upon arrival in the operating room she complained of significant pain in the scapula. Surgery was canceled. The patient was placed in the sitting position. Both lungs were ausculted in the apices. Breath sounds were equal bilaterally and the trachea was midline. Monitoring devices were applied. Initially she was normotensive with good SO2. However, she subsequently became bradycardic in the 50s and hypotensive with systolic pressures in the 90's. Robinul 0.2 mg was given after obtaining intravenous access. Oxygen was supplied by nasal cannula. The bradycardia improved somewhat. She remained uncomfortable. She was placed in the upright position. This time when auscultation was performed there were diminished breath sounds on the right. [1:32] on the right upper chest was prepped and anesthetized. A 16-gauge Angiocath was placed in the top of the second intercostal space. When it was placed, aspiration was performed. Approximately 180 cc of air was evacuated. No more air could be evacuated. Symptoms resolved immediately. The Angiocath was connected to tubing which was placed to a water seal. It was felt that she should be transported to the hospital for observation. An ambulance was called. The nurse was transported with the patient. She remained stable throughout. I followed in my car. She was evaluated in the emergency room. She had a very small, minimal apical pneumothorax. I talked with the emergency room physician. We agreed upon admission for observation overnight. He suggested that the hospital manage her care. I explained this to the patient and her friend.

[redacted]

PWV/km/tr

B/C: y Nephrology
accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Neph / Int Med

Date of Surgery: 8/20/07 Type of Surgery: Interventional thrombectomy of thrombosed AV dialysis access.

Type of Anesthesia (Moderate, Deep, or General): Conscious Sedation

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 8/20/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Unanticipated death in close proximity to outpatient procedure.

Patient Hospitalized: Yes ___ No ✓
Patient Outcome: Full Recovery ___ Disability ___ Death ✓ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

See attached

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 8/23/07

36 cont--

Addendum to Office-Based Surgery Adverse Event Report Form—August 23, 2007

A patient with end-stage renal disease and failing health secondary to malnutrition, advanced peripheral vascular disease and end-stage heart failure presented with thrombosed AV dialysis access. She had normal dialysis on Friday, August 17, 2007 and had presented earlier in the day for dialysis on Monday, August 20, 2007. Her thigh AV graft was noted to be clotted. She was sent to the vascular lab for thrombectomy.

Pre-op evaluation at the vascular lab showed the patient to be alert and oriented with stable vital signs and no evidence of volume overload. The thigh AV graft was clotted and showed no sign of infection or hematoma.

Prior to thrombectomy, the patient was given Solu-Cortef and Bendryl intravenously because of a history of pruritis after radiocontrast administration in the past. Of note these pre-medications had prevented symptoms on the last three occasions this patient was given IV contrast in the previous 12 months.

During the procedure the patient had a transient dip in blood pressure and SaO_2 with administration of Midazolam. She also became agitated. O_2 and Romazecon were promptly administered with resolution of hypoxia and improvement in agitation. Blood pressure returned to pre-procedure levels.

The thrombectomy proceeded normally with successful declotting of the AV graft. There were no surgical complications. Blood loss was estimated at less than 150 cc's.

After the procedure the patient was alert and oriented and talking coherently. Vital signs were stable, no rash, difficulty breathing or other complaints were present. Dialysis was arranged for the next morning. She was transported by ambulance back to her nursing home. According to the nursing home staff, she was alert upon arrival and without complaint and she was moved to her room. When nursing staff next checked on her she was found unresponsive. Cardiopulmonary resuscitation was initiated, but the patient expired at the nursing home.

[redacted] MD

B/C: y
accred: N

37

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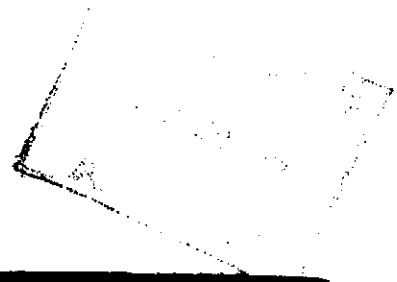

Office-Based Surgery
Adverse Event Report Form

Name: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology, Internal Medicine, Interventional Nephrology

Date of Surgery: 8/22/07 Type of Surgery: percutaneous thrombectomy

Type of Anesthesia (Moderate, Deep, or General): midazolam

Name & Title of Person Administering Anesthesia: [redacted], MD

Date of Adverse Event: 8/22/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Vasovagal response after procedure completed, emesis, +/- bacteremia

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Upon completion of thrombectomy and 5 inflation angioplasty of calcified arterial inflow plaque pt. had chills. ~ 5 minutes later he had nausea and emesis. BP + HR stable. No rash or wheezing. O2 sat stable. Emesis was persistent ~ 10 minutes. Prophylactically gave 8 mg Zofran for episode of 70 (was diabetic), Benadryl 25 mg + 100 mg of Solumedrol. Recovered w/in 30-45 minutes. Admitted for observation overnight. Evaluate for (Bili) & (Bacteremia) Negative

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

(+) 5. anemia on blood

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 8/24/07

B/C: y Nephrology
Accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 10/8/07 Type of Surgery: AV graft thrombectomy

Type of Anesthesia (Moderate, Deep, or General): Moderate

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 10/8/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Pulmonary thromboembolism (PTE)

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Please see attached description

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 10/9/07

C4
#38

Office-Based Surgery Adverse Event Report
Addendum

Date: 10/8/2007
Surgeon [redacted]

Description:

The patient underwent a left thigh dialysis AV graft thrombectomy procedure. The procedure was uneventful except for hematoma immediately adjacent to the graft, from the needle cannulation site. The extravasation was contained during the procedure.

After the procedure, the patient developed dyspnea. She was sent to the dialysis unit, where hemodialysis treatment was done. However, her dyspnea persisted. The patient was sent from the dialysis unit to a local hospital ER, where pulmonary thromboembolism (PTE) was diagnosed.

After hospitalization, supplemental oxygen was given, which promptly improve the patient's oxygenation. Her vital signs remained stable throughout the entire time. IV heparin was initiated to treat the PTE.

Subsequently the patient had prompt recovery in her respiratory status.

[redacted]
10/9/07

B/C: y
accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 11/2/07 Type of Surgery: Percutaneous Thrombectomy

Type of Anesthesia (Moderate, Deep, or General): moderate

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 11/2/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): distal arterial embolism of thrombus beyond arterial anastomosis post thrombectomy

Patient Hospitalized: Yes ___ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

44 yo wm c @ thigh AVG placed 2005 – ringed type. 1st episode of thrombosis. Procedure completed successfully c restoration of blood flow. D/C'd home to daughter's. ~ 7-8 hrs later took @ leg pain c pain in foot. Admitted to UAB West on 11/2/07. Developed distal emb via graft. Consulted Vascular Surgery – observed pt for 24°. On 11/3/07 pt. had spontaneous reperfusion to foot. Observed another 24° & developed a 2nd thrombosis c avulsion of pt. D/C'd home on 11/5/07 c daughter #3. No surgery. Angiogram post-procedure c flow. No change in protocols at this time.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 11/7/07

B/C: y. Nephrology
... accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 11/5/07 Type of Surgery: Angioplasty / Thrombectomy of AV graft

Type of Anesthesia (Moderate, Deep, or General): conscious sedation

Name & Title of Person Administering Anesthesia: [redacted], MD

Date of Adverse Event: 11/5/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Allergic reaction to radiocontrast

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ✓

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

The patient presented for thrombectomy of a thrombosed left arm AV dialysis graft. He was given Solumedrol 40mg IV and Diphenhydramine 50mg IV as prophylaxis against suspected contrast allergy. The thrombectomy with venous angioplasty was conducted in routine fashion without any technical complications. Flow returned to the AV graft. Following the procedure the patient developed urticaria, coughing, tongue swelling, tachycardia and reduction in systolic BP to 107. He was given repeat Solumedrol and Diphenhydramine and was sent to Huntsville Hospital via ambulance. He was conscious and denied pain.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 11/5/07

B/C: y, Nephrology accred: y

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 11/5/07 Type of Surgery: Angioplasty / Thrombectomy of AV graft

Type of Anesthesia (Moderate, Deep, or General): Conscious sedation

Name & Title of Person Administering Anesthesia: [redacted], MD

Date of Adverse Event: 11/5/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Allergic reaction to radiocontrast

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

In follow-up to previously reported event of 11/5/07, the patient recovered fully.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted], MD Date: 11/19/07

B/C: y, Nephrology
Accred: y

40

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License [redacted]

Address: [redacted]
Street Suite 300 City State Zip

Physician Specialty: Nephrology

Date of Surgery: 11/6/07 Type of Surgery: Arteriovenograft thrombectomy/angioplasty

Type of Anesthesia (Moderate, Deep, or General): Moderate Conscious sedation

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 11/6/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

Bleeding from surgical wound in axilla from surgery approx. 2 weeks prior

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient underwent a thrombectomy of her Rt upper arm AV graft. She had undergone a surgical thrombectomy approximately 2 wks prior and presented with recurring thrombosis indicating plans were to sacrifice this access in light of recurring problems and place a new access at another site. Thrombectomy was performed and she was found to have a 70% stenosis at the venous anastomosis. Angioplasty was performed with good results but she began to ooze blood from the axillary incision from the recent surgical revision. Bleeding stopped with application of pressure prior to leaving the facility. She was observed overnight in the hospital and had another dialysis and no further bleeding.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 12/3/07

B/C: y, Nephrology
Accred: N

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Office-Based Surgery
Adverse Event Report Form

Name: [redacted] MD AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Int. Med/ Nephrology

Date of Surgery: 11/19/07 Type of Surgery: Permcath placement

Type of Anesthesia (Moderate, Deep, or General): Local/ Conscious sedation

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 11/19/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Pneumothorax (partial)

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ✓

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

49yo man with ESRD presented for permcath placement before salvage surgery on failing @ arm AV fistula. Both IJ veins had been clotted 2° prior access (catheters). It was possible to place a permcath in the @ IJ vein with real time ultrasound and fluoroscopic support using an approach lower than is usually done. Partial pneumothorax resulted. Pt hospitalized for chest tube re-expansion of lung. Currently awaiting sealing of leak and removal of CT. Will try avoid low neck sticks in future.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 11/20/07

B/C: y, Nephrology accred: N

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P.O. Box 946, Montgomery, AL 36101

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NOV 23 2007
ABME

Office-Based Surgery Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 11/19/07 Type of Surgery: permcath placement

Type of Anesthesia (Moderate, Deep, or General): _____

Name & Title of Person Administering Anesthesia: _____

Date of Adverse Event: 11/19/07

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

pneumothorax

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ___ Disability ✓ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Follow up of earlier reported complication. Chest tube at. Pneumothorax resolved.

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 11/26/07

B/C: y. Nephrology
accred: y

(42)

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MAR 13 2008
ABME

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License # [redacted]

Address: [redacted]
Street City [redacted]

Physician Specialty: Nephrology

Date of Surgery: 2/27/08 Type of Surgery: fistulogram/angioplasty

Type of Anesthesia (Moderate, Deep, or General): Moderate

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 2/27/08

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Rapidly expanding hematoma p̄ venous angioplasty

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient came to Vascular access Center for evaluation of an inadequate (L) brachial-cephalic fistula. On fistulogram the cephalic vein was found to have 2 areas of 80-90% stenosis in the mid and proximal fistula. A guide wire was passed followed by an angioplasty balloon which was inflated for angioplasty of the proximal lesion. A rapidly expanding hematoma appeared compromising flow in the fistula. The hematoma was stabilized. Patient had no hemodynamic instability. Patient was referred to Huntsville hospital for overnight observation. The hematoma was diminished the following morning. The fistula remained patent. She had uneventful dialysis and was D/C'ed to follow up in the Vascular Lab in 1-2 weeks.

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* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician [redacted] Date: 3/5/08

BC: y, Nephrology
Accred: y

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P.O. Box 946, Montgomery, AL 36101

APR 30 2008
ABME

Office-Based Surgery Adverse Event Report Form

Name: [redacted] AL License # _____

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 4/28/08 Type of Surgery: Fistulogram

Type of Anesthesia (Moderate, Deep, or General): ~~[redacted]~~ None

Name & Title of Person Administering Anesthesia: _____

Date of Adverse Event: 4/28/08

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): _____

? Contrast Reaction vs. hypoglycemia

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Patient with Stage 4 CKD, presented for fistulogram to evaluate inadequate fistula with evidence of severe juxta-anastomotic stenosis. Diagnostic cath was placed in proximal fistula and contrast injected for imaging proximal and retrograde. No sedation had been given. After 2nd contrast injection patient developed became bradycardic, pneumic & cyanotic. He then became pulseless and CPR was initiated. He had spontaneous return of pulse & respirations after 2-3 minutes just before ambulance arrived and was responding appropriately though disoriented. He was given Solumedrol & 1 amp D50, EPI not given due to rapid recovery. Sent to ER via ambulance for admission.

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* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician [redacted] Date: 4/28/08

B/C: y, Nephrology
accred: N

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SEP 8 2008
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Office-Based Surgery
Adverse Event Report Form

Name: [redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology

Date of Surgery: 5-14-08 Type of Surgery: Insertion of dual lumen dialysis catheter

Type of Anesthesia (Moderate, Deep, or General): Moderate

Name & Title of Person Administering Anesthesia: [redacted] MD

Date of Adverse Event: 5-14-08

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): when tip of Permcath entered RA atrium, pt developed asystole. CPR done immediately & pt responded to chest compressions + meds - no electrical shock or intubation, fully alert - sent c paramedics to St. V. Hospital when Cardiology decided to take further. put in a pacemaker & released her - stable condition 5/15/08

Patient Hospitalized: Yes X No ___

Patient Outcome: Full Recovery X Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

74 yo F w/ hemodialysis

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

Pt presented to VAC with clotted AVF. The AVF was cannulated but a guidewire could not be made to cross the junction of her AVF with a segment of AVG previously placed by surgery. So surgical revision was necessary & she required a Permcath for dialysis. Pt has known CAD c prior AMI. Routine procedure of Permcath insertion followed, except she needed a low dose of Versed (2.5 mg) for anxiety & control of discomfort. As Permcath was inserted over guidewire, she was buckled & contacted RA wall (even though wire went down IVC) & asystole occurred. CPR was immediately given by myself w/ VAN support - Pt never lost consciousness & regained ventilatory drive c 30-60 sec (4 min supported)

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

— over —

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 9/6/08

(43 cont...)

During CPR procedure atropine 1 mg, Romazicon 2.5 ml, D50 W 1 ampule, NaHCO3 1 ampule, ventilation, epinephrine 0.5 mg were administered. By ~ 1 minute of CPR, she regained a junctional rhythm + a short non-sustained run of V-tach. BP was ok.

at SW. Hospital ER her K+ = 4.5 + vital signs remained stable. Cardiology saw her + felt her beta blocker dose was too high + advised to d/c that med.

My understanding was she received a pacemaker + was kept only 1 day, + d/c in good condition 5/15/08. She underwent dialysis that day as in-pt using the newly placed Permcath which I sutured in prior to departure from VAC.

All that was done was standard operating procedure. We are taking special care to use proper lengths of Permcaths + to avoid guidewire buckling during insertion. But it is my feeling that her CAD had caused abnormal conduction in her heart + that the beta-blocker had predisposed her to such an event.

[redacted]

B/C: y. Nephrology accred: N

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P.O. Box 946, Montgomery, AL 36101

OCT 2 0 2008

Office-Based Surgery
Adverse Event Report Form

Name: [redacted] AL License #[redacted]

Address: [redacted]
Street City State Zip

Physician Specialty: Nephrology / Interventional Nephrology

Date of Surgery: 10/3/08 Type of Surgery: AV Graft thrombectomy

Type of Anesthesia (Moderate, Deep, or General): ~~Moderate~~ (error) none

Name & Title of Person Administering Anesthesia: [redacted], MD

Date of Adverse Event: 10/3/08

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
see attached page

Patient Hospitalized: Yes ✓ No ___
Patient Outcome: Full Recovery ✓ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

see attached page

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician: [redacted] Date: 10/3/08

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Office-Based Surgery Adverse Event Report
Addendum

Date: 10/3/2008
Surgeon: [redacted]

Adverse Event:
I was unable to retrieve a balloon catheter out of the AV graft fistula during thrombectomy.

Narrative Description:
The patient underwent routine percutaneous thrombectomy procedure. I inserted a Fogarty balloon catheter into the graft in order to pull clots out of the patient's AV graft fistula. Due to the severely abnormal anatomy of the AV graft (related to its pseudoaneurysms and intra-graft stenoses), the Fogarty catheter was unable to be retrieved back despite multiple attempts.
I arranged for the patient to be seen by the vascular surgeon, who successfully retrieved the catheter in the operating room of a local hospital. The surgeon elected to place another graft due to the current graft's old age.
The patient was successfully dialyzed the next day and was discharged out of the hospital.

[redacted]