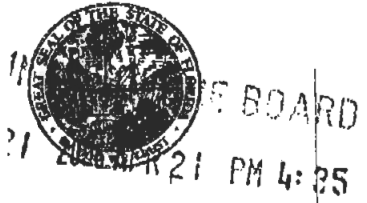


Face lift - POD #2 hematoma

→ transferred to hospital for airway management - tracheostomy

STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

119

Accr: AAAME

I. OFFICE INFORMATION

Name of office: Edward H. Farrior, MD, FACS  
City: Tampa Zip Code: 33609 County: Hillsborough  
Name of Physician or Licensee Reporting: Edward H. Farrior, MD, FACS

Street Address: 2908 W. Azeele St.  
Telephone: 813 875 3223  
License Number & office registration number, if applicable: ME 50318

Patient's address for Physician or Licensee Reporting

Priv: Tampa General Hospital  
confirmed 2/2/07 doh website

II. PATIENT INFORMATION

[Redacted Patient Information]

Age: 45/06 Gender: [Redacted] Medicaid: [ ] Medicare: [ ]  
Date of Office Visit: [Redacted]  
Purpose of Office Visit: Facelift  
ICD-9 Code for description of incident: E870.0  
Level of Surgery (II) or (III): III

III. INCIDENT INFORMATION

Incident Date and Time: 4/7/06 10:30pm

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other: exam room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the Incident (narrative)  
(use additional sheets as necessary for complete response)

Pt. came to office E. Clo post op pain and swelling. Dr. attempted evacuation of hematoma in office. At that time determined evacuation required surgical assistance Pt. then transferred to Memorial Hospital for procedure. Tracheostomy performed due to swelling to provide adequate airway - at anesthesia request.

Board Certified: Otolaryngology

2006 APR 21 11:43 AM

**B) ICD-9-CM Codes**

06.82  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E87B.0  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

999.89  
Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only <u>surgery, obs, discharge</u><br>Name of facility to which patient was transferred <u>Memorial Hospital</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Edward H. Farnior, MD, FACS ME50318  
Erin R. Smith, RN RN 0173162  
Mazola Cowen, CST  
Leigh Atkins, LPN PN 848441

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Expanding hematoma post operatively  
Adequate airway in order to perform safe evacuation of hematoma

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Surgical evaluation of hematoma & hemostasis  
Tracheostomy performed to provide proactive action for adequate airway during evaluation

**V.**  
[Signature] ME 50318  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
4/11/06 5pm  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

Abdomino plasty  
Lipectomy  
Breast augmentation - Benelli lift  
discharged



on POD #1 transferred to hospital  
2° pneumothorax



Accr: NO

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

120

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C78  
Tallahassee, Florida 32399-3275

OFFICE INFORMATION

South Florida Center for Cosmetic Surgery  
915 Middle River Dr. #213 Fort Lauderdale, FL 33304  
City: Fort Lauderdale Zip Code: 33304 County: Broward  
Name of Physician or Licensee Reporting: Roger Lee Gordon, M.D.  
License Number & office registration number, if applicable: OSK491  
Patient's address for Physician or Licensee Reporting: Priv: Holy Cross Hospital

PATIENT INFORMATION



Age: 50 Gender: Female Insurance: Medicaid Medicare  
Date of Office Visit: Postoperative Day #1 Follow up  
Purpose of Office Visit: 2° Sided Pneumothorax  
ICD-9 Code for description of incident: Level III  
Level of Surgery (II) or (III)

Ballant Identification Number: Mammoplasty / Ptosis  
Diagnosis: Androminax Elastosis  
Lipodystrophy of flanks

INCIDENT INFORMATION

050406 @ 1550  
Incident Date and Time

Location of Incident:  Operating Rm  Recovery Rm  Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(Use additional sheets as necessary for complete response)

Patient underwent uneventful Androminoplasty, Lipectomy, Breast Augmentation with Benelli lift on 050306. Patient presented postoperative day #1 to office for evaluation. Patient complained of difficulty breathing. Exam findings included: Diminished breath sounds throughout right lung & clear exchange on left lung. Pulse oximetry on room air = 86%. Oxygen saturation increased to 97% with 3L via nasal cannula. Upon wearing oxygen, oxygen saturation decreased to 90%. It was sent to Holy Cross Hospital Emergency Dept for chest x-ray. It found to have pneumothorax to right lung, chest tube was inserted. It was discharged home on 050706. Patient was evaluated in office 05-10-06 without event. Patient fully recovered.

Form # DH-MQA 1030- created 2-00; revised 3-31-03

Dr. Gordon is Board Certified Plastic Surgery

Dr. Alexander is not

① Full Hip Replacement on right  
② Breast Augmentation / Breast Lift on both

B) ICD-9-CM Codes

D) Hip fracture / Breast Augmentation / Breast Lift on both  
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 86-88.9)     
 Accident, event, circumstance, or specific agent that caused the injury of event (ICD-9 E-Code)     
 DVT      DPE  
 Resulting injury (ICD-9 Codes 800-899.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)      Fully      Recovered

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unremoved foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br>Outcome of transfer - e.g., death, brain damage, observation only<br>Name of facility to which patient was transferred | <input type="checkbox"/> Surgical procedure performed on the wrong site<br><input type="checkbox"/> Wrong surgical procedure performed<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br>- If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

Name of facility to which patient was transferred: See narrative on pg 1

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Dr. Alexander ME# 35285  
Kelsey Jackson RN #9224863

F) List witnesses, including license numbers if licensed, and locating information if not listed above

N/A

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Routine active course of events.

B) Describe corrective or preventive action(s) taken (Use additional sheets as necessary for complete response)

Venogram added - patient upon follow-up exam which revealed DVT and subsequent testing lead to finding of pulmonary embolus. treated with Coumadin

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

35285

10:30 AM

Breast surgery for breast deformity →  
and implant for exchange



transferred to hospital.  
STATE OF FLORIDA  
Jeb Bush, Governor  
RECEIVED  
CONSUMER SERVICES UNIT  
PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT  
05/18/06 AM 8:01  
2° bleeding -  
d/c after overnight stay

Accr: NO

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

121

**I. OFFICE INFORMATION**

Clinic of Cosmetic Surgery  
Name of office  
7775 SW 87 Ave #120  
City Zip Code County  
Miami FL  
Dr. Gregory C Loupas  
Name of Physician or Licensee Reporting  
Same as above  
Patient's address for Physician or Licensee Reporting

7775 SW 87 Ave. #120  
Street Address  
Miami, FL 33173  
305-279-6565  
Telephone  
ME-40126  
License Number & office registration number, if applicable

Private Mercy Hospital  
continued 2/2/07 doc website

**II. PATIENT INFORMATION**

[Redacted Patient Information]

Age 1 Gender Male Medicaid Medicare  
Date of Office Visit 05/18/06  
Purpose of Office Visit Surgery of the breasts  
ICD-9 Code for description of incident (III)  
Level of Surgery (II) or (III)

**III. INCIDENT INFORMATION**

05/18/06  
Incident Date and Time  
1:00pm/Anesth.  
1:20pm/sx starts  
3:40pm/sx ends  
3:45pm pt in recovery

Location of Incident:  
 Operating Rm  
 Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No

**A) Describe circumstances of the incident (narrative)**  
(use additional sheets as necessary for complete response)

See op report from Dr. Loupas and Recovery Room Records.  
Pt. was in recovery at 3:45pm and was stable vital signs. JP drainage was bloody. Pilar Algeon (RN) drained 80cc's the time at 3:40pm in the OR. Repeat drainage totalled 275cc's w/loam.  
Pt. c/o pain; as per Dr. Jimenez & Dr. Loupas pt. was given meds in IV. [Redacted] remained stable throughout. [Redacted] Ace bandage was reapplied and drainage decreased. Per Dr. Loupas, he decided to have the patient one night in observation per drainage because pt. is from out of town & Dr. Loupas did not feel comfortable sending [Redacted] to a hotel for recovery →

1 of 2 pages  
Form # DH-MQA1030- created 2-00; revised 3-24-03

Board Certified: Plastic Surgery

2 [redacted] friend, and therefore he decided to take [redacted] to Dr's Hospital for admittance. And was discharged the next day in the morning in a stable condition.

**B) ICD-9-CM Codes**

|   |   |   |
|---|---|---|
| Surgical, diagnostic, or treatment procedure being performed at time of incident<br>(ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event.<br>(ICD-9 E-Codes) | Resulting injury<br>(ICD-9 Codes 800-999.9) |
|---|---|---|

**C) List any equipment used if directly involved in the incident** IV, JP - brains  
 (Use additional sheets as necessary for complete response) complete monitor

**D) Outcome of Incident** (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br>Outcome of transfer - e.g., death, brain damage, observation only<br>Name of facility to which patient was transferred <u>Doctors Hospital</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

|                               |                               |
|-------------------------------|-------------------------------|
| <u>Dr. Louvas # ME 40124</u>  | <u>Teresa Semsch</u>          |
| <u>Dr. Jimenez # ME 21775</u> | <u>Rita Alarcon # 1048632</u> |
| <u>Melissa Bermudez</u>       | <u>Erick Ale</u>              |
| <u>Esther Rodriguez</u>       |                               |

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

same as above

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Scarring was dense and vascular, extensive repeat cautery was performed. Drains were placed to monitor blood loss. pt was transferred for observation.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

\_\_\_\_\_

V. [Signature] ME-40124  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
08/26/06 11:15am  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



5000 University Drive  
Coral Gables, Florida 33146  
Phone: (305) 666-2111

**SHORT STAY SUMMARY**

PATIENT NAME: [REDACTED]  
MEDICAL RECORD NUMBER: [REDACTED]  
ACCOUNT NUMBER: [REDACTED]  
DATE OF ADMISSION: 05/18/2006  
DATE OF DISCHARGE: 05/19/2006  
PHYSICIAN: GREGORY C LOVAAS, MD  
SERVICE: EOM

ADMISSION DIAGNOSIS: Postop observation.

OPERATIVE PROCEDURES: None.

BRIEF HISTORY: The patient is a [REDACTED]-year-old [REDACTED] undergoing a breast reconstruction and implant exchange. The patient had extensive fibrosis and scarring in the reconstructed breast and had a persistent drainage without focal source as noted both in the operating room and in the clinic. The patient was observed for 2 hours after surgery, and it was then felt that [REDACTED] could benefit from observation should intervention be required. The patient was then transferred and admitted to Doctors Hospital.

**PHYSICAL EXAMINATION:**

Exam at that time showed a healthy [REDACTED]-year-old [REDACTED] with exophthalmos and a nasal deformity and slight gray pallor to [REDACTED] skin consistent with [REDACTED] smoking history. [REDACTED] chest was wrapped, and there was a Jackson-Pratt drain exiting from the side, and the rest of [REDACTED] general physical exam was unchanged and within normal limits.

HOSPITAL COURSE: The patient had hemoglobin drawn in the emergency room which was 10.8. The patient was admitted to the floor and placed on intravenous antibiotics and was observed for [REDACTED] drainage. The drainage slowed after [REDACTED] climatized to [REDACTED] situation and became less active. The drainage abated further over the evening and was less than 30 cc in the a.m. A repeat hemoglobin was 10.4. The patient felt robust. [REDACTED] vital signs were stable. [REDACTED] pulse was 82, and [REDACTED] was felt able to be discharged. The patient was discharged to home on oral pain medications, antibiotics and Valium for muscle relaxation in the area of [REDACTED] surgery.

---

PATIENT NAME: [REDACTED]  
ACCOUNT NUMBER: [REDACTED]  
PHYSICIAN: GREGORY C LOVAAS, MD

**SHORT STAY SUMMARY**



FINAL DIAGNOSIS: Postoperative observation for potential hypovolemia.

COMPLICATIONS: None during this hospitalization.

GCL/MedQ  
D: 05/19/2006  
T: 05/19/2006  
Job #: [REDACTED]

ELECTRONICALLY SIGNED BY  
LOVAAS, GREGORY C - [REDACTED]  
05/22/2006 13:23:56  
-----  
GREGORY C LOVAAS, MD

---

PATIENT NAME: [REDACTED]  
ACCOUNT NUMBER: [REDACTED]  
PHYSICIAN: GREGORY C LOVAAS, MD

Endoscopic brow lift  
mid face lift  
↑ + ↓ blephs



Clear AAHC

infection on POD #16  
treated in hospital.  
E IV ABX

STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

Surgeon resigned from the office

Department of Health, Consumer Services Unit  
4062 Bald Cypress Way, Bin C76  
Tallahassee, Florida 32399-3276

122

I. OFFICE INFORMATION  
ADVANCED COSMETIC LASER CENTER

Name of office  
TAMARAC 33521 BROWARD  
City Zip Code County  
RUDY J. TRIANA, JR. MD  
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

7777 N. UNIVERSITY DRIVE Suite 201

Street Address  
954-720-6333  
Telephone

ME92477  
License Number & office registration number, if applicable

Priv: Univ. Hosp. + med. center

confirmed: 2/2/07 dsh website

II. PATIENT INFORMATION



Age 5-23-86 Gender SX Medical Insurance

Date of Office Visit

Purpose of Office Visit  
FACIAL CELLULITIS

ICD-9 Code for description of incident

Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

MAY 23, 2006 SURGERY  
Incident Date and Time

PATIENT ADMITTED

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

SEE ATTACHED FORMS

Board Certified: Otolaryngology

**B) ICD-9-CM Codes**

Facial Cellulitis

E 879.9

998.9

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 86-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)

Resulting injury (ICD-9 Codes 800-899.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of incident** (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer - e.g., death, brain damage, observation only _____<br>Name of facility to which patient was transferred _____ | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Rudy Trava MD ME 92477

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)  
 It was continued to be treated = antibiotics for after discharge -

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)  
 The follow up EPT's PO. + take appropriate actions for proper treatment.

**V.** [Signature] ME 92477  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT      LICENSE NUMBER  
 7/14/02      405A -  
 DATE REPORT COMPLETED      TIME REPORT COMPLETED

INCIDENT REPORT

RE: [REDACTED]

On May 23, 2006, [REDACTED] year old [REDACTED] underwent an endoscopic browlift, midface lift, and bilateral upper and lower eyelid blepharoplasties. This was performed with MAC anesthesia. The patient did well through the procedure and was discharged home without incident. [REDACTED] had been premedicated the prior evening with Clindamycin which was also taken throughout the initial post-operative course.

Approximately one week post op the patient began complaining of increased pain in the right cheek. [REDACTED] was seen in the office and [REDACTED] was noted to be draining slightly mucopurulent fluid out of the right gingival buccal sulcus incision. Ciprofloxin was added and the patient's symptoms resolved with two weeks of po antibiotics.

On the week beginning Sunday June 11, 2006 the patient stated [REDACTED] was doing well and noted to [REDACTED] friends visiting that weekend that [REDACTED] swelling had almost gone away. Tuesday June 13, 2006 the patient called me directly to say that [REDACTED] awoke that morning with swelling of the right lower eyelid. I saw [REDACTED] in the office and noted some swelling of the right lower eyelid without erythema. I performed a needle aspirate of the the swollen area and removed 2-3cc of mucopurulent material which improved the swelling immediately. This aspirated material was sent to the hospital for gram stain and culture and [REDACTED] was started on Ciprofloxin 750mg bid.

The following afternoon I received a phone call from the patient's [REDACTED] that [REDACTED] had been admitted Wednesday June 14, 2006 to Coral Springs Hospital (I do not have privileges at this hospital) with the acute onset of right facial swelling and erythema which began that morning. A CT scan of the face was performed which did not reveal an abscess but a questionable fluid collection in the right cheek just below the lower eyelid. [REDACTED] was started on antibiotics and another plastic surgeon was consulted. I spoke with Dr. Yamanchi on Thursday June 15, 2006 to discuss his findings and plans. At that time the gram stain results revealed mild WBC's with gram positive cocci (culture still pending)..He intimated that he wanted to take [REDACTED] to surgery to drain this "phlegmon" no later than Friday afternoon. I had further discussions with the hospitalist and suggested waiting to see if the IV antibiotics would help before proceeding with any surgical intervention. He agreed especially since the CT scan did not reveal periorbital cellulitis or abscess. I continued to have discussions with the patient and [REDACTED] by phone. They agreed with me and requested for [REDACTED] to be transferred to my care at the Florida Medical Center.

On June 16, 2006 [REDACTED] was transferred to Florida Medical Center uneventfully. [REDACTED] noted at the time of [REDACTED] admission that [REDACTED] began to drain mucopurulent material spontaneously through a 2mm opening in [REDACTED] lateral right lower eyelid blepharoplasty incision. [REDACTED] was continued on the Vyvax and Levaquin IV. Local wound care involved warm compresses and gentle massage to the right cheek to facilitate the exit of the mucopurulent material. [REDACTED] culture results from June 13, 2006 revealed Streptococcus Viridans sensitive to the Levaquin. [REDACTED] continued to improve and was discharged home on June 20, 2006 on po Clindamycin and Levaquin.

[REDACTED] was seen two days after discharge and was continuing to improve. A subsequent follow up visit revealed the swelling to be almost completely resolved without evidence of infection. The patient did complain however of a slight amount of right lower eyelid lateral retraction. I reassured [REDACTED] that this was the beginning of the healing process. The slight lid retraction was secondary to the wound healing from the bottom up. [REDACTED] would begin massage and follow up with me in one month.

\*\*\*Please note that the slight delay in reporting this incident is a result of my resignation as an employee of Advanced Cosmetic Laser Center as of June 1, 2006. I apologize for any inconvenience this may have caused.



Rudy J. Trisna, Jr., MD, FACS

00 0000 THU 03 25 AM

Abdominoplasty  
Lipsectomy, suction assisted

→ infection, ? POD #16

1284



STATE OF FLORIDA  
Job Such. Certificate

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

Accr: NO

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin 175  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

South Florida Center for Cosmetic Surgery, 915 Miranda Parkway #201  
Name of office  
Fort Lauderdale, FL 33304, Broward 954.568.7575  
City Zip State County  
Timothy Alexander MD  
Name of Physician or Licensee Reporting  
Specialty  
# 052 491  
License Number & state registration number, if applicable

Patient's address for Physician or Licensee Reporting

privi Larkin Hospital  
confirmed 2/3/07

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

062106 patient  
Chis laxia of abdomen  
Fatty Planks

Age 66 OS, 016  
Date of Office Visit  
Procedure of Office Visit  
ICD-9-CM Code for Description of Incident  
Type of Surgery (I) or (II)

III. INCIDENT INFORMATION

062106 @ 1330  
Incident Date and Time

Location of Incident:  
 Operating Rm  
 Other  
 Recovery Rm

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

N/A

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)  
062106 patient developed drainage from abdominoplasty  
incision(s). Abdominoplasty & suction assisted lipsectomy  
of flanks performed on 06/06/06 complications. It was  
seen in office post-operatively on 06/06/06, 06/12/06,  
and on 06/19/06 & uneventful postoperative course.  
Patient scheduled to be seen by Dr. Alexander 06/21/06  
however went to local emergency room. CT scan  
of abdomen showed excess fluid along WBC=13.1  
Patient was admitted to hospital and received  
surgery to remove existing bacteria from abdominal  
incision line. Patient in hospital  
x 7 days. Discharged to home with  
daily visits from RN to perform wet to dry  
dressings & changes twice daily

Form # DHF-MQA-030- created 2-00, revised 3-24-03

NOT Board Certified

**B) ICD-9-CM Codes**

| Symptom, diagnosis, or treatment procedure being performed at time of incident (ICD-9 Codes I71-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Code) | Resulting injury (ICD-9 Codes 800-999.9) |
|---|--|--|
|---|--|--|

**C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)**

**D) Outcome of incident (Please check)**

|  |   |
|--|---|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign object remaining from surgery/procedure<br>(to discuss post operative)<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br>Outcome of transfer - e.g., death, brain damage, observation only<br>Name of facility to which patient was transferred <u>Jackson Memorial Miami, FL</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site<br><input type="checkbox"/> Wrong surgical procedure performed<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br>-- If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|---|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Timothy Alexander MD, ME # 35285

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analyze (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Erection slip, laparotomy, suction assisted  
laparotomy. Patient had air conditioning at home

**B) Describe corrective or preventive actions taken (Use additional sheets as necessary for complete response)**

malnutrition which appears to have contributed to degree of  
patient discharged to home with axillary dressing, doctor  
Mylene Heizen RN patient not sent home to primary residence  
residence due to malfunctioning air conditioning unit.

v. William Timothy Alexander MD 35285  
 SIGNATURE OF PHYSICIAN/LICENSER SUBMITTING REPORT LICENSE NUMBER  
7/3/08 1/2/08  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

**Addendum:**

At the present date 07.05.06 we are in the process of obtaining further information regarding this patient's recovery. This patient has been seen twice daily for wet-to-dry dressing changes by a home health nurse that was arranged through Jackson Memorial. The patient had an office visit with [REDACTED] surgeon who performed the follow-up surgery at Jackson Memorial today, 07.05.06. Once we receive additional information regarding the patient's status, we will submit accordingly.

We have been in contact with this patient on several occasions to monitor [REDACTED] progress while [REDACTED] was in the hospital and after [REDACTED] was discharged to home. The patient states [REDACTED] lives too far away from our office to find transportation for Dr. Alexander to evaluate [REDACTED] status. Patient was strongly encouraged to follow-up in our office at the earliest possible chance and patient verbalized understanding and agreed to do so.



Breast augmentation  
injection assisted lipectomy } → bilateral  
pneumothorax on POD #1.



STATE OF FLORIDA  
REGULATORY OFFICE  
ADVERSE INCIDENT REPORT

125

Accr: NO

SUBMIT TO:  
Department of Health, Consumer Services Unit  
4052 Bold Cypress Way, Bldg 675  
Tallahassee, Florida 32309-3275

OFFICE INFORMATION  
Name of Office: South Florida Center for Cosmetic Surgery 915 Middle Creek Dr.  
City: Fort Lauderdale, FL 33304 / Broward / 9545657575  
Name of Physician or License Reporting: Timothy Alexander M.D.  
Telephone: OSR 491  
License Number & state registration number, if applicable: \_\_\_\_\_

Person's address for Physician or License Reporting: \_\_\_\_\_

Per: Lorick Hospital  
Continued 2/2/07

PATIENT INFORMATION  
Name: [Redacted]  
Address: [Redacted]  
City: [Redacted]  
State: [Redacted]  
Zip: [Redacted]  
Medical History: Plastic Breast & Fat Flanks  
Hospitality of: Flanks

Date of Incident: 07.05.06  
Time of Incident: 05:12  
ICD-9 Code: 91.0  
ICD-10 Code: 512  
Type of Incident: OSR  
Level of Severity: (S)

III. INCIDENT INFORMATION  
Incident Date and Time: 07.05.06 @ 2200

Location of Incident:  
 Operating Room  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete responses)

070506 pt underwent uneventful bilateral breast augmentation and injection assisted lipectomy bilateral flanks. patient was seen post operative day #1 in office with normal vital signs and physical exam performed by surgeon. late evening post-operative day #1 patient complained of difficulty breathing and called 911. patient presented to emergency room in respiratory distress and examination/diagnostics showed bilateral pneumothoraces. bilateral chest tubes were inserted and patient was admitted to hospital for 5 days. patient discharged to home on 07.11.06. patient was evaluated in office by surgeon for one-week follow up appointment on 07.12.06 without event

NOT Board certified

B) ICD-9-CM Codes

|  |  |               |
|--|--|---------------|
| Surgical, diagnostic, or treatment procedure description (ICD-9-CM Code) | Accident event circumstances or accident event that caused the injury or event (ICD-9-CM Code) | ICD-9-CM Code |
|--|--|---------------|

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer - e.g., death, brain damage, observation only<br>Name of facility to which patient was transferred: <u>Hennepin General Hospital</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site<br><input type="checkbox"/> Wrong surgical procedure performed<br><input type="checkbox"/> Surgical repair of injuries or damage from a different surgical procedure<br>If resulted in:<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

E) List all persons, including license numbers if licensed, leading information, and the capacity in which they were directly involved with this incident.

Travis A Alexander MD ME# 35285

F) List witnesses, including license numbers if licensed, and leading information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analyze (apparent cause) of this incident (Use additional sheets as necessary for complete response)  
Bilateral pneumothoraces s/p Bilateral Breast Augmentation and Suction assisted Mastectomy of Bilateral Breasts

B) Describe corrective or preventive action(s) taken (Use additional sheets as necessary for complete response)  
patient recovered without injury at present time

V. SIGNATURE OF PHYSICIAN/LICENSOR SUBMITTING REPORT ME# 35285  
ATL LICENSE NUMBER  
 DATE REPORT COMPLETED 11/02 THIS REPORT COMPLETED

Surgeon signature to follow 07.24.08

AUG-17-2008 THU 12:44 AM

FAX NO.

P. 02

Breast augmentation? →

transferred to hospital from recovery room

Ox: negative pressure pulmonary edema



STATE OF FLORIDA  
Jon Bush, Governor

127

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

REPORT FOR: TO:  
Department of Health, Consumer Services Unit  
1652 Betsy Ross Parkway, Bldg. 675  
Tallahassee, Florida 32399-2275

RECEIVED  
CONSUMER SERVICES UNIT  
2008 AUG 21 7:27

Clear NO

OFFICE INFORMATION

South Florida Center for Cosmetic Surgery 915 Middle  
Fort Lauderdale, FL 33304  
Dr. Timothy A. Alexander M.D. # OSR 491

Street Address: 954512575  
Telephone: # OSR 491  
License Number & office registration number, if applicable

Priv: Loma Hospital continued 2/26/07

II. PATIENT INFORMATION

[Redacted Patient Information]

Date of the Visit: 8/14/08  
Purpose of Office Visit: Surgery  
ICD-9-CM Code (Cause of Injury):  
Local Surgery (I) or (II):

III. INCIDENT INFORMATION

OSR 491  
Date of Incident and Time

Location of Incident:  Operating Rm.  Recovery Rm.  Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(Use additional sheets as necessary for complete response)

Upon extubation, patient clamped down on endotracheal airway which created a negative pressure pulmonary edema. Requiring patient to be transferred to emergency room via medical transport following completion of surgery. Patient required supplemental oxygen for stability during the interval in our PACU.

NOT Board Certified

**B) ICD-9-CM Codes**

| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 86-99.9) | Accident, event, circumstance, or specific agent that caused the injury or event (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |
|--|--|--|
|--|--|--|

**C) List any equipment used if directly involved in the incident.**  
 (Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

|  |   |
|--|---|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a receiving hospital<br><p>Outcome of transfer - e.g., death, brain damage, amputation only<br/>         Name of facility to which patient was transferred</p> | <input type="checkbox"/> Surgical procedure performed on the wrong site<br><input type="checkbox"/> Wrong surgical procedure performed<br><input type="checkbox"/> Surgical repair of injuries or escape from a planned surgical procedure<br>Associated in:<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|---|

**E) List all persons, including license numbers if licensed, bearing information, and the capacity in which they were directly involved with this incident.**

Timothy J. Alexander - Surgeon ME # 35285  
Jaron White - Anesthesiologist ME # 35866

**F) List witnesses, including license numbers if licensed, and bearing information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Incorrect pressure pulmonary edema  
Administer Oxygen Respirator & CPAP in hospital setting

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

Patient was discharged from Holy Cross Hospital on 08-06-06 in stable condition and evaluated by surgeon in office. Normal chest x-ray. Pt is recovered.

**V.**

William ME # 35285  
 SIGNATURE OF PHYSICIAN SUBMITTING REPORT LICENSE NUMBER  
08/06/06 1:30  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

Abdomino plasty → hematoma transferred to OR for evacuation



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

06 AUG 29 PM 4:50  
128  
Consumer Services Unit

Accr: NO

I. OFFICE INFORMATION

Clinic of Cosmetic Surgery

Name of office

Miami 33173 Dade

City Zip Code County

Gregory C. Loukas, M.D.

Name of Physician or Licensee Reporting



Physician's address for Physician or Licensee Reporting

7775 SW 87 Ave. #120

Street Address

305-279-6565

Telephone

ME-40126

License Number & office registration number, if applicable

Priv. Mercy Hospital

confirmed 2/2/07 dol website

II. PATIENT INFORMATION



Patient Identification Number

Excess Skin

Diagnosis

07-17-06

Date of Office Visit

Abdominoplasty

Purpose of Office Visit

756.83

ICD-9 Code for description of incident

III

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

08-15-06

Incident Date and Time

Location of Incident:

Operating Rm

Recovery Rm

Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No

Was an autopsy performed?  Yes  No N/A

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

see narrative

Board Certified: Plastic Surgery

B) ICD-9-CM Codes

756.83/728.84  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Hematoma of the abdomen following panniculectomy.  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

See narrative

D) Outcome of Incident (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death   | <input type="checkbox"/> Surgical procedure performed on the wrong site **                       |
| <input type="checkbox"/> Brain Damage  | <input type="checkbox"/> Wrong surgical procedure performed **                                   |
| <input type="checkbox"/> Spinal Damage   | <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure |
| <input type="checkbox"/> Surgical procedure performed on the wrong patient   | <b>** If it resulted in</b>  |
| <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure                 | <input type="checkbox"/> Death   |
| <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital | <input type="checkbox"/> Brain Damage  |
| Outcome of transfer - e.g., death, brain damage, observation only <u>admission/treatment</u>                               | <input type="checkbox"/> Spinal Damage   |
| Name of facility to which patient was transferred <u>Doctors Hospital</u>  | <input type="checkbox"/> Permanent disfigurement not to include the incision scar                |
| <u>Gold Lakes, IL 63133</u>  | <input type="checkbox"/> Fracture or dislocation of bones or joints                              |
|  | <input type="checkbox"/> Limitation of neurological, physical, or sensory function;              |
|  | <input type="checkbox"/> Any condition that required the transfer outcome of the patient         |

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

- ① Dr. Gregory Loukas - ME40126 (surgeon)
- ② Dr. Eugenio Jimenez - ME21775 (Anesthesiologist)
- ③ Lilac Alallon # 1048632 (recovery nurse)
- ④ Esther Rodriguez - (OR tech)
- ⑤ Melissa Beermudez (circulator)

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Same as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

See narrative

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

See narrative

V.

[Signature] ME40126  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
25 August 2006 11:30  
DATE REPORT COMPLETED TIME REPORT COMPLETED

Case Facts

■ is a ■ year-old athletic ■ who presented to our office on 8/15/06 to undergo an abdominoplasty. ■ history was significant for coronary artery bypass graft in 2000, after which ■ changed ■ lifestyle and underwent a program of weight loss and exercise. ■ stress test in 2002 was normal. ■ surgical history also included a diaphragmatic hernia repair in 2002 and surgery "of the muscles" in ■ abdomen, as well as surgery to release a Dupuytren's contracture of the hand and a penile implant. All of these surgeries had been performed without consequences. ■ medical history was significant for adult onset diabetes mellitus well-controlled by diet since ■ 50-60 pound weight loss; hypertension, which had been well-controlled with medication; and diabetic neuropathy. Medications at that time included Zocor, hydrochlorothiazide, Lisinopril, Coreg and MS Contin. The patient was also taking 81 mgs of aspirin daily. ■ was advised to discontinue the aspirin and was given a written list including aspirin and other medications/bleeding agents to avoid a minimum of two weeks prior to surgery.

The patient underwent ■ laboratory examination one week prior to surgery, including CBC with differential and platelets, complete metabolic panel including liver function tests, PT/PTT, INR, U/A, PSA, Lipid profile, and hemoglobin A1c. The results were reviewed and were all normal except for minimal electrolyte variance (sodium 131 (normal range 135-148), chloride 93 (normal range 96-109.) Bleeding studies including PT/PTT and platelets were within normal limits. As per my requirement, the patient had a stress EKG and was evaluated by a cardiologist, including nuclear scan prior to surgery, and was felt to be above average without any ischemia. Vital signs at the time of cardiology clearance were 100/70 with a regular heart rate of 76.

The two hour procedure was performed under general anesthesia without incident. The abdomen was infiltrated with 300 ml of a tumescent anesthetic mixture containing one liter of Lactated Ringers, 50 ml of xylocaine 1%, and 1 ml of epinephrine 1:1000 to reduce bleeding. Intraoperatively a considerable amount of scarring was observed throughout the abdomen beginning in the suprapubic area due to an apparent inguinal hernia repair, which the patient did not specifically disclose prior to the procedure. The abdominoplasty procedure was performed and hemostasis was obtained with electrocautery. The wounds were lavaged serially with antibiotic impregnated saline to identify any additional bleeding. Repeat cautery was performed until hemostasis was complete. A full length Jackson-Pratt drain was placed and exited laterally. A secondary drain was considered, however, the wound was dry and it was felt that the single drain would be sufficient. The blood loss for the entire procedure was less than 100 ml and the patient was stable throughout the procedure and in the recovery area. Blood pressure ranged in the OR from a momentary high of 160/100 during anesthesia induction to a steady 120/65 during the surgical portion of the procedure.

The patient's blood pressure in recovery room ranged between 110-148/70-98 with one reading of 160/110 (prior to medication for immediate post op pain). It was noted that ■ surgical drain had filled with approximately 75 ml over the first two hours and then an additional 75 ml had drained in 30 minutes. The patient's dressing was reapplied, however, ■ continued to drain for an additional 300 ml over the next two hours. The anesthesiologist was called in and the patient was returned to the OR where the dressing was removed and examination revealed that the patient had an accumulation along the left abdominal gutter with a thickening anteriorly, most likely representing a hematoma.

Rather than performing a secondary procedure in the office OR, I assessed that it would prudent to transfer the patient to nearby Doctors Hospital via EMS for surgical evacuation of the hematoma and inpatient observation. The hospital was notified of the patient's status and impending transfer, and the operating room at Doctors Hospital was also notified.

Upon admission to Doctors Hospital Emergency Room, the ER physician noted that the patient was stable and in minimal distress. I then followed the patient to the Doctors Hospital, where the patient had already undergone laboratory tests, including type and screen for two units of blood as I had requested. The hemoglobin from the ER lab test was 11.6 as compared to 13.6 preoperatively. Upon re-examination, ■ vital signs were stable and ■ was alert, oriented and co-operative. ■ completed the necessary consents for anesthesia, wound exploration and to receive blood transfusions.

In the hospital OR, assisted by another board certified plastic surgeon, I explored the wound under general anesthesia and found that the patient had a collection of clots along the left abdominal border and gutter. The wound was copiously and repeatedly irrigated and systematically examined and no single source of bleeding was noted. There was diffuse bleeding/oozing from two areas of scar tissue and along the left abdominal gutter. The diffuse bleeding was noted to correspond with elevations in the patient's blood pressure which went as high as 220 over approximately 180 in the operating room in the hospital. Additional drains were placed into the wound, the wound was closed, and a dressing was applied.

The patient received a total of four units of blood during ■ four day hospital. ■ was alert and oriented throughout, ■ vitals signs remain stable and ■ experienced no further sequella. I have since seen ■ postoperatively in the office. ■ drains are out and ■ is healing well.

#### **Analysis and Corrective/Proactive Action**

As soon as possible after the event, I met with the anesthesiologist and the other board certified plastic surgeon who assisted me during the secondary surgery, to discuss this patient, what may have occurred and what if anything that could be done to prevent it in the



future. A licensed healthcare risk manager was notified to ensure compliance with state reporting requirements.

Analysis of the clinical course of patient RS does not yield any clear, definitive answer. Appreciation of the possible effects of chronic hypertension on bleeding was perhaps undervalued, however, the patient had undergone multiple previous surgical procedures without consequence and had been well controlled on medication. The consensus of opinion was that the patient essentially had bleeding from the scarred areas from ■ previous surgery which was not fully disclosed by the patient preoperatively, and was otherwise a normal surgical patient. As mentioned previously, the patient had no focal points of bleeding noted during surgical exploration in the hospital. Bleeding was better described as "oozing" which increased from many surfaces when ■ pressure went up and abated when it went down. Additionally, the hemostatic effects of the tumescent fluid may have abated and allowed for vasodilatation at the time when the bleeding was first noted in recovery. There may have been some pooling of blood in the wound which was not appreciated immediately due to the use of the single drain. Areas of surgical scarring are known to be prone to bleeding and extensive scarring carries with it a risk of increased bleeding. Bleeding is a known complication in 1-3% of all abdominoplasties in general.

I performed approximately 150 abdominoplasties last two years, and in 20 years of practice, I have never before taken an office surgery patient back to the operating room for any bleeding complication prior to this.

In the future, any procedure involving revision in an area of previous surgery will be viewed as an additional risk factor to note in evaluation of the patient, and will be added to the anesthesia and surgical evaluations of the patient's suitability for surgery in an office surgical setting. Two drains will be placed routinely in all abdominoplasty cases to help ensure more efficient drainage and to provide a more accurate indication of potential bleeding.

Breast reduction  
abdominoplasty

hypotension procedure  
transferred to hospital



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

CONSUMER SERVICES UNIT  
06 AUG 31 PM 3:23

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

129

Accer: NO

I. OFFICE INFORMATION

Accent Physician Specialist  
Name of office

Gainesville 32607 Alachua  
City Zip Code County

Sofia Kirk MD  
Name of Physician or Licensee Reporting

[Redacted]  
Patient's address for Physician or Licensee Reporting

4340 Newberry Road Suite 301  
Street Address

(352) 372-9414  
Telephone

01-64-00434  
License Number & office registration number, if applicable

Prin: North Florida Regional Medical Center  
confirmed: 7/2/07 dol website

II. PATIENT INFORMATION

[Redacted]  
Patient  
Patient

Age 4-21-06 Gender Medical Medicare

Date of Office Visit

Purpose of Office Visit Surgery

ICD-9 Code for description of incident 272.6, 111.9, 611.1, 724.5

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-21-06 1800  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Pt underwent a surgical procedure, consisting of an abdominoplasty and breast reduction. [Redacted] was stable preoperatively, and during the surgery, and surgery lasted 4 hours. Postoperatively, [Redacted] developed hypotension, dizziness, and diarrhea, with systolic pressures in the 70's. This did not improve with a fluid bolus - EMS was called & transported to the hospital (NFAmc) where [Redacted] was admitted. [Redacted] responded to IV fluids. He was 9.8 that evening & dizziness & hypotension resolved & [Redacted] was dk'd home in stable condition.

Board Certified: Plastic Surgery

B) ICD-9-CM Codes

272.6

111.9, 611.1, 724.5

Surgery 19316-50  
15831

998.0

458.29

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-899.9)

C) List any equipment used if directly involved in the incident N/A  
(Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death   | <input type="checkbox"/> Surgical procedure performed on the wrong site **                       |
| <input type="checkbox"/> Brain Damage  | <input type="checkbox"/> Wrong surgical procedure performed **                                   |
| <input type="checkbox"/> Spinal Damage   | <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure |
| <input type="checkbox"/> Surgical procedure performed on the wrong patient   | <b>** If it resulted in</b>  |
| <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure                 | <input type="checkbox"/> Death   |
| <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital | <input type="checkbox"/> Brain Damage  |
| Outcome of transfer - e.g., death, brain damage, observation only, hypotensive   | <input type="checkbox"/> Spinal Damage   |
| Name of facility to which patient was transferred  | <input type="checkbox"/> Permanent disfigurement not to include the inclusion scar               |
|  | <input type="checkbox"/> Fracture or dislocation of bones or joints                              |
|  | <input type="checkbox"/> Limitation of neurological, physical, or sensory function;              |
|  | <input type="checkbox"/> Any condition that required the transfer outcome of the patient         |

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Sofia Kirk, MD surgeon ME 89157

ME 94187  
Santiago MD

Alex Rafanan, PA-C Physician Assistant PA 1929

Anesthesiologist

June Gilb, RN Circulating RN

Physician

North Florida Regional

Dan Russo, EST Scrub Tech

Specialists

Medical Center

Chris Dace, RN PACU nurse RN 2466522

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Pt became hypovolemic during surgery due to large insensible fluid losses + about 400 cc of blood loss

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Pt. admitted to the hospital overnight checked CBC & given IV fluids. Responded & stabilized

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 89157  
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Autologous fat grafting - procedure cancelled after anesthesia administration



STATE OF FLORIDA  
Jeb Bush, Governor

pt transferred to hospital for BP management.

intavenous injection of local anesthetic + BP ↑

epi 60 OCT-2 PM 2:19

130

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

A  
IV sedation  
CRNA

Accr. AAAASF

I. OFFICE INFORMATION

MANUEL M. PENA M.D.  
Name of Office SURGERY CENTER  
NAPLES 34119 COLLIER  
City Zip Code County  
MANUEL M. PENA M.D.  
Name of Physician or Licensee Reporting  
Patient's address for Physician or Licensee Reporting

6370 PINE RIDGE RD  
Street Address  
239-348-7362  
Telephone  
42699 AAAASF 2002  
License Number & office registration number, if applicable

Priv. Naples Community Hospital

confirmed; 2/2/07 dch website

II. PATIENT INFORMATION

[Redacted]  
Patient Identification Number  
V50.1  
Diagnosis

[Redacted]  
Age 9/20/2006 Gender [Redacted] Medicaid Medicare  
Date of Office Visit  
SURGERY  
Purpose of Office Visit  
V50.1  
ICD-9 Code for description of incident  
II 405.0 458.2  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/20/2006 8:30 AM  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

[Redacted] year old healthy [Redacted] with negative medical history was scheduled to undergo

Autologous fat grafts to face on 9/20/06. [Redacted] underwent intravenous sedation and anesthetic was injected. the blood pressure and heart rate went up shortly after the local anesthetic was injected, this was an expected result of the epinephrine in the local. However, the B.P. rose to 240/140 and HR of 130 and remained there for several minutes. As a protective measure, it was decided to treat it with Labetalol 5 mg IV. This brought down the blood pressure and heart rate and achieved only desired effect. However, in a few minutes the blood pressure drifted downward and heart rate below 60. This was treated several times with short-term pressor agents, getting the desired result:

each time but after 5 minutes or so the BP and pulse would drift down.

1 of 2 pages

Form # DH-MQA1030- created 2-00; revised 3-24-03

Board Certified: Plastic Surgery

# MANUEL M. PEÑA, M.D., P.A.

BOARD CERTIFIED PLASTIC SURGEON  
SPECIALIZING IN COSMETIC SURGERY OF THE FACE AND BODY

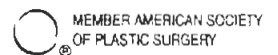
## Physician Office Adverse Incident REport

### Description of incident

page 2

Surgery was cancelled, and I decided to transfer the patient to Naples Community Hospital for evaluation and admission. [REDACTED] was admitted, stabilized and eventually underwent cardiac evaluation including catheterization. Neither pathology nor damage to myocardium was seen.

[REDACTED] was discharged on 9/24/2006 with a clean bill of health.



UNDERGOING ADMINISTRATION OF

B) ICD-9-CM Codes

| V50.1  | LOCAL ANESTHETICS UNDER<br>IV SEDATION   | NONE                                     |
|--|--|--|
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only <u>observation/w/u &amp; discharge</u><br>Name of facility to which patient was transferred _____ | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

LOIS COREY CRNA ARNP831282

---

ROSA HARP RN 9248216

---

CARMEN RIVERA OT

---

F) List witnesses, including license numbers if licensed, and locating information if not listed above

AS LISTED ABOVE

---

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

ATTACHED

---

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

ATTACHED

---

V.

|   |                       |
|---|-----------------------|
|  | 42699                 |
| SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT                                   | LICENSE NUMBER        |
| 9/28/06   | 800a                  |
| DATE REPORT COMPLETED   | TIME REPORT COMPLETED |

# MANUEL M. PEÑA, M.D., P.A.

BOARD CERTIFIED PLASTIC SURGEON  
SPECIALIZING IN COSMETIC SURGERY OF THE FACE AND BODY

## Physician Office Adverse Incident Report

### IV. Analysis and Corrective Action

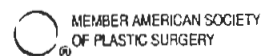
#### A) Analysis (apparent Cause) of this incident

Inadvertent intravascular injection of local anesthetic with epinephrine into facial area causing transient high blood pressure and tachycardia. Then treated with Labetalol, this lasted longer than the epinephrine effect thus causing decreased blood pressure and heart rate. A shorter acting agent would have been a better choice, on retrospect.

#### B) Describe corrective or proactive action(s) taken

##### Corrective action

Decrease the concentration of local anesthetic with epinephrine administered to facial area by 1/2. Use shorter acting agents to control the transient epinephrine effect on the heart rate and peripheral circulatory system. Breviblock will be substituted in the future when needed.



Abdominoplasty & infection, ? sepsis  
Liposuction



POD #15  
admitted to hospital

STATE OF FLORIDA  
Jeb Bush, Governor  
PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



131

ACER: AAAASF

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Dr. Cristina Keusch  
Name of office  
Boca Raton 33431 Palm Beach  
City Zip Code County  
Dr. Cristina Keusch  
Name of Physician or Licensee Reporting  
See Below  
Patient's address for Physician or Licensee Reporting

950 Glades Road, Suite #3  
Street Address  
561-368-9455  
Telephone  
OSR 73  
License Number & office registration number, if applicable

Priv: Boca Raton Community Hospital  
confirmed 2/26/07 Florida Dept. of Health website

II. PATIENT INFORMATION

[Redacted Patient Information]

09/20/06  
Date of Office Visit  
Follow up visit postop  
Purpose of Office Visit  
V67.06  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Wednesday September 20, 2006 2:00 PM  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other office exam room

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

See Attached

06 OCT -9 PM 2:31  
CONSUMER SERVICES UNIT

Board Certified: Plastic Surgery



**B) ICD-9-CM Codes**

|  |  |  |
|--|--|--|
| 0 V67.00   | E878.9   | 998.51                                   |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |

**C) List any equipment used if directly involved in the incident** N/A  
 (Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only <u>Treatment of infection</u> & Name of facility to which patient was <u>dehydration</u> transferred <u>Boca Raton Community Hospital</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Dr. Cristina Keusch (Surgeon)

Lutchmie Marajh (Medical Assistant)

Penelope Beys (Medical Assistant)

**F) List witnesses, including license numbers if licensed, and locating information if not listed above as above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

See Attached

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

See Attached

**V.**

|   |                       |
|---|-----------------------|
|   | ME54136               |
| SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER        |
| <u>10/4/04</u>                                    | <u>6pm</u>            |
| DATE REPORT COMPLETED                             | TIME REPORT COMPLETED |

**III. A – Incident Information – Circumstances**

This incident concerns a ■■■ year old, ■■■ pound, ■■■ feet ■■■ inch ■■■ who had lost ■■■ pounds over the course of several years. ■■■ presented to the office for abdominoplasty and liposuction for gynecomastia and fullness of the waist under general anesthesia at 11:00am on September 4, 2006. Baseline vital signs were 127/85-82. Prophylactic antibiotics were administered by the anesthesiologist 30 minutes prior to incision, and the patient was re-dosed during the procedure and postoperatively. The intraoperative course was uneventful. The patient stayed overnight and at 6:30 am, the RN noted significant swelling by the left lateral incision. A hematoma was evacuated by Dr. Keusch under local anesthesia at that time, prior to ■■■ discharge to home on September 5<sup>th</sup> and a third drain was placed. The patient was called on Wednesday the 6<sup>th</sup> and Thursday the 7<sup>th</sup> by the RN as per routine and reported that ■■■ was doing well. ■■■ was seen by Dr. Keusch on Friday the 8<sup>th</sup>. As drainage was minimal (20-30cc within 24 hours), all 3 drains were removed. ■■■ next appointment was scheduled for two weeks (September 22<sup>nd</sup>). ■■■ called Saturday the 16<sup>th</sup> of September with questions regarding ■■■ compression binder as ■■■ was planning to attend a party. ■■■ was told by Dr. Keusch to have ■■■ continue wearing the garment and not to attend the party as it was too soon after surgery. ■■■ attended anyway against medical advice. The patient called the office on 18<sup>th</sup> with concerns about ■■■ garment as ■■■ had cut it down to attend the party and needed a new garment. On the morning of September 20<sup>th</sup> Dr. Keusch heard from the patient's ■■■ that the patient was feeling sick and was having chills. Dr. Keusch instructed the patient to present as soon as possible and ■■■ came in that afternoon. ■■■ presented with a temperature of 102 degrees orally, heart rate of 115, blood pressure of 100/80 with a repeat BP 30 minutes later of 139/80, anxious appearance, and the surgical site was ecchymotic at the site of the previous hematoma and warm to the touch. ■■■ reported at that time that ■■■ had been experiencing nausea, vomiting, and diarrhea for 1-2 days. Dr. Keusch was concerned about dehydration and infection, and wanted the patient to be evaluated in the ER. The patient stated that ■■■ would drive home to shower and then drive ■■■ to the hospital, however, Dr. Keusch insisted that ■■■ be transported via EMS immediately. Dr. Keusch contacted the patient's internist and called in an infectious disease consult. The patient was transferred from the office to the hospital via EMS, and was met by the infectious disease physician in the ER. ■■■ was admitted with a diagnosis of "rule out sepsis." Chest X-ray, KUB and CAT scan of the chest, abdomen and pelvis were obtained. The CAT scan was positive for fluid in the abdominal wall and Dr. Keusch ordered aspiration under ultrasound. The fluid was cultured for staphylococcus aureus and a regimen of IV antibiotics was prescribed by the infectious disease physician, to which the patient responded well. The patient was discharged on the 23<sup>rd</sup> from the hospital and is still on antibiotics under the infectious disease physician's care. Repeat cultures were negative.

Currently, there is a small residual seroma which is being treated on an outpatient basis.

#### IV. Analysis and Corrective Action

As soon as possible after the event, Dr. Keusch reviewed the event with her staff. Infection control is of the highest priority in this practice, and any possible contributing factor was examined to ensure that there were no system failures at the time of this surgery (which there were not). The facility healthcare risk manager was notified to ensure compliance with state reporting requirements.

In analyzing this event, it was noted that the patient was a high energy individual who insisted on being active contrary to medical advice. Pre and post-operative instructions were given to him verbally and in writing preoperatively, and reinforced throughout the postoperative period. During [redacted] hospitalization, the patient admitted to soaking in a whirlpool tub and washing the car within 2 weeks of surgery – all activities that were not advised at that point in the healing process. Patients who experience hematomas are more likely to develop infections as the residual blood can serve as a culture medium, and the infectious disease physician was in agreement with this analysis of the event. It was noted by the nurse caring for the patient in recovery room that the patient was constantly moving in bed, and actively moving [redacted] leg on the same side that experienced the hematoma. There is unfortunately, a percentage of the surgical patient population, who do not follow instructions regarding activity restrictions. It is felt that this patient's early excessive activity and non-compliance may have contributed to this adverse outcome.

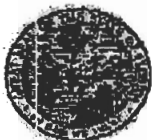
As this facility is AAAASF accredited, this incident will be further analyzed through the mandatory peer review process. Pre and postoperative instructions will be reviewed and amended as needed to include more specific information regarding activity restrictions and further emphasize the importance of following instructions to maximize surgical outcomes.

In general, the incidence of infection relating to abdominoplasty is reported in the literature as less than 1%, and this potential complication is included in Dr. Keusch's informed consent process. This is an extremely rare event for Dr. Keusch, occurring only once prior to this in her 17 years of practice. Hematoma post abdominoplasty, also included in the informed consent process, has never occurred in Dr. Keusch's practice, while it has a 3-4% occurrence rate in general.

  
\_\_\_\_\_  
Dr. Cristina Keusch

10/4/04  
\_\_\_\_\_  
Date

Breast augmentation - no remaining breathing p extubation  
A ? 2<sup>o</sup> effect of succinylcholine.  
pseudocholinesterase deficiency  
no adverse outcome - resolved in time



STATE OF FLORIDA  
Jeb Bush, Governor

136

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

General anesthesia - MD  
Accr: NO

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

**OFFICE INFORMATION**

Name of office: Sumitrona Center for Cosmetic Surgery, 915 Middle River Dr #203  
 City: Fort Lauderdale, FL Zip Code: 33314 County: Broward State: FL  
 Telephone: 9545657575  
 Name of Physician or Licensee Reporting: Timothy Alexander MD  
 License Number & office registration number, if applicable: OSR 491

Facility's address for Physician or Licensee Reporting: Priv: Larkin Hospital: 305-284-7500

continued: 2/2/07

II. PATIENT INFORMATION

[Redacted Patient Information]

Age: 10-25-06 Gender: Female Medical Insurance: Cosmetic Surgery  
 Date of Office Visit: 10-25-06  
 Purpose of Office Visit: Breast Augmentation  
 ICD-9 Code for Description of Incident: 86.22  
 Level of Surgery (I) or (II): I

III. INCIDENT INFORMATION

Incident Date and Time: 10-25-06

Location of Incident:  Operating Room  Recovery Room  Other

<https://www2.doh.state.fl.us/irm00praes/praslist.asp>

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(Use additional sheets as necessary for complete response)

See attached narrative report for event. Patient was transferred to Imperial Point Hospital Emergency room for observation & treatment for several hours. The patient was discharged home from the emergency room approximately four hours after arriving without any complications. The patient has been evaluated in our office Day + 1 postoperatively & Week postoperatively without complications.

NOT Board Certified in Plastic Surgery  
Secretary says he is BC

NOV-07-2008 TUE 02:42 AM KENDALL

FAX NO. 7575

P. 03

B) ICD-9-CM Codes

| Surgical diagnosis or treatment procedure being performed at time of incident (ICD-9 Codes 86-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 Codes) | Resulting injury (ICD-9 Codes 800-998.9) |
|---|---|--|
|---|---|--|

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary or appropriate)

D) Outcome of Incident (See check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong site<br><input type="checkbox"/> A procedure to remove and/or foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed facility<br><p>Outcome of transfer - e.g., death, brain damage, observation only, <u>discharge to family</u><br/> Name of facility to which patient was transferred: <u>hospital home</u></p> | <input type="checkbox"/> Surgical procedure performed on the wrong site<br><input type="checkbox"/> Wrong surgical procedure performed<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><input type="checkbox"/> If resulted in:<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent deformities not to include the infection case<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

E) List all persons, including license numbers if licensed, location information, and the capacity in which they were directly involved with this incident.

Timothy Alexander MD ME # 35285 Surgeon  
Don Nichols MD ME # 19836 Anesthesiologist

F) List witnesses, including license numbers if licensed, and location information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (Apparent cause) of this incident (use additional sheets as necessary or appropriate)

Pseudocholesterol increase in efficiency

B) Describe corrective or preventive action(s) taken (Use additional sheets as necessary or appropriate)

The patient fully recovered without negative outcome.

V. William ME # 35285  
SIGNATURE OF PHYSICIAN LICENSE SUBMITTING REPORT LICENSE NUMBER  
11-06-08 1300  
DATE REPORT COMPLETED THIS REPORT COMPLETED

NOV-07-2008 TUE 02:42 AM KENDALL

FAX NO. 7575

P. 01

*please see  
to patient's case*

The patient was [redacted] y/o [redacted] scheduled for elective bilateral breast augmentation. [redacted] gave no history of any adverse reactions to any medicines in the past. [redacted] had had general anesthesia in the recent past.

After an IV was started, standard monitors were placed, and pre-oxygenation was completed, the patient received a smooth IV induction of the following: 250 µg of fentanyl, 150mg of propofol, and 100mg of succinylcholine. A 7.5 endotracheal tube was placed in the patient's trachea without incident. Placement was confirmed with end tidal CO2 monitoring.

Maintenance anesthetics included oxygen, nitrous oxide, and isoflurane. The case proceeded without incident.

Once the case was finished, the patient's lungs were removed from mechanical ventilation. The patient was made apneic in order to let the carbon dioxide rise to a level where spontaneous ventilation would resume. The nitrous oxide and isoflurane were discontinued. The patient was receiving 100% oxygen.

The patient's end tidal carbon dioxide rose to 60 yet spontaneous ventilation did not resume. The heart rate and blood pressure increased significantly.

I then suspected that perhaps the patient had not yet recovered from the succinylcholine. The patient was placed back on a low dose of isoflurane and 70% nitrous oxide. The heart rate and blood pressure decreased.


I checked the patient's muscle paralysis with a nerve stimulator. The twitches were 0/4 and there was no tetany with five seconds of stimulus at 50mfz. I did the same with a second twitch monitor. I observed the same result. I tested the nerve stimulator on a volunteer who confirmed that it was functioning.

The lack of return of muscle function made me strongly suspect that the patient had a pseudocholinesterase deficiency. I administered 25mg of midazolam and an additional 250µg of fentanyl to be sure that [redacted] would remain unconscious until [redacted] could be transferred to a hospital.

The patient was admitted to the emergency room of a hospital for further management. It is impossible to know how long a dose of succinylcholine will last in a pseudocholinesterase deficient patient so the patient required a higher level of care.

[redacted] recovered from the succinylcholine several hours after it was administered. [redacted] trachea was extubated and [redacted] returned home without any suffering any morbidity.

The patient was given a discharge letter describing what happened and the condition that [redacted] has.

*Don M. Matthews, MD*  


Face lift - p/op chest pain + tachycardia - admitted for observation.



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

Accr: NO

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3276

06 DEC 11 AM 8:08

138

I. OFFICE INFORMATION

Strax Rejuvenation & Aesthetics Institute

4300 N. University Drive, Suite A202

Name of office

Street Address

Lauderhill 33351 Broward

954-749-3040

City Zip Code County

Telephone

John E. Nees, M.D.

License Number & office registration number, if applicable

Name of Physician or Licensee Reporting

ME36792

PRIV: Florida Medical Center

Patient's address for Physician or Licensee Reporting

confirmed 2/1/07 - cdh website

II. PATIENT INFORMATION

[Redacted Patient Address]

[Redacted Patient Information]

Age Gender  Medicaid  Medicare

Patient's Address

11-21-06

Cutis Laxa

Date of Office Visit

Surgery

Diagnosis

701.8

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

November 21, 2006, 8pm

Incident Date and Time

Location of Incident:

Operating Rm  
 Other

Recovery Rm

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

This [redacted] underwent a (minifacelift) on November 21, 2006. [redacted] was in excellent health, but had a history of hiatal hernia and esophageal reflux. The procedure was completed without complications. After the surgery was finished, this patient became anxious and complained of chest pain. The paramedics were called because of concerns about possible myocardial ischemia. [redacted] EKG was normal but for tachycardia. [redacted] symptoms resolved before the paramedics arrived. This patient wanted to go home but I insisted that [redacted] be taken to Florida Medical Center for evaluation. Diagnostic tests including blood tests, cardiac enzymes, and EKG were normal. [redacted] was admitted for observation overnight and discharged the next day.

Board Certified: Plastic Surgery

**B) ICD-9-CM Codes**

| 701.8  | E786.50  | None                                     |
|--|--|--|
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death  | <input type="checkbox"/> Surgical procedure performed on the wrong site **                       |
| <input type="checkbox"/> Brain Damage   | <input type="checkbox"/> Wrong surgical procedure performed **                                   |
| <input type="checkbox"/> Spinal Damage  | <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure |
| <input type="checkbox"/> Surgical procedure performed on the wrong patient                                      | <b>** if it resulted in</b>  |
| <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure      | <input type="checkbox"/> Death   |
| <input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital | <input type="checkbox"/> Brain Damage  |
| Outcome of transfer – e.g., death, brain damage, observation only <u>observation only</u>                       | <input type="checkbox"/> Spinal Damage   |
| Name of facility to which patient was transferred <u>Florida Medical Center</u>                                 | <input type="checkbox"/> Permanent disfigurement not to include the incision scar                |
|   | <input type="checkbox"/> Fracture or dislocation of bones or joints                              |
|   | <input type="checkbox"/> Limitation of neurological, physical, or sensory function;              |
|   | <input type="checkbox"/> Any condition that required the transfer outcome of the patient         |

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Sandra Rios, surgical assistant

Margelyn Retamar, surgery assistant

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Anire Okpaku, MD ME95013

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Heartburn, probably from esophageal reflux

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

I immediately called the paramedics for help and sent [redacted] to Florida Medical Center for evaluation.

V. John E. Neay M ME36792  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
DECEMBER 4 2006  
DATE REPORT COMPLETED TIME REPORT COMPLETED



Not a procedure

Oocyte retrieval - bleeding



Accr: NO

RECEIVED  
CONSUMER SERVICES UNIT

06 JUN -5 AM 8:01  
STATE OF FLORIDA  
Jeb Bush, Governor

123

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration, Consumer Services  
Unit, Post Office Box 14000, Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Florida Institute of Reproductive Medicine 836 Prudential Drive, Ste.902  
 Name of office Street Address  
 Jacksonville, 32207 Duval (904) 399-5620  
 City Zip Code County Telephone  
 Kevin Winslow, M.D. ME 0047697  
 Name of Physician or Licensee Reporting License Number  
 Same as above  
 Locating Information for Physician or Licensee Reporting PPI: Baptist medical Center: 904-202-2273

II. PATIENT INFORMATION

Age 5/24/06 License Medical/Medicare  
 Date of Office Visit  
 Oocyte retrieval  
 Purpose of Office Visit  
 628.9 ICD-9 Code for Diagnosis  
 Patient Identification Number  
 Infertility  
 Diagnosis

confirmed 2/2/07

III. INCIDENT INFORMATION

5/24/06 at 11:30  
 Incident Date and Time Location of Incident:  
 Operating Rm  Recovery Rm  
 Other  
 Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
 Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)  
 Bleeding noted from vaginal wall puncture site per Dr. Winslow during case.  
 Pressure held to site for 5 minutes with resolution of bleeding. Vaginal  
 ultrasound revealed free peritoneal fluid. Dr. Winslow ordered patient to be  
 transferred to ambulatory surgery for further observation at 11:50. Pt.  
 observed for 3 hours. No orthostatic hypotension or change in vital signs  
 noted. Hgb/Hct within normal limits: at hgb=11.9, hct=36.4. Discharged home  
 without intervention at 1445.

Board Certified - OBGYN  
Reproductive Endocrinology / Infertility

**B) ICD-9-CM Codes**

|  |  |  |
|--|--|--|
| <u>58970 TVOR</u>  | <u>998.11 Intraoperative hemorrhage</u>  | <u>None</u>                              |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting Injury (ICD-9 Codes 800-999.9) |

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

Philips Envisor Ultrasound Machine, Cook Double Lumen 16G needle.

**D) Outcome of Incident (Please check)**

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer of the patient |
|---|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

|  |
|--|
| <u>Kevin L. Winslow, M.D. - ME47697 - Surgeon</u>                      |
| <u>Wanda S. Shepherd, R.N. - RN9165066 - Scrub Nurse</u>               |
| <u>Christy S. Wilson, R.N. - RN9234616 - Circulator</u>                |
| <u>Teri McClure, C.R.N.A. - A.R.N.P. 1485122 - Anesthesia provider</u> |

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Same as above.

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

This is a known potential complication. Double lumen needle used to extract follicular fluid and oocytes from right ovary caused bleeding from vaginal wall.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

Given that this is a known complication, there is not necessarily a corrective action that can be taken.

V.

  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

FL 47697

LICENSE NUMBER

5/24/06

1000

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Colonoscopy - admitted to hospital re renal failure. p procedure + bowel impaction on next day



STATE OF FLORIDA  
Jon Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32389-3275

126

Acc: NO

No Longer  
At Office

**I. OFFICE INFORMATION**  
Center for GI Disorders.

Name of office  
Hollywood 33021 Broward  
City Zip Code County

Name of Physician or Licensee Reporting  
Dean Palmer

Patient's address for Physician or Licensee Reporting

1150 N 35th Ave Suite 901  
Street Address  
9549617771  
Telephone  
ME 89898  
License Number & office registration number, if applicable

Primer Hospital Regional Hospital  
continued 2/2/07 dot  
website

**II. PATIENT INFORMATION**

[Redacted]

Patient Identification Number  
Ca card PM

Diagnose

Age 71 Gender Male  
Date of Office Visit 7/13/06  
Purpose of Office Visit Colonoscopy center follow up  
ICD-9 Code for description of Incident  
Level of Surgery (II) or (III)

06 JUL 20 AM 10:05  
CONSUMER SERVICES UNIT

**III. INCIDENT INFORMATION**

07/13/06 10am  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other ER MRH

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

**A) Describe circumstances of the incident (narrative)**  
(use additional sheets as necessary for complete response)

Patient admitted with acute renal failure following a colonoscopy, and bowel preparation (with Fleet phosphosoda) for the procedure. The patient was admitted the day following the procedure via the emergency room. Patient had full recovery with normalization of renal function.

Board Certified: IM  
Gastroenterology

B) ICD-9-CM Codes

|  |   |  |
|--|---|--|
| <u>N/A</u>   | <u>276.51</u>   | <u>584.9</u>                             |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer - e.g., death, brain damage, observation only <u>Observation only</u><br>Name of facility to which patient was transferred <u>Memorial Regional Hospital</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

|                                   |                   |
|-----------------------------------|-------------------|
| <u>Dean Palmer MD - physician</u> | <u>ME 89898</u>   |
| <u>Nidia Calvo RN - nurse</u>     | <u>RN 3248512</u> |

F) List witnesses, including license numbers if licensed, and locating information if not listed above:

|                                       |                 |
|---------------------------------------|-----------------|
| <u>Michael Pappas M.D - physician</u> | <u>ME 90827</u> |
|---------------------------------------|-----------------|

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Dehydration due to bowel preparation

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Re-inforce need for adequate oral intake to patient (this already done verbally and per written instructions which are signed by the patient)

|   |                       |
|---|-----------------------|
| <u>[Signature]</u>                                | <u>ME 89898</u>       |
| SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER        |
| <u>7/19/06</u>                                    | <u>11am</u>           |
| DATE REPORT COMPLETED                             | TIME REPORT COMPLETED |

Colonoscopy - perforation

Fax 1-850-414-0864



STATE OF FLORIDA  
Jeb Bush, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

132

Accr: NO

I. OFFICE INFORMATION

Mark Lamet M.D.  
Name of office  
Hollywood 33021 Broward  
City Zip Code County  
Mark Lamet M.D.  
Name of Physician or Licensee Reporting

1150 N. 35<sup>th</sup> Ave, Ste 445  
Street Address  
954-961-7771  
Telephone  
ME0037518/  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

Hollywood Memorial: 866-532-4362  
confirmed: 2/2/07

II. PATIENT INFORMATION



Age 9/22/06 Gender [redacted] Medicaid Medicare  
Date of Office Visit  
Purpose of Office Visit Colonoscopy  
569.83  
ICD-9 Code for description of Incident  
Level of Surgery (II) or (III) II

Patient Identification Number  
789.03  
Diagnosis

III. INCIDENT INFORMATION

9/22/06 10:05 AM  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

06 OCT -2 AM 9:45  
CONSUMER SERVICES UNIT

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)  
Pt scheduled for Sweeney Colonoscopy. The pt was identified, consent was reviewed including but not limited to risks that include bleeding, perforation + adverse reaction to medication. [redacted] was then examined + cleared for colonoscopy. [redacted] received adequate sedation + procedure was started w/in a few minutes epiploca were observed in sigmoid colon + procedure was aborted. The pt was transferred to Memorial regional where Dr Potenti performed corrective surgery + repair of perforation. Pt is presently recovering after successful surgery.

Board Certified: IM  
Gastroenterology

B) ICD-9-CM Codes

45378  
Surgical, diagnostic, or treatment procedure being performed at time of incident  
(ICD-9 Codes 01-99.9)

E870.4  
Accident, event, circumstances, or specific agent that caused the injury or event.  
(ICD-9 E-Codes)

569.83  
Resulting injury  
(ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer - e.g., death, brain damage, observation only <u>Surgery</u><br>Name of facility to which patient was transferred <u>Memorial Regional</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Mark Lamet M.D. ME00

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Recognized Complication of Colonoscopy

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

None

V.

[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

032518  
LICENSE NUMBER

9/26/06  
DATE REPORT COMPLETED

4:30 PM  
TIME REPORT COMPLETED

BCC TX - Mohs  
Wrong surgical site

~~23~~ Derm  
(not Mohs (w/lyze))



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

133

Accr: NO

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office: MIMA - MELBOURNE INTERNAL MEDICINE 7125 MURRELL ROAD  
Street Address  
418A 32940 BREVARD  
City Zip Code County  
Telephone: 321 242-8790  
Name of Physician or Licensee Reporting: LARRY BISHOP, MD  
License Number & office registration number, if applicable: ME 0067730

Patient's address for Physician or Licensee Reporting

Priv. Holmes Hospital - ~~800-549~~ 2300  
321-434-~~7144~~  
confirmed 2/2/07

II. PATIENT INFORMATION

[Redacted Patient Information]  
Patient Identification Number  
Diagnosis: BASAL CELL CARCINOMA

Age: 9/1/06 Gender: 10/2/06 Medicaid/Medicare: 10/13/06  
Date of Office Visit  
Purpose of Office Visit: BASAL CELL CA, LEFT EAR  
ICD-9 Code for description of incident: RX and REMOVAL OF BASAL CELL CA

Level of Surgery (II) or (III)  
LEVEL 1

III. INCIDENT INFORMATION

Incident Date and Time: 10/13/06

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other PROCEDURE ROOM

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

SEE ATTACHED NARRATIVE

06 NOV - 5 11:53:17

Board Certified: Internal Medicine - Larry Bishop  
Dermatology - Larry Stephens Bishop



B) ICD-9-CM Codes

173.04

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E-876.9

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

872.01

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

|  |   |
|--|---|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only _____<br>Name of facility to which patient was transferred _____ | <input checked="" type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|---|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

LARRY BISHOP, MD

ME 0067730

EMILY NEEL, PA

PA 9102151

F) List witnesses, including license numbers if licensed, and locating information if not listed above

KRISTA BAUMBACH, MA

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

SEE ATTACHED

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

SEE ATTACHED

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 0067730

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

**Physician Office Adverse Incident Report  
Melbourne Internal Medicine Associates  
Submitted 10/31/06**

**Patient Name:** [REDACTED]

**III. INCIDENT INFORMATION**

**A. Narrative of Incident:**

On September 1, 2006, [REDACTED] presented to Emily Neel, PA for an itching lesion on the back of the left ear that had been there for approximately one year. On examination, P.A. Neel found a 2mm papule which she shaved off and submitted to pathology. The office had just started using a digital camera to document a visual picture as well as location of all lesions, instead of only the pigmented lesions. Since the lesion was so small, it was felt that the picture would assist Dr. Bishop in identifying the correct site. After the picture was printed out, and the pathology showed a basal cell lesion, P.A. Neel drew an arrow on the picture at the spot she believed the shaving was performed (there were no sutures or incision).

Dr. Bishop saw the patient in a pre-op consultation, prior to performing the MOH's procedure. Dr. Bishop saw a small depression behind the left ear in an area that corresponded to the arrow drawn on the picture. The patient was unable to confirm the exact location since it was on the back of the ear, even with the help of a mirror. The depression was the only obvious visible sign of an abnormality on the tissue. After informed consent, the patient agreed to the MOH's procedure.

On October 13, 2006, the patient presented for surgery. Again, the surgery site was confirmed by the medical assistant in the room prior to going to surgery, and then by the surgical assistant at the time just prior to surgery with the patient before marking it. The MOH's procedure was performed and there was no evidence of tumor in the specimen (which is often the case with small tumors, which are essentially entirely removed with the biopsy or by curettage prior to the first MOHS layer). Patient's incision was closed and the patient had an uneventful post-operative course.

When [REDACTED] came back for [REDACTED] suture removal on October 20, 2006, the patient asked if there was a possibility of a discrepancy between the actual lesion site, and the area where the MOH's procedure was performed. Dr. Bishop reviewed the marked diagram that the Medical Assistant had filled out on the first visit with P.A. Neel, which correlated with what the patient believed was the correct area. That site was approximately 1 inch from the site that was marked on the picture by P.A. Neel. Although visual examination did not show evidence

of a prior biopsy, palpation did indeed reveal convincing evidence of a previous biopsy.

Dr. Bishop then discussed with the patient that the wrong area had been operated on and he would do whatever was necessary to correct the problem. The patient appreciated the honesty and respect from Dr. Bishop. [REDACTED] insurance was reimbursed for the original procedure. The corrective procedure will not be billed, and all co-pays were refunded to the patient.

#### I.V. ANALYSIS AND CORRECTIVE ACTION

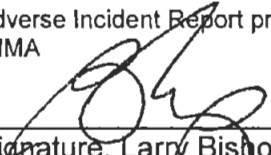
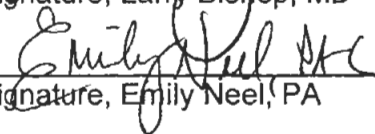
##### A) Analysis of incident:

The office had just started using a camera to document tissue changes and locations of lesions on every patient. There was a gap in time between taking the picture and getting it to the computer to be printed out. Since this lesion was so small, the location was mis-identified by P.A. Neel when all the pictures from the day were printed out and the pathology came back as basal cell carcinoma. The arrow was drawn at the site P.A. Neel thought the shaving had occurred, which was not actually the site of the biopsy.

##### B) Corrective Action taken:

Since this incident came to the physician's attention, during the post-op visit on October 20<sup>th</sup>, changes have been made in the documentary picture procedure. PA Neel was counseled as to appropriate procedures and policies regarding the photographing of patients post-biopsy. Now the practitioner will mark the area to be biopsied with a purple skin marker, putting a dot on both sides of the lesion. A label with the patient's name will be placed next to the lesion and a picture taken. After the biopsy, a second picture will be taken (with the patient label) of the site with the lesion bleeding. Additionally, both the preparing medical assistant as well as the surgical medial assistant will, in addition to confirming the site with the patient, as was done in this case, also confirm with the hand-drawn diagram to confirm the site of biopsy prior to surgery. This process should prevent additional wrong site incidents from occurring.

Adverse Incident Report prepared by Karen Andersen, RN, LHCRM, Director, Risk Management  
MIMA

|   |                                      |
|---|--------------------------------------|
| <br>_____<br>Signature, Larry Bishop, MD | <u>31 OCT 06</u><br>_____<br>Date    |
| <br>_____<br>Signature, Emily Neel, PA   | <u>Oct 31, 2006</u><br>_____<br>Date |
| _____<br>Signature, Karen Andersen Risk Manager   | _____<br>Date                        |

Ureteroscopy / Incision of UPJ - /p/p nausea 2<sup>o</sup> pain meds

Acc...

JCAHO - YES



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

134

06 OCT 26 PM 2:29  
Department of Health, Consumer Services Unit

Office: 727-381-8667

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Bay Area Renal Stone Center  
Name of office  
St Petersburg 33709 Pinellas  
City Zip Code County  
Ketan Kapadia, MD  
Name of Physician or Licensee Reporting  
5747 38th Ave. N., St. Pete, FL 33710  
Patient's address for Physician or Licensee Reporting

6002 49th Street North  
Street Address  
727-521-3929  
Telephone  
ME79719 HCC6888  
OSR473  
License Number & office registration number, if applicable

PRIV: Palms of Pasadena Hospital  
continued 2/1/07 due to nausea

II. PATIENT INFORMATION

[Redacted]  
Patient Identification Number  
UPJ STRICTURE 593.3  
Diagnosis

[Redacted]  
Age 10/18/06 Gender [Redacted] Medicare [Redacted]  
Date of Office Visit  
Ureteroscopy Incision of UPJ  
Purpose of Office Visit Stricture  
787.0  
ICD-9 Code for description of incident  
III  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/18/06 19:30  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient was very nauseated upon arrival to recovery room. [Redacted]  
continued to be nauseated with vomiting throughout the day.  
Patient history included severe post-operative nausea. Family felt  
that the patient could not be managed at home. The patient's nausea  
resolved by the next morning. Patient remained in the hospital for  
an additional 24 hours for pain control. Patient was discharged  
home on 10/20/06 without further sequelae.

Board Certified: Urology

B) ICD-9-CM Codes

|  |  |  |
|--|--|--|
| <u>52345</u>   |  |  |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer -- e.g., death, brain damage, observation only _____<br>Name of facility to which patient was transferred <u>Northside Hospital and Tampa Bay Heart Institute</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

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F) List witnesses, including license numbers if licensed, and locating information if not listed above

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IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

---



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B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

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V. [Signature] ME79719  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
10/20/2006 19:30  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

Angioplasty - p/op bleeding  
pt went to ER,  
no hospital  
transfer



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

06 NOV 15 PM 3:36  
135

Acet: NO

I. OFFICE INFORMATION

South Florida Vascular Associates  
Name of office  
Margate 33063 Broward  
City Zip Code County  
Dr William Siler  
Name of Physician or Licensee Reporting

2825 N Ste Rd 7 Ste 303  
Street Address  
954-975-6161  
Telephone  
ME 59991/052511  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

priv: Northwest Medical Center: 954-978-4001

Dr. Siler & Tabbara both confirmed

II. PATIENT INFORMATION

[Redacted Patient Information]  
Pa  
Pa  
Patient Identification Number  
caotid stenosis  
Diagnosis

[Redacted Patient Information]  
Age Gender Medicaid Medicare  
10/25  
Date of Office Visit  
caotid / vertebral / cerebral angio  
Purpose of Office Visit  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

2/2/07

III. INCIDENT INFORMATION

10/25/06  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Home

Note: If the incident involved a death, was the medical examiner notified?  Yes  No N/A  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

patient discharged from post procedure stable. Pt called Dr. Tabbara from home later that evening with complaints of oozing from groin. patient went to emergency room where emergency room physician placed sutures at site and stopped bleeding. patient seen in emergency room by Dr Tabbara who assessed patient. patient discharged from emergency room and seen by Dr Tabbara in office the next day for assessment continuation

Tabbara

Board Certified: American Board of Surgery  
Vascular Surgery



**B) ICD-9-CM Codes**

|  |  |  |
|--|--|--|
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |
|--|--|--|

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only _____<br>Name of facility to which patient was transferred _____ | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

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**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

*Dr. Massimo Tabbara ME0045701*

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

*It is difficult to assess subcutaneous vs arterial bleed over the phone so patient needs to be assessed by a physician in person and anticoagulant therapies reviewed.*

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

*will continue to closely review discharge instructions, what to do in case in emergency and will continue to follow up on patients post procedure the next business day*

V. ✱ *Will [Signature]* *ME59991*  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
*11/10/06* \_\_\_\_\_  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

Colonoscopy - perforation - repaired in hospital

09/17/02 05:57 FAX 9225030

BD OF MRD FL

02



STATE OF FLORIDA  
Job Bush, Governor

137

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

Accer. NO

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

GASTROINTESTINAL DIAGNOSTIC CENTERS  
Name of office

PEMBROKE PINES 33024 BROWARD  
City Zip Code County

NORA KELLY / JEFFREY STEINER, MD  
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

2045 N. UNIVERSITY DR  
Street Address

954. 962. 0888  
Telephone

RN 44588-2 / 175  
License Number & office registration number, if applicable  
ME-0066129

Memorial Pembroke: 954-962-9650

confirmed 2/2/07

II. PATIENT INFORMATION

[Redacted Patient Information]

Patient

Patient

Patient Identification Number  
Diagnosis Family hx colon cancer

[Redacted Patient Information]

Age Gender Medicaid Medicare

Date of Office Visit 8/28/06

Purpose of Office Visit consultation

ICD-9 Code for description of incident 86.53

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/6/06 11:55AM  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other GI SUITE ROOM 2

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

The risks benefits and alternatives to upper endoscopy and colonoscopy were reviewed and discussed in detail and consent was obtained. Pt. prepared at home for colonoscopy using Colyte bowel prep. Upper endoscopy was completed without incident and colonoscopy was started. Severe diverticulosis was noted in the cecum. Colonoscopy was carried out to the cecum. Upon withdrawal of the scope there was a significant amount of red blood and a cecum perforation was noted. The procedure was terminated and all air was removed. ERG was called. Pt. was given 2 grams of Ampicillin IV and transported to Memorial Hospital Pembroke. Sigmoid colon perforation was repaired without complication. Pt. was discharged to home 11/10/06 and seen

1 of 2 pages  
Form # DH-MQA1030- created 2-00; revised 9-6-01

Board Certified: IM

Gastroenterology



B) ICD-9-CM Codes

|   |   |   |
|---|---|---|
| <u>V16.0</u>  | <u>562.10</u>   | <u>863.53</u>                               |
| Surgical, diagnostic, or treatment procedure being performed at time of incident<br>(ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event.<br>(ICD-9 E-Codes) | Resulting injury<br>(ICD-9 Codes 800-999.9) |

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

OLYMPUS CF 100 COLONOSCOPE

D) Outcome of incident (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer -- e.g., death, brain damage, observation only <u>SURGICAL REPAIR</u><br>Name of facility to which patient was transferred <u>MEMORIAL HOSPITAL PENNSYLVANIA</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

|                           |                   |   |
|---------------------------|-------------------|---|
| <u>JEFFREY STEINER MD</u> | <u>ME 0066129</u> | } <u>DOWNS UNIVERSITY DR</u><br><u>PENNSYLVANIA</u><br><u>32024</u> |
| <u>CHRIS CARLIN RN</u>    | <u>RN 9200671</u> |   |
| <u>ANWUNSER KHAN MD</u>   | <u>ME 68075</u>   |   |
| <u>NED JAMES TECH</u>     |                   |   |

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Sigmoid colon diverticulosis  
Multiple adhesions noted on operative report

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

No delay in activating EMS and securing appropriate treatment  
for pt. Preparation is listed as possible complication w/ our informed  
consent.

V. JEFFREY STEINER Mara Kelly MD ME-0066129/74588-2  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

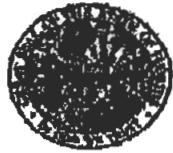
Colonoscopy - perforation.

08/17/02 05:57 FAX 9225036

BD OF MRD RI.

139

02



STATE OF FLORIDA  
Job Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

Accr: NO

I. OFFICE INFORMATION

GASTROINTESTINAL DIAGNOSTIC CENTERS  
Name of office

2245 N. UNIVERSITY DR.  
Street Address

PENROBE PINES 33024 BROWARD  
City Zip Code County

954.963.0888  
Telephone

NORA KELLY RN JEFFREY A. RN  
Name of Physician or Licensee Reporting

74588-2 175  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

Priv: Memorial Penroke: 954-962-9650  
Continued 2/2/07

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Patient

Age Gender Medicaid Medicare

Patient

Date of Office Visit 10/10/06

Patient Identification Number

Purpose of Office Visit consultation

Diagnosis

Rectal Bleeding  
4x colon polyps

ICD-9 Code for description of incident 863.53

Level of Surgery (III) or (IV)

III. INCIDENT INFORMATION

11/27/06 1135-1145  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other: I suite room 2

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

The risks, benefits and alternatives of colonoscopy were reviewed and discussed in detail and informed consent was obtained. Pt. prepped at home using Miralax Drop. Colonoscopy was started after MAC anesthesia achieved by Dr Khan. The cecum was reached with difficulty due to redundancy. Upon withdrawal of scope a few diverticula were noted along with evidence of perforation in the sigmoid colon. The procedure was terminated and all air was removed. The patient was given 1 gram of Vancomycin IV and transported to Memorial Hospital Penroke for surgical intervention. A low anterior resection was performed 11/27/06 without complication. Pt. was hospitalized.

1 of 2 pages  
Form # DH-MQA1030- created 2-00; revised 9-6-01

Board Certified: IM  
Gastroenterology

B) ICD-9-CM Codes

|  |  |  |
|--|--|--|
| V16.0  | S62.10   | 863.53                                   |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

OLYMPUS CF100 COLONOSCOPE

D) Outcome of Incident (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer - e.g., death, brain damage observation only <u>SURGICAL REPAIR</u><br>Name of facility to which patient was transferred <u>MEMORIAL HOSPITAL PEMBROKE</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

|                    |            |   |
|--------------------|------------|---|
| JEFFREY STEINER MD | ME 0066129 | } 2245 N. UNIVERSITY DR<br>PEMBROKE PINES FL<br>33024 |
| CHRIS CARLIN RN    | RN 9200671 |   |
| LINSEY KILIAN MD   | ME 68075   |   |
| MED JAMES GI TECH  |            |   |

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Sigmoid colon diverticulosis

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Once problem was identified immediate and appropriate action was initiated. IV antibiotic was started. Sack in hospital was notified and pt was transported to acute care facility by local EMS.

V. JEFFREY STEINER / Memorial Pines FL 0066129 / 74588.2  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Liver Biopsy Observation only



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

Pain p liver Box.  
Acet NO

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

1410  
06 Dec 2006 PM 3:14

I. OFFICE INFORMATION

SIR (Sarasota Interventional Radiology) 600 Cattlemen Road  
Name of office Street Address  
Sarasota 34232 Sarasota # 941-378-3231  
City Zip Code County Telephone  
Dr. Gerald Grubbs ME63773  
Name of Physician or Licensee Reporting License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

Hospital Privileges: Lakewood Ranch  
Venice - 941-460

II. PATIENT INFORMATION

[Redacted] [Redacted]  
Age Gender Medical Insurance  
11-28-2006  
Date of Office Visit  
Liver Biopsy  
Purpose of Office Visit  
ICD-9 Code for description of incident  
II  
Level of Surgery (II) or (III)

941-482-2100  
941-483-8000  
7634  
confirmed:  
2/2/07

III. INCIDENT INFORMATION

11-28-2006 @  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Pt. in recovery area on (R) side as directed. No sharp pains in abdomen @ gastric area. Pains began 20 minutes post biopsy and increased in intensity to a #10. Rescanned pt. in CT. MD @ new orders to admit pt. to VRMC for overnight observation.

Board Certified - American Board of Radiology  
Diagnostic Radiology

B) ICD-9-CM Codes

Colorectal CA

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer - e.g., death, brain damage, observation only <u>observation only</u><br>Name of facility to which patient was transferred <u>Venice Regional Medical Center</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Dr. Gerald Greubbs ME 63973  
Amy Sherry, RN # 2086292

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Chris

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

[Signature]  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT  
12-5-03  
 DATE REPORT COMPLETED

ME 63973  
 LICENSE NUMBER

0800  
 TIME REPORT COMPLETED

Angioplasty & endovascular reconstruction

- p/op bleeding, Tx in ER, STATE OF FLORIDA, Jeb Bush, Governor



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

141

Accr: NO

SUBMIT FORM TO: Department of Health, Consumer Services Unit, 4052 Bald Cypress Way, Bln C75, Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office: South Florida Vascular Associates, City: Margate, Zip Code: 33063, County: Broward, Name of Physician or Licensee Reporting: William Julian MD

Street Address: 2825 N State Rd 7 Suite 303, Telephone: 954-975-6161, License Number & office registration number, if applicable: ME 59991 / OSR 511

Patient's address for Physician or Licensee Reporting

Northwest Medical Center: 954-978 4001, Dr. Julian & Tabbara

II. PATIENT INFORMATION

Patient Identification Number: [Redacted], Diagnosis: Claudication

Date of Office Visit: 12-7-2006, Purpose of Office Visit: Lower extremity angiogram with endovascular reconstruction, ICD-9 Code for description of incident: 11, Level of Surgery (II) or (III):

both continued 2/2/07

III. INCIDENT INFORMATION

Incident Date and Time: 12-7-06 14:00

Location of Incident: [ ] Operating Rm, [ ] Recovery Rm, [ ] Other ER

Note: If the incident involved a death, was the medical examiner notified? [ ] Yes [ ] No, Was an autopsy performed? [ ] Yes [ ] No

A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)

Pt was seen 12/7/2006 for left leg endovascular reconstruction with angioplasty of SFA origin. A Stase low device was used for hemostasis of right CFA. Pt was observed 2.5 hours post procedure. Pt was discharged at 12:30 PM at which time [Redacted] received written postop instructions and acknowledged understanding. Approximately 14:00 Dr Julian was called by Dr Isaacson, ER physician from Florida Medical Center. Pt was being treated for right groin post op bleeding. Pt was released from ER @ 17:30 without further incident.

Julien, Board Certified: Diagnostic Radiology, Vascular & Interventional Radiology

**B) ICD-9-CM Codes**

|  |  |  |
|--|--|--|
| N/A  | N/A  | N/A                                      |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting Injury (ICD-9 Codes 800-999.9) |

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

N/A

**D) Outcome of Incident** (Please check)

|   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer -- e.g., death, brain damage, observation only _____<br>Name of facility to which patient was transferred <u>Florida Medical Center</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Debra Andersen RN 78634-2

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

groin surgery; hypotension; pt' on PCE/ASA.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Unmedicated; Will want to observe groin post op & walk before discharge.

**V.**

Will H. [Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

FL 59991  
LICENSE NUMBER

12-14-06  
DATE REPORT COMPLETED

305  
TIME REPORT COMPLETED

Liposuction - Death

Pulmonary embolus



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

06 NOV 28 PM 2:50  
DEPARTMENT OF HEALTH - CONSUMER SERVICES UNIT

30

General Anesthesia

Aut. AAAASF

I. OFFICE INFORMATION

ENRIQUE J. FERNANDEZ, MD

Name of office

2902 59TH ST. W, STE A, BRADENTON, FL

Street Address

BRADENTON 34209 MANATEE

City

Zip Code

County

941-795-2088

Telephone

34209

ENRIQUE J. FERNANDEZ, M.D.

Name of Physician or Licensee Reporting

ME 479301

License Number & office registration number, if applicable

SEE BELOW

Patient's address for Physician or Licensee Reporting

Blake Hospital: 941-792-60  
confirmed: 2/2/7

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Age

11-13-06

Gender

Medicaid  Medicare

Date of Office Visit

LIPOSUCTION

Purpose of Office Visit

427.5

Diagnosis PULMONARY EMBOLUS

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/13/06 1500 A

Incident Date and Time

Location of Incident:

Operating Rm

Recovery Rm

Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No

Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

SEE ATTACHED.

Board Certified: Plastic Surgery



**B) ICD-9-CM Codes**

|  |  |  |
|--|--|--|
| <u>86.83</u>   | <u>E879.9 (415.19)</u>   | <u>997.1</u>                             |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

NA

**D) Outcome of Incident** (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only <u>DEATH</u><br>Name of facility to which patient was transferred <u>BLAKE MEDICAL CENTER</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

?GEON: ENRIQUE J. FERNANDEZ MD ME 47930      MARGARET P. VEGAS - SURGICAL TECH  
 ANESTHIOLOGIST - JOHN JEFFREY MD ME 83430      - CONTACT AT DR. FERNANDEZ OFFICE.  
 GIST DAWN O'LASKEY, RN RN 2160092      - ALL PARTICIPATED IN PATIENT  
MARY C. VANFOSSEN, LPN RN 424991      TREATMENT.

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**  
SEE ABOVE (E)

**IV. ANALYSIS AND CORRECTIVE ACTION**


**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

PER ATTENDING CARDIOLOGIST (JOSEPH N. PACE, MD ME 73506), PULMONARY EMBOLUS CAUSED DYSRHYTHMIA. THE MEDICAL EXAMINER DETERMINED THAT NO AUTOPSY WAS WARRANTED.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

CASE REVIEW PERFORMED BY SURGEON, ANESTHESIOLOGIST AND PATIENT'S CARDIOLOGIST. NO DEFICIENCIES IN EMERGENCY RESPONSE OR CLINICAL PERFORMANCE WERE DISCERNED.

**V.**

|   |                       |
|---|-----------------------|
|  | <u>ME 47930</u>       |
| SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT                                   | LICENSE NUMBER        |
| <u>NOVEMBER 27, 2006</u>  | <u>3:20 PM</u>        |
| DATE REPORT COMPLETED   | TIME REPORT COMPLETED |

The patient, [REDACTED], age [REDACTED], presented to my office on July 18, 2006 for consultation regarding [REDACTED] desire to reduce the laxity and fullness of [REDACTED] arm skin where it was present bilaterally. [REDACTED] also wanted improvement of [REDACTED] abdominal contour. [REDACTED] past medical history was significant for having undergone placement of coronary artery stents approximately four months prior. [REDACTED] described [REDACTED] as feeling better although [REDACTED] was not completely asymptomatic. [REDACTED] indicated that [REDACTED] got some fatigue when [REDACTED] goes on long walks. [REDACTED] had previously had multiple abdominal procedures in the past. I carefully examined the patient and had a thorough discussion regarding the patient's options. Regarding [REDACTED] arms, it was determined [REDACTED] would benefit from liposuction as well as subsequent skin excision in a staged manner. As to [REDACTED] abdomen, it was determined that [REDACTED] would benefit from liposuction of the abdomen followed by removal of skin and fat from the lower portion of the abdomen (lipectomy). A staged approach to the procedure was planned with the intent of minimizing any potential risk. Methods of general anesthesia were discussed. The anticipated recovery and potential risks such as death, pulmonary emboli, asymmetries, abdominal wall perforation, excessive bleeding, infection, unsightly scarring, sensory or less likely motor loss and other risks and complications were discussed. Clearance for surgery by [REDACTED] cardiologist, Dr. Joseph Pace, was requested.

On August 22, 2006, my office received a fax from the patient's cardiologist, Dr. Pace, indicating that [REDACTED] had been cleared for surgery. This included a stress test performed on August 18, 2006 which was normal. The patient returned to see me on August 29, 2006 for follow up consultation regarding [REDACTED] planned treatment. The entire procedure to be undertaken was discussed with [REDACTED] and [REDACTED] and a repeat examination was undertaken. I noted that Dr. Pace, [REDACTED] cardiologist, had cleared [REDACTED] for surgery. The initial treatment plan remained the same which was to perform liposuction of [REDACTED] arms focusing on the posterior aspect of the arm but to a moderate degree on the lateral and

anterior surface. Liposuction of the abdomen would also be undertaken. ■ understood the need for a two-stage approach and that it would probably take at least six months before ■ might be ready for further treatment. I noted in the record that the various risks and benefits of the procedure had been discussed at length. I also noted that there would be further discussion with the anesthesiologist regarding their opinion regarding the surgery.

It should be noted that the patient had been on Plavix since ■ stent procedure which could affect coagulation during a surgical procedure. Dr. Pace was contacted regarding how long before the patient could be off Plavix. Dr. Pace informed my office that after ■ had been on Plavix for an uninterrupted period of six months, ■ could have the surgery. I spoke with Dr. Pace again on September 7, 2006. Dr. Pace informed me that after October 1, 2006, ■ could discontinue the Plavix for a 10-day period pre-operatively. Further, Nurse Dawn O'Laskey spoke with Dr. Russell Austin, one of the two anesthesiologists I used, to discuss the case and obtain his opinion as to whether the patient was a suitable candidate for surgery. It was his conclusion that ■ had a mild controlled cardiac condition and that ■ was classified as an ASA II patient. Therefore, it would be appropriate to perform ■ procedure in the office surgical facility.

The patient was notified that Dr. Pace had advised me that ■ could discontinue to Plavix anytime after October 1, 2006 and the surgery could be scheduled after that. The patient let my office know that ■ would check ■ schedule as ■ was planning a trip. Upon ■ return, ■ called the office and expressed ■ desire to schedule the procedure. Dr. Pace's office was contacted once again to make sure that the patient could undergo the surgery and Dr. Pace acknowledged in writing that the patient was clear for surgery. The EKG performed by Dr. Pace on September 5, 2006 was interpreted as essentially normal.

Another pre-operative visit was held between the patient and Dawn O'Laskey, R.N. The patient's [REDACTED] was also present. At that time, the patient received a customized book that described to [REDACTED] the pre-operative preparations as well as post-operative care. The booklet also included a description of the risks and benefits of the procedure. A copy of the consent form was also given to the patient so [REDACTED] could review it at home. The patient's surgery was scheduled for November 13, 2006.

On the morning of surgery, [REDACTED] presented to the office with [REDACTED]. Pre-operative evaluations were undertaken by the nursing staff, myself, as well as the anesthesiologist, Dr. John Jeffrey. It should be noted that Dr. Jeffrey contacted the patient a week prior to surgery, as is his protocol, in order to introduce himself and discuss [REDACTED] medical history, method of anesthesia, and potential risks. Dr. Jeffrey at the time concluded that [REDACTED] was a suitable patient to undergo surgery. I performed a physical examination of [REDACTED] on the morning of surgery which included auscultation of [REDACTED] breath sounds which were found to be normal. To questioning, [REDACTED] responded that [REDACTED] was feeling well. [REDACTED] was spirited and looking forward to the procedure. I re-examined [REDACTED] abdomen and described to [REDACTED] and [REDACTED] the condition for which [REDACTED] was being treated as well as the manner in which it was going to be done. I once again emphasized that despite [REDACTED] clearance for surgery I wanted to perform [REDACTED] treatment in such a manner as to optimally minimize the risk of any potential complications. I made specific reference to the fact that the performance of liposuction followed in the future by lipectomy as opposed to an abdominoplasty was intended to minimize the potential risk of the procedure. Surgical markings were made. The patient expressed [REDACTED] understanding of what was to be done. Dr. Jeffrey entered the room to perform his evaluation and discuss his role with the patient and [REDACTED].

The procedure began by performing a liposuction of the abdomen which took one hour from the time the incisions were made until the time they were closed. This was uneventful. The surgical drapes were removed and the right arm was prepped and draped. The liposuction of that area was performed uneventfully. Total volume removed was 3750 cc. Total volume of supernatant fat removed was 3450 cc. The IV which was on the left upper extremity was changed to the right upper extremity. The left upper extremity was prepped and draped. Up until this time, the patient's condition was completely stable. Within approximately five seconds after small incisions were made in the left arm, ■■■ heart rhythm suddenly changed from normal sinus rhythm to ventricular tachycardia. This change was witnessed precisely at the time that it happened as Dr. Jeffrey was looking directly at the monitors. Cardio pulmonary resuscitation was begun immediately after verifying that the heart monitor was recording properly, a process that took a few seconds. 911 was called immediately and they arrived at the office shortly after they were called. The patient's resuscitation continued. The patient was transferred to Blake Medical Center Emergency Department as soon as possible. Once sufficient medical care was present, I discussed the situation with the patient's ■■■■. I, along with Dr. John Jeffrey and Nurse O'Laskey, went to Blake Medical Center to see the patient. Dr. Pace, the patient's cardiologist, was also called and asked to see ■■■■ at the hospital which he did do.

I witnessed the resuscitation but did not participate. The code was being run by Dr. Pace. During the event, the patient manifested a clinical pattern of pulseless electrical activity of the heart. On multiple occasions, ■■■ was able to be converted to a sinus rhythm only to shortly thereafter change to a dysrhythmia. At one point, ■■■ achieved sufficient stability that Dr. Pace, who conducted the resuscitation, determined that ■■■ would likely benefit from being transferred to the cardiac catheterization laboratory for the purpose of placing a pacemaker. Unfortunately, the patient developed a dysrhythmia from which ■■■ could not recover. Resuscitation efforts continued for approximately one hour but were unsuccessful. The medical examiner was notified of this death and made a determination that

an autopsy was not indicated based upon their investigation. Cause of death was determined to be pulmonary emboli. I, along with Dr. Jeffrey and Dr. Pace, have participated in a quality evaluation of this incident. It was determined that there was no further action that could be taken.

It is my sincere belief, as well as the opinion of those who participated in the care of this patient, that this event occurred in spite of the patient being cared for in a very appropriate and caring manner. The dysrhythmia could not have been foreseen. When it did occur, immediate measures were taken to try and reverse the situation. Unfortunately, in spite of everyone trying their best to take care of the situation, the patient could not be revived. I have taken time to discuss this unfortunate incident with the patient's [REDACTED] and other family members on several occasions and they have expressed their understanding.

Please let me know if you need any further information.

Face lift, breast lift } 6.5 hrs  
abdominoplasty



→ Pulmonary  
STATE OF FLORIDA  
Jeb Bush, Governor

embolus  
Death POD#3

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT after discharge

29

calling me  
back

Accr: NO

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

resigned in 2004

I. OFFICE INFORMATION

Elizabeth Fox, MD  
Name of office  
Naples, FL 34103 Collier  
City Zip Code County  
Elizabeth Fox, MD  
Name of Physician or Licensee Reporting  
827 Myrtle Terrace  
Patient's address for Physician or Licensee Reporting

827 Myrtle Terrace  
Street Address  
(239) 262-8585  
Telephone  
ME-0074606  
License Number & office registration number, if applicable  
? Priv: NCH - NO  
6 239-436-5000

II. PATIENT INFORMATION

[Redacted]  
Age  
[Redacted]  
Gender  
[Redacted]  
Medical  
[Redacted]  
Medicare  
[Redacted]  
Diagnosis  
pulmonary Embolus

6-12-06  
Date of Office Visit  
Surgery Surgery  
Purpose of Office Visit  
Surgery - 4/5/19 Pulmonary Embolus  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-15-06 3:15pm  
Incident Date and Time

Location of Incident:  
 Operating Rm  
 Recovery Rm  
 Other 3 days after Surgery

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

See Attached

YES Board Certified: ~~Plastic Surgery~~  
Plastic Surgery

RECEIVED  
CONSUMER SERVICES UNIT  
06 JUN 33 AM 9:33

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

*Pulmonary Embolus - 415.19*  
Resulting injury (ICD-9 Codes 800-899.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

*None*

**D) Outcome of Incident** (Please check)

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer, e.g. death, brain damage, observation only <i>Death</i><br>Name of facility to which patient was transferred <i>Naples Community Hospital</i> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

*Elizabeth Fox MD ME-0074606*  
*827 Myrtle Terrace*  
*Naples FL 34103*

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

*See above*

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

*Pulmonary Embolus - See attached*

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

*See attached*

**V.**  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT *[Signature]* LICENSE NUMBER *ME-0074606*  
 DATE REPORT COMPLETED *6-24-06* TIME REPORT COMPLETED *12:00*



To Whom It May Concern:

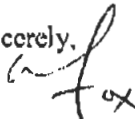
On 6-15-06, my patient, [REDACTED], suffered an acute pulmonary embolus which resulted in [REDACTED] demise on post operative day three. On 6-12-06, [REDACTED] had undergone a facelift, minibreast lift, and a conservative tummy tuck in 6 and a half hours surgical time. [REDACTED] had sequential compression sleeves on [REDACTED] calves during the case. When [REDACTED] was discharged to At Home Health care nurses they additionally kept sequential compression sleeves on [REDACTED] at all times when [REDACTED] was not ambulating. [REDACTED] had stable vitals and an uneventful postoperative course until the traumatic event.

On the afternoon of 6-15-06 the nurses called me to visit the patient because the patient said [REDACTED] was not feeling well. Immediately upon examining the patient, I noted that [REDACTED] was alert and awake; however, suspecting cardiac issues, I called 911 for assistance. The patient was responsive when the EMS personnel arrived. However, the patient coded almost immediately thereafter. Emergency procedures were continued en route to the hospital. Shortly after [REDACTED] arrival at the hospital, the code was then called.

Dr. Coburn of the medical examiner's office called me to report her findings of a left large pulmonary embolus with a small right pulmonary embolus. No DVTs were found.

In accordance with Florida law, I am reporting to the Department of Health this sad and unfortunate adverse incident.

Sincerely,



Elizabeth Fox, MD  
827 Myrtle Terrace  
Naples, Fl. 34103  
(239) 262-8585

Septorhinoplasty

Death

immediately p procedure - OK



STATE OF FLORIDA  
Jeb Bush, Governor

in 1<sup>o</sup> p procedure - went to school -

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

resuscitated - died in hospital  
SUBMIT FORM TO: same afternoon

31

IV sedation

Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32317-4000

Cardiac arrest

Accr: AAAHC

I. OFFICE INFORMATION

SW FL Oral & Facial Surgery  
Name of office

3388 Woods Edge Circle, #103  
Street Address

Fort Myers 33919 Lee  
City Zip Code County

239-992-9990  
Telephone

Tinero J. Tejera, D.M.D., M.D.  
Name of Physician or Licensee Reporting

ME 87041  
License Number & office registration number, if applicable

5285 Summerlin Road, #101  
Fort Myers, FL 33919  
Patient's address for Physician or Licensee Reporting

Lee Memorial: 239-332-1111  
has privileges confirmed: 2/2/07

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Patient Identification Number  
Cosmetic Nasal Deformity  
Diagnosis

Age Gender Medicaid Medicare  
November 16, 2006

Date of Office Visit  
Primary Septorhinoplasty

Purpose of Office Visit  
738.0:300.11

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

November 16, 2006 12:28 P.M.  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other: OR/Recovery Rm

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Please see attached report

Board Certified -  
Oral and maxillofacial  
Surgery

NOT Board Certified - in Facial Plastic or  
Plastic Surgery  
Secretary said he is board certified

06/20/07 10:41:00

B) ICD-9-CM Codes

Rhinoseptoplasty 21.84  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Cardiac Arrest 427.5  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)

Death cause unknown 798.2  
Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Defibrillator

D) Outcome of Incident (Please check)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br>EMS Called. Patient transferred to North Collier Hospital. Patient died the following day | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|---|---|

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

ME 87041 T.J. Tejera, D.M.D., M.D. Surgeon 38 Timberland Circle S., Fort Myers, FL 33919  
 RN 3383472 Heather Kline, R.N. - OR Nurse 17242 Meadow Lake Circle, Fort Myers, FL 33912  
 Leigh Fisher - Surgical Technician 505 SW 27th Street, Cape Coral, FL 33914  
 Amity Kuhn - Surgical Assistant 112 Louis Avenue, Lehigh, FL 33972

F) List witnesses, including license numbers if licensed, and locating information, if not listed above

Debbie McGuire 6060 Perthshire Lane, Fort Myers, FL 33908  
 Cindy Austin 21590 Portrush Run, Estero, FL 33928

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Cause of incident unknown, but CODE procedures reviewed and reinforced

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Reviewed and reinforced resuscitation procedure

V. X

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 87041  
LICENSE NUMBER

X

X RN 3383472  
License Number

**III) ICD-9-CM Codes**

Pharyngitis 21.84  
Principal diagnosis, of treatment procedure being performed at time of incident  
(ICD-9 Codes 01-89.9)

Cardiac Arrest 42.95  
Accident, event, diagnosis, or specific agent that caused the injury or event.  
(ICD-9 E-04xxx)

Death cause unknown 798.2  
Resulting injury  
(ICD-9 Codes 800-899.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

Defibrillator

**D) Outcome of incident** (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death   | <input type="checkbox"/> Surgical procedure performed on the wrong site **                       |
| <input type="checkbox"/> Brain Damage  | <input type="checkbox"/> Wrong surgical procedure performed **                                   |
| <input type="checkbox"/> Spinal Damage   | <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure |
| <input type="checkbox"/> Surgical procedure performed on the wrong patient   | ** If it resulted in   |
| <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure                 | <input type="checkbox"/> Death   |
| <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital | <input type="checkbox"/> Brain Damage  |
| <u>EMS Called. Patient transferred to North Collier Hospital. Patient died the following day</u>                           | <input type="checkbox"/> Spinal Damage   |
|  | <input type="checkbox"/> Permanent disfigurement not to include the incision scar                |
|  | <input type="checkbox"/> Fracture or dislocation of bones or joints                              |
|  | <input type="checkbox"/> Irritation of neurological, physical, or sensory functions              |
|  | <input type="checkbox"/> Any condition that required the transfer outcome of the patient         |

**E) List all persons, including license numbers if licensed, (including information) and the capacity in which they were directly involved with this incident.**

ME 87041 T.J. Telem, D.M.D. MD - Surgeon 38 Timberland Circle S., Fort Myers, FL 33919  
RN 3323472 Heather Kline, R.N. - CR Nurse 17500 Madison Lake Circle, Fort Myers, FL 33912  
Leigh Fisher - Surgical Technician 305 SW 17th Street, Cape Coral, FL 33914  
Amity Kuhn - Surgical Assistant 112 Louis Avenue, Lehigh, FL 33922

**F) List witnesses, including license numbers if licensed, and calling information if not listed above**

Dubble Maurice 6040 Parkshire Lane Fort Myers, FL 33909  
Cindy Dutton 2590 Portrush Run, Estero, FL 33928

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Cause of incident unknown, but CODE procedures reviewed and reinforced

**B) Describe corrective or preventive action(s) taken** (Use additional sheets as necessary for complete response)

Reviewed and reinforced resuscitation procedure

**V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT**

ME 87041  
**LICENSE NUMBER**

[Signature]

RN 3323472  
**License Number**



November 29, 2006

Page 2 of 2 Pages

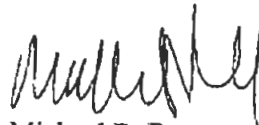
PT went into shock at 12:33 pm and immediate resuscitative measures were taken by placing the patient an AED which delivered two (2) shocks. The patient converted into a brachycardia rhythm with a pulse from ventricular fib both times. Additionally, the patient was intubated in between shocks and bagged throughout entire code. EMS arrived and further resuscitated the patient before leaving the office, reasonably stable to the hospital at approximately 1:00 p.m. The patient was critical, but stable throughout the evening and subsequently expired at 4:30 a.m. on November 17, 2006 after coding.

**Locating Information**

T. J. Tejera, DMD, MD  
38 Timberland Circle South  
Fort Myers, FL 33919

Heather Kline, RN  
17242 Meadow Lake Circle  
Fort Myers, FL 33912

Very truly yours,



Michael R. Ragan

Fractured mandible fixation → death in hospital 2° allergic rxn  
in office, transfer to hospital  
2° airway obstruction  
and O<sub>2</sub> ↓

STEARNS WEAVER MILLER  
WESSLER ALHADEFF & SITTERSON, P.A.

Miami ■ Ft. Lauderdale ■ Tampa

28

A

Bonnie A. Navin  
Direct Line: (954) 462-9543  
Fax: (954) 462-9552  
Email: bnavin@swmwas.com

IV sedation + local  
by surgeon  
w/ered. N/O

New River Center, Suite 2100  
200 East Las Olas Boulevard  
Ft. Lauderdale, Florida 33301  
(954) 462-9500

April 23, 2006

Via email and facsimile  
MOA\_Dentistry@doh.state.fl.us

CONFIDENTIAL:  
SELF REPORTING ADVERSE EVENT  
PURSUANT TO FAC 64B5-14.006 (2005)

CERTIFIED MAIL/RETURN RECEIPT  
REQUESTED

Office #: 850-863-1182

Department of Health  
Board of Dentistry  
4052 Bald Cypress Way #C08  
Tallahassee, Florida 32399-3258

YES Print: Ft. Walton Beach: 850-862-1111

Boards of 491  
DN, DO, HA, AT  
APR 26 2006

Confirmed:

2/2/07

RE: Dental Licensee: Howard Fisher, DDS, DN7089

To whom it may concern:

Please be advised that Dr. Howard Fisher has retained our services to assist him in this self-reporting adverse occurrence pursuant to Florida Administrative Code 64B5-14.006 (2005) to ensure all statutory and board rules and regulations are met. Please accept this letter as the initial notice letter. A complete formal response with all dental and medical records obtained will be provided within thirty (30) days as outlined by Florida law.

On April 19, 2006, Dr. Howard Fisher commenced treatment of a fixation of a fractured mandible of patient [redacted], date of birth [redacted], when the patient's oxygen saturations decreased at approximately 5:25 p.m. resulting in a termination of the procedure. Emergency procedures were put into place with an immediate call to 911. EMS arrived within 4 minutes and took over the patient's care. Due to edema in the throat they had difficulty getting an airway but ultimately obtained same. The patient was transferred to the hospital where [redacted] was removed from life support measures in the early morning of April 23, 2006. From the time [redacted] arrived at the hospital until the decision to remove [redacted] from life support, [redacted] had not regained consciousness.

Dr. Fisher met the patient at the hospital and consulted with the patient along with an attending Pulmonologist and Neurologist, multiple times each day. The death was ruled a result of an allergic reaction by the attending physician.

specialty is oral & maxillofacial surgery

NOT board certified by  
oral & maxillofacial surgery

need phone #

April 23, 2006  
Page 2

A complete written report will follow within thirty (30) days. We stand ready to answer any questions you may have and ask that you contact our office for any additional needs.

Very truly yours,



BONNIE A. NAVIN  
BAN:

Cc: Dr. Howard Fisher (Personal & Confidential)

[Redacted]



DEPT. OF HEALTH

JUL 27 2006

ISU/PENSACOLA

STEARNS WEAVER MILLER  
 WESSLER ALHADEFF & SITTERSON, P.A.

Miami • Ft. Lauderdale • Tampa

Bonnie A. Navin  
 Direct Line: (954) 462-9543  
 Fax: (954) 462-9552  
 Email: bnavin@swmwaa.com

New River Center, Suite 2100  
 200 East Las Olas Boulevard  
 Ft. Lauderdale, Florida 33301  
 (954) 462-9500

June 2, 2006

VIA FEDERAL EXPRESS

Sarah Walls  
 Florida Department of Health  
 4052 Bald Cypress Way, BIN C/08  
 Tallahassee, FL 32399

CONFIDENTIAL:  
 SELF REPORTING ADVERSE OCCURRENCE  
 PURSUANT TO FAC 64B5-14.006 (2005)  
 NOT TO BE PROVIDED TO THIRD PARTIES

RE: Dr. Howard Fisher Adverse Occurrence Report  
 Our File No.: [REDACTED]

Dear Ms. Walls:

Please accept this correspondence of a formal response pursuant to Florida Administrative Code 64B5-14.006 (2005). Our initial report was provided on April 23, 2006. We thank you for the extension to provide this formal response as we wanted to ensure pertinent documents were obtained and provided to the Department in total.

**SELF-REPORTING OF ADVERSE OCCURRENCE**

Pursuant to Florida Administrative Code 64B5-14.006 a Florida licensed dentist, such as Dr. Howard Fisher, must notify the Board anytime there is an incident which resulted in temporary or permanent physical or mental injury requiring hospital emergency room treatment and/or hospitalization of a patient, during, or as a direct result of the use of general anesthesia, deep sedation, conscious sedation, oral sedation, nitrous oxide, or local anesthesia during or related to a dental procedure.

After careful analysis of the events that took place on April 19, 2006, coupled with the review of two independent experts and treating physicians, there does not seem to be an indication that the adverse occurrence was in any way related to the use of anesthesia, however, because an adverse event occurred that required hospitalization, this report is being made.

**DR. HOWARD FISHER**

Please allow me to introduce to the Board, your peer and colleague, Dr. Howard Fisher. Dr. Fisher has been in practice in Florida since 1977. He also has qualifications of a general/deep sedation permit. Dr. Fisher is an oral and maxillofacial surgeon and has practiced in the Fort Walton Beach area for many years. In 2003, Dr. Fisher was the recipient of the Florida Dental Association's Lifetime Service Award for his devotion as an oral surgeon for providing care to

June 02, 2006

Page 2

the under privileged communities. He was honored for his unwavering efforts to improve funding for Medicaid programs and provide access to care for the disadvantaged. Dr. Fisher served as a delegate in the FDA House of Delegates and has been a member of the Credentials Committee and consultant to the Legislative Action Committee.

#### CARE AND TREATMENT PROVIDED TO [REDACTED]

Dr. Fisher initially met patient [REDACTED] on April 17, 2006 upon referral from the White-Wilson Medical Clinic. The patient advised that [REDACTED] was diagnosed by the physician at White-Wilson, with a fractured jaw. The patient was seeking immediate treatment as [REDACTED] was in unbearable pain. Dr. Fisher first reviewed the patient's medical history form, which noted that the patient was in otherwise good general health and that [REDACTED] had been taking medications for high blood pressure. [REDACTED] last medical visit was in December 2004.

Dr. Fisher conducted a clinical examination, which revealed obvious swelling to [REDACTED] right and left cheeks with bruising. [REDACTED] opening was limited to 10-15 mm. The intraoral examination revealed obvious fractures and bruising on the floor of the mouth. A panorex radiograph was taken and it revealed a right parasymphyseal fracture of the right mandible between teeth numbers 28 and 29. [REDACTED] also had a displaced fracture of the left body on the mandible distal to tooth number 18.

Upon completing the examination, Dr. Fisher inquired as to how this fractured occurred and the patient simply advised it occurred at home. [REDACTED] further advised the doctor it occurred on Saturday, April 15, 2006 and [REDACTED] apparently iced the area until [REDACTED] finally recognized [REDACTED] needed to seek assistance.

Dr. Fisher explained to [REDACTED] that given the findings on clinical examination, that [REDACTED] could be admitted to the hospital where [REDACTED] fractures would be reduced and bone plates placed. The patient voiced [REDACTED] objection to being treated at the hospital and inquired as to what other options [REDACTED] had for treatment. Dr. Fisher advised [REDACTED] [REDACTED] could return at a future time and under sedation and local anesthesia [REDACTED] could reduce the fractures and place maxillary and mandibular Eric Arch bars. The patient was advised that if that procedure did not take, [REDACTED] would have no choice but to have bone plates placed. The patient was advised of the risks associated with both procedures and the patient opted to proceed with in-office reduction. In light of this, the patient was provided penicillin and pain medications and instructed to return on April 18, 2006 for impressions to be taken to construct study models. The patient was advised to stop taking aspirin and to discontinue the ice to the face. Instead, [REDACTED] was to apply moist heat packs and to rinse [REDACTED] mouth with salt water.

Patient [REDACTED] returned as scheduled on April 18, 2006 and it was noted the swelling improved considerably. [REDACTED] was able to open [REDACTED] mouth 20+ mm. Maxillary and mandibular impressions were taken and were sent to the lab for the construction of study casts. [REDACTED] was instructed not to eat or drink after midnight and to return for the procedure on April 19, 2006.

June 02, 2006

Page 3

Patient [REDACTED] returned on April 19, 2006 wherein [REDACTED] was prepared for the procedure. Dr. Fisher reviewed the informed consent form with the patient and ensured the patient understood its content before proceeding. [REDACTED] confirmed [REDACTED] understanding of the form and signed same in the presence of a witness.

The procedure commenced with the placement of an IV in the right hand. The patient was administered 50mg of Demerol and 2.5 mg of Versed, which was slowly titrated. [REDACTED] was started on 100% oxygen by a nasal mask.

Dr. Fisher's dictated office chart at pages 5a-6b, fully explains the procedure step by step that was undertaken by Dr. Fisher.

Dr. Fisher was just finishing the procedure when the patients' maxillary and mandibular lips started to swell. The patient became ashen and cyanotic. The pulse oximeter demonstrated declining saturation into the 40's and 50's thus the wire was removed from the left side and the oral cavity was inspected and suctioned out. Positive pressure oxygen was provided through the nasal mask. Due to the patient's respiratory depression, 911 was immediately called and arrived within a few minutes. In the interim, Dr. Fisher continued with emergency measures. The nasal mask was changed to a full face mask. CPR was initiated and the AED was being applied. EMS arrived and assisted with the care. A pulse and rhythm was obtained and the patient was transferred to the hospital.

The patient's two sisters and brothers had been in the waiting room of Dr. Fisher's office when the event occurred. As such, Dr. Fisher met with the family to explain what occurred and to answer their questions.

Dr. Fisher traveled to the hospital to attend to his patient. During the many visits to the hospital over a period of a few days he learned additional information from the family about the patient's past medical history. He learned from the mother that [REDACTED] had a history of multiple events where [REDACTED] swelled from unknown causes. She explained when [REDACTED] received stitches as a child [REDACTED] developed severe swelling which required medical treatment and when [REDACTED] would be stung by a bee [REDACTED] swelled immediately and would seek medical attention. At that time another family member injected into the conversation that the patient drank no less than a quart to a quart and a half of alcohol on a daily basis. This information prompted Dr. Fisher to ask if the family knew how the fracture occurred and he was advised that the family did not know as they were not in direct contact with [REDACTED].

Dr. Fisher noted that when he informed his staff about the conversations at the hospital, his assistant noted that the patient advised her that [REDACTED] son had beaten his [REDACTED] causing the fractured jaw. Other than hearing this information second hand, Dr. Fisher has no other direct knowledge of this information. Nurses at the hospital claimed they were told the patient tripped over [REDACTED] dog. This is inconsistent with the Wilson-White note indicating the patient said [REDACTED] was "struck".

June 02, 2006

Page 4

The treating physicians at the hospital opined that [REDACTED] suffered an anaphylactic type of allergic reaction. Due to the patient's condition, the family opted to remove [REDACTED] from life support on April 23, 2006, which they did, and [REDACTED] expired.

Dr. Fisher maintained at all times an open line of communication with the family and attended to his patient at the hospital daily.

#### MEDICAL EXAMINER

Dr. Fisher initially requested of the hospital physicians that an autopsy be conducted in an effort to learn what occurred in this matter. The hospital physicians offered same to the family who rejected an autopsy. The medical examiner was also asked to take the case and did not feel it met criteria. Without waiver, upon learning that the initial fracture may have been the result of an assault, Dr. Fisher was advised by the undersigned counsel to relay the information about the alleged beating to the medical examiner to ensure they received all of the available information. Despite the information, the medical examiner chose not to accept the case for an autopsy. As such, no autopsy was conducted thus we cannot provide any more definitive information than what is available in the records.

#### EXPERT REVIEW BY RAMON RUIZ, M.D., D.M.D.

Dr. Ruiz is a Florida licensed Oral and Maxillofacial Surgeon. He is a 1993 graduate of the University of Alabama School of Dentistry where he obtained his D.M.D. and a 1995 graduate of the University of North Carolina School of Medicine where he obtained his medical degree. Dr. Ruiz was asked to provide an independent review of this matter. His CV and affidavit are attached.

Dr. Ruiz opines the care and treatment afforded to [REDACTED] by Dr. Fisher was appropriate and performed at or above the standard of care for oral and maxillofacial surgeons practicing in Florida. Dr. Ruiz noted Dr. Fisher's medical and dental history was appropriate; that the patient was provided a comprehensive evaluation of [REDACTED] condition; was provided proper treatment options of care in hospital vs. in-office; that the patient was properly explained the risks and benefits of the various procedures; was provided a written consent form further outlining the risks and benefits; and was properly prepared for the intended procedure. Dr. Ruiz further noted that the procedure was properly spelled out and that the choice of anesthesia was proper for the procedure. He further noted that Dr. Fisher was following the Dental Practice Act as he had two assistants in the room at all times. One for direct assistance and the other to maintain the airway. He further opined the patient had the proper monitoring of blood pressure and oxygen saturation.

It is the opinion of Dr. Ruiz that given Dr. Fisher was directly working in the oral cavity that Dr. Fisher was in the best place to immediately see and document when the patient's initial reaction of swelling commenced and that he properly instituted emergency measures. Dr. Fisher further had the statutorily required crash cart and contents and AED present and in use in the emergency that presented itself.

June 02, 2006  
Page 5

Dr. Ruiz is not in the position to confirm or dispute the findings of an allergic reaction. He did opine that based on the information available to him, he cannot pinpoint to the use of the anesthesia or its technique as having any relation to the adverse occurrence.

#### EXPERT REVIEW OF DR. MONTGOMERY

Dr. Mark Montgomery, a Florida licensed Toxicologist, was asked to provide an independent review of this matter. Dr. Montgomery is frequently called upon in forensic matters to assist in determining cause-effect relationships between chemical or drug exposures and injury or effect. Dr. Montgomery is a 1969 graduate of John Hopkins University where he obtained his degree in Biochemistry and a 1972 graduate of John Hopkins University where he obtained his Ph.D. in Biochemical Toxicology.

Dr. Montgomery has specifically opined that while an acute event took place just shy of the completion of the procedure by Dr. Fisher, that the chronology of the event is inconsistent with a progressive accumulation of the anesthetics employed. Dr. Montgomery opines that the adverse occurrence was the result from a severe allergic event unrelated to the anesthetics employed.

#### STAFF RESPONSES

Ms. Bouchra Turner was present during the procedure with [REDACTED]. It was Ms. Turner's responsibility to prepare the patient for the intended procedure. During the preparation for same, she learned from the patient that [REDACTED] son had hurt [REDACTED] causing the fracture and [REDACTED] noted that [REDACTED] son had issues with anger management. The patient was taken to the surgical suite where Ms. Turner assisted with handing the necessary instruments, suctioning and checking the airway. Ms. Turner did not notice any swelling until another assistant noted the oxygen saturations declining. She noted that Dr. Fisher instituted immediately emergency measures.

Ms. Turner was trained as a dental assistant through the military with a Red Cross program. She has assisted in approximately 5-6 fracture cases, some of which more complex than the present case. She noted this case progressed in the same manner as previous assists until the point the patient started swelling.

Ms. Yvette Arrendondo has worked with Dr. Fisher for two years as a dental assistant. Ms. Arrendondo assisted in preparing the patient for the intended procedure. She confirmed Dr. Fisher reviewed the informed consent form with the patient and she in turn asked the patient to re-read the form and affix [REDACTED] signature upon the completion. She stayed in the room while [REDACTED] did so and upon [REDACTED] completion she inquired if [REDACTED] had additional questions of the doctor. The patient noted [REDACTED] was well informed and she witnessed the form.

Ms. Arrendondo was present during the procedure and she was in charge of monitoring the airway. Ms. Arrendondo was relieved of her duties during a shift change by Elena Merrimen. At the time she left the case, the patient was doing well and there were no issues of concern. Ms.

June 02, 2006

Page 6

Arrendondo noted that she has assisted Dr. Fisher in at least 8 fracture cases of a similar nature and all went as intended without incident.

Ms. Elena Merrimen relieved Ms. Arrendondo and took over the responsibility of monitoring the airway. Ms. Merrimen is a dental assistant and has worked with Dr. Fisher for approximately one year and she has worked as an assistant to another oral surgeon for two years. Ms. Merrimen was initially trained at Shepard Air Force Base. Ms. Merrimen noted when she accepted the case, the patient was doing very well. She noted the case was almost complete when the patient's oxygen sats started to decline slowly and the patient started to swell. She noted immediate emergency measures were instituted. She recalled a paramedic noting the patient had an allergic reaction.

#### DR. FISHER

It is without question that Dr. Fisher is devastated about the outcome of this case as he has never been involved with an adverse occurrence in his 25+ years of practice as an oral and maxillofacial surgeon. Given his rural location and the fact that he cares for indigent patients (including incarcerated patients) he has seen a high volume of facial fractures such as the present case. Dr. Fisher has never had an occurrence arise when reducing these various fracture cases. He has reviewed and re-reviewed his notes and the hospital records in an effort to determine what type of event might have occurred with his patient [REDACTED] and he is unable to find any indication. Dr. Fisher confirms that his handling of this case is consistent with other similar cases.

It is clear that the patient opted not to share a true picture of [REDACTED] medical history with Dr. Fisher despite Dr. Fisher's diligence in asking various questions of the patient. In addition, Dr. Fisher acted cautiously in this matter as he did not rush to treat [REDACTED] upon [REDACTED] arrival at his office, but rather worked up the case in a proper manner over a period of three days.

There is no question that this matter weighs heavy on Dr. Fisher's heart.

#### CONCLUSION

We trust you will find this matter has been fully reviewed in an effort to provide the Board information about every aspect of our investigation. We believe the experts have clearly articulated that this occurrence was not the result of the anesthesia utilized. We stand ready to answer each and every question the Board may have. We trust the information provided will allow a closure of this matter with no penalty assessed against Dr. Fisher's unblemished record with the Board of Dentistry.

June 02, 2006  
Page 7

Certainly if an investigation ensues, we would like to take this time to request a complete copy of any and all documents within the investigative file pursuant to the Florida Statutes.

Very truly yours,



BONNIE A. NAVIN  
BAN:

- ENCL.:       Records and panorex of Dr. Fisher  
              Study Models  
              CV and affidavit of Dr. Ruiz  
              CV and affidavit of Dr. Montgomery  
              CV of Dr. Fisher  
              Records of Wilson-White Medical Center  
              Records of Fort Walton Beach Medical Center

Endovascular vein closure  
Sclero foam

Infection 2 days p-op  
Admitted for Abx Tx



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

1/10/07 35

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

South Florida Vascular Associates  
Name of office

2825 N. State Rd 7 Suite 303  
Street Address

Margate 33063 Broward  
City Zip Code County

954-975-6161  
Telephone

William Jubler MD  
Name of Physician or Licensee Reporting

ME 59991/05R S11  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name  
Patient's Ad  
Patient Ident  
Diagnosis

Age Gender Medicaid Medicare  
1-15-2007  
Date of Office Visit  
EVLV of (L) GSV  
Purpose of Office Visit  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

venous insufficiency left leg

III. INCIDENT INFORMATION

1/17/2007  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

On 1/15/2007, [redacted] underwent endovenous laser treatment and foam sclerotherapy left leg. Pt developed fever and chills on 1/17/2007. [redacted] was instructed to go to the hospital for admission to assess cause of fever. During [redacted] admission, pt was afebrile. Blood and urine cultures were negative. Initially the WBC's were elevated but normalized within 24 hours with antibiotics. Pt was discharged within 48 hours and sent home on oral antibiotics.



**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only _____<br>Name of facility to which patient was transferred <u>Northwest Medical Center</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** If it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Debra Andersen RN 78634-2

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Will review sterile procedures in peri room, unsure why [redacted] had fever but suspect transient bacteremia

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

1) Review sterile technique  
2) Begin terminal cleaning in peri room as well as endovascular suites (already being done in endovascular suite)

**V.**

Will [Signature]  
**SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT**  
2-2-2007  
**DATE REPORT COMPLETED**

BS 4043838  
**LICENSE NUMBER**

11:30 AM  
**TIME REPORT COMPLETED**

Endovascular vein closure - ? Infection



STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
452 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

Interventional radiology

BS

Local anesthesia

North-West medical center

www.southfloridavasculob.com

Not accredited com.

I. OFFICE INFORMATION

South Florida Vascular Associates

Name of office

Margate 33063 Broward

City

Zip Code

County

William Julien MD

Name of Physician or Licensee Reporting

2825 N. State Rd. 7 Suite 303

Street Address

954-975-6161

Telephone

ME 59991 / OSR 511

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

Pat

Age

Gender

Medicaid

Medicare

11-13-2006

Date of Office Visit

EVLV (R) GSV

Purpose of Office Visit

Diagnosis (R) leg superficial venous insufficiency

ICD-9 Code for description of incident

11

Level of Surgery (I) or (M)

III. INCIDENT INFORMATION

11-16-2006  
Incident Date and Time

Location of Incident:

Operating Rm

Recovery Rm

Other: see note

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Pt underwent endovascular laser treatment for varicose veins of (R) leg on 11/13/2006. On 11/16/2006 pt notified Dr Tabbara that [redacted] was not feeling well and [redacted] temperature was elevated. Pt was instructed to go to the hospital for admission. [redacted] was admitted for fever and erythema of the (R) thigh. Blood cultures neg. Responded quickly to antibiotics and doing well on followup.

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

*N/A*

**D) Outcome of Incident (Please check)**

|  |  |
|--|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital<br><br>Outcome of transfer – e.g., death, brain damage, observation only _____<br>Name of facility to which patient was transferred <u>Northwest Medical Center</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure<br><br>** if it resulted in<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function;<br><input type="checkbox"/> Any condition that required the transfer outcome of the patient |
|--|--|

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Debra Anderson RN 78634-2

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Urinary cause; probably from transient bacteremia

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

- 1) give antibiotic to diabetic patients undergoing laser
- 2) Begin terminal cleaning of VCI room
- 3) Review sterile techniques

**V.**

W. J. G. [Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

BJ 4043838  
LICENSE NUMBER

2-2-07  
DATE REPORT COMPLETED

11/04  
TIME REPORT COMPLETED

11/29/2006

RE: [REDACTED]

MED REC#: [REDACTED]

I saw [REDACTED] in office followup today. [REDACTED] stopped in today since [REDACTED] will be leaving for Paris in the next few days and will not be available for followup in few weeks. [REDACTED] will return on December 27, 2006. [REDACTED] feels well. [REDACTED] has had no fevers. [REDACTED] has really had no leg discomfort and simply has some pulling in [REDACTED] medial thigh, which is a typical recovery from the endovenous laser ablation. Today is [REDACTED] last day of Levaquin and [REDACTED] will have three more days of Cleocin.

**PHYSICAL EXAMINATION:** [REDACTED] is in no acute distress with a blood pressure of 149/92 and a heart rate of 102. Lungs are clear. Heart has a regular rate and rhythm. Abdomen is soft. Leg has absolutely no leg swelling. There is the typical post-procedural firmness along the medial thigh with absolutely no warmth. [REDACTED] does not have any tenderness.

**ASSESSMENT AND PLAN:** The patient is doing well following endovenous laser ablation of the right greater saphenous vein. [REDACTED] is finishing [REDACTED] antibiotic course. [REDACTED] will be leaving for Paris on December 14th and will have [REDACTED] next followup appointment with us on January 9, 2007. We did discuss that [REDACTED] should wear compression hose on the plane, keep well hydrated and perform exercise maneuvers that will probably be listed in [REDACTED] seat pocket on the plane. I also told [REDACTED] can call me if [REDACTED] has any problems from Paris.

THIS IS AN UNSIGNED REPORT

**William H Jullen, MD**

**Endovascular Surgery**

**Board Certified in Interventional Radiology**

WHJ/rs

cc: FAUSTO DELACRUZ, M.D.

11/21/2006

RE: [REDACTED]

MED REC#: [REDACTED]

I saw [REDACTED] in office followup today. [REDACTED] underwent endovenous laser ablation of the right greater saphenous vein in its superficial extent on November 13, 2006. However, last week when I was out of town [REDACTED] saw my colleague, Dr. Tabbara, because [REDACTED] had had some fevers and was not feeling well. [REDACTED] was admitted to Northwest Medical Center for several days and had negative blood cultures, normal white count, but responded to antibiotics. [REDACTED] was sent home on Cleocin and Levaquin as well as Hydrocodone and ibuprofen. [REDACTED] is feeling much better and has had no fevers. [REDACTED] still has some tenderness along the medial knee area.

**PHYSICAL EXAMINATION:** [REDACTED] is in no acute distress with a blood pressure of 120/84 and a heart rate of 97. Lungs are clear. Heart has a regular rate and rhythm. Abdomen is soft and nontender. With the patient in a standing position, the leg was evaluated. There is discoloration along the medial thigh from the groin to the knee. This area is slightly ecchymotic but has absolutely no warmth. It is tender along the superficial extent of the saphenous vein and along the medial knee. Ultrasound demonstrates widely patent common femoral vein. The saphenous vein is ablated as is the superficial extent of the knee. At the level of the knee, there are large superficial varicosities and several of these are phlebitic. This area is tender.

**ASSESSMENT AND PLAN:**

1. Right leg superficial venous insufficiency. The patient is doing well followed above-noted problem. [REDACTED] will continue on [REDACTED] antibiotics, p.r.n. nonsteroidal antiinflammatory agent and p.r.n. pain medication. [REDACTED] wishes to return to work six days from now, and that is fine from my standpoint. I explained to [REDACTED] that the pain along the medial knee is from some inflamed veins and that this should reduce over the next days and weeks. Also, [REDACTED] will begin to have a pulling sensation along [REDACTED] medial thigh, which is the vein healing. I will see [REDACTED] back for [REDACTED] standard six-week followup. [REDACTED] is to discuss how [REDACTED] is doing on Monday, six days from now, with my nurse, Charline, by phone. I would be happy to see [REDACTED] anytime before [REDACTED] six-week followup if the need arises.
2. Diabetes.

THIS IS AN UNSIGNED REPORT

**William H Julien, MD**

**Endovascular Surgery**

**Board Certified in Interventional Radiology**

WHJ/rs cc: FAUSTO DELACRUZ, M.D.

Liposuction  
Abdominoplasty

Hypotension 2° p/ep  
Admitted for blood  
transfusion



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

University Community  
St. Joseph  
Plastic surgeon, BS  
General anesthesia by ME

I. OFFICE INFORMATION  
BAY AREA COSMETIC SURGERY CENTER  
Name of office  
TAMPA 33613 HILLSBOURGH  
City Zip Code County  
JOSEPH J. HIRSCHFELD, M.D.  
Name of Physician or Licensee Reporting

3000 EAST FLETCHER AVE. SUITE 260  
Street Address  
813-972-2299  
Telephone  
ME 39014  
License Number & office registration number, if applicable

AAAAHC

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Age 07/14/06 Gender Medical Medicare  
Date of Office Visit  
COSMETIC SURGERY  
Purpose of Office Visit  
ICD-9 Code for description of incident  
LEVEL 3  
Level of Surgery (I) or (III)

Patient Identification Number  
ABDOMINAL, BILATERAL HIPS, POSTERIOR  
Diagnosis BACK LIPODYSTROPHY AND MILD  
ABDOMINAL PANNICULUS.

III. INCIDENT INFORMATION

07/14/06 1200-1730  
Incident Date and Time

Location of Incident:  
 Operating Room  Recovery Room  
 Other

Note: If the incident involved a death, was the medical examiner notified?  Yes  No  
Was an autopsy performed?  Yes  No

A) Describe circumstances of the incident (narrative)

(Use additional sheets as necessary for complete response)  
PATIENT WAS APPROXIMATELY TWO HOURS POSTOPERATIVE FROM UNEVENTFUL LIPOSUCTION AND  
MINI ABDOMINOPLASTY SURGERY WITH A STABLE RECOVERY IN THE POST ANESTHESIA CARE UNIT.  
UPON AMBULATING TO THE BATHROOM PATIENT BECAME HYPOTENSIVE, CLAMMY AND PALE. FLUID  
BOLUS WAS GIVEN WITH GOOD RESULTS AND STABLE VITAL SIGNS FOR THE NEXT HOUR AND A HALF.  
WHenever patient attempted to ambulate [REDACTED] BECAME HYPOTENSIVE AND DIZZY. HOWEVER  
QUICKLY RESPONDED TO ADDITIONAL FLUID BOLUS. THE DECISION WAS MADE NOT TO SEND PATIENT  
HOME AND TO TRANSFER TO THE HOSPITAL FOR OBSERVATION. PATIENT WAS TRANSFERRED VIA  
STRETCHER AND REMAINED ALERT, ORIENTED AND WITH STABLE VITAL SIGNS UPON ADMISSION

**B) ICD-9-CM Codes**

| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9) |
|--|--|--|
|--|--|--|

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

NONE

**D) Outcome of Incident (Please check)**

|  |   |
|--|---|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Surgical procedure performed on the wrong patient.<br><input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.<br><input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.<br><br>Outcome of transfer -- e.g., death, brain damage, observation only <u>ADMITTED/BLOOD TRANSFUSION</u><br>Name of facility to which patient was transferred: <u>UNIVERSITY COMMUNITY HOSPITAL</u> | <input type="checkbox"/> Surgical procedure performed on the wrong site **<br><input type="checkbox"/> Wrong surgical procedure performed **<br><input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.<br><br>** if it resulted in:<br><input type="checkbox"/> Death<br><input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Spinal Damage<br><input type="checkbox"/> Permanent disfigurement not to include the incision scar<br><input type="checkbox"/> Fracture or dislocation of bones or joints<br><input type="checkbox"/> Limitation of neurological, physical, or sensory function.<br><input type="checkbox"/> Any condition that required the transfer of the patient to a hospital. |
|--|---|

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

DR. HIRSCHFELD, M.D. ME39014  
DR. RATTAN M.D. ME 40389  
KAREN SHARPE R.N. RN137207

**F) List witnesses, including licensee numbers if licensed, and locating information if not listed above**

SAME AS ABOVE

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

HYPOVOLEMIA

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

FLUID BOLUS AND TRANSFER TO THE HOSPITAL

V. [Signature] ME-39014  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
1/24/21 5 PM  
 DATE REPORT COMPLETED TIME REPORT COMPLETED