DEPOSITION OUTLINE
DR. BARRY MCKERNAN

I. CONTENTS OF FILE

II. PRIOR DEPOSITIONS, CASES, AND TRIAL TESTIMONY

See TrialSmith details.

List?

Federal Court compliance?

Number of depositions over the last several years?

Number of cases?

Number of court appearances?

Review of records not included for the above?

Rates for appearance in med legal matters?

For the above, Plaintiffs vs. Defense?

Cost for depositions?

Cost for appearance at trial in Miami?

Cost for review of records and conferences?

Expert services?

Yearly income/% of income?

Contact at your office?
Wanda?
Responsibilities?

****<u>**See Crews depo**</u>
Would you testify for a Plaintiff in a med mal action if asked to do so?

Insurance carrier
Your insurance company?

Policy holder?
How long?

First Professional Insurance Company (FPIC)
Sheridan Healthcare

An informal agreement to perform expert services or review?

Member of any committee for the insured?

Involved with the Board of Directors?

Any type of duty or agreement to act on the insurer's behalf?

How were you referred to David Dittmar, Esq?

Work with anyone else in his office? (See letterhead)
See Expert Int.

Have you billed them for your services yet?

Amount?

When you received money for your services, where does that money go?

How much more time do you expect on this matter?

Need a copy of bill.

III. WITNESSES

Do you know and/or have experience with:

Dr. Gustavo Plasencia? (Or anyone in his group)
Dr. Alfredo Fernandez or the Anesthesiology Group at Baptist Hospital of Miami?
Dr. Kenneth Bennett?
Dr. John Downs?
Dr. Richard Matthay?
Dr. Paul Langevin ?
Dr. James Pepple?
Dr. Fabio Oliveros?
Dr. George T. Frankhouser?

IV. WHAT IS YOUR BUSINESS ADDRESS?

Who is your employer?

Live in the area?

House or farm?

What is your specialty?

Sub-specialties or expertise and other specialties?

****What do you perceive as your purpose in this case?

In what areas or specialties of medicine do you intend to render opinions?

Do you intend to render opinions with respect to the cause of Luis Rodriguez' post operative complications? (In the same manner as an intensivist)?

Anesthesiology?

Are you trained as a Critical care physician (Intensivist) ?

What are Intensivists/CC MD's?

Any specialty w/in CC?

SEE CURRICULUM VITAE

Provide care and treatment for post op complications ??-----

Have you treated ...**see Post Op Comp Chrono** or deferred to Consult/Intensivist?

See Post Op Comp Summary

Training for each Post Op Comp. or specialists?

` Tort Reform or PAC's?

Training or lecturing to ins co., etc.?

Associations w/Ins Co.'s?

Advertise?

Expert services?

Use a PR & Marketing Firm? **See Perlman & Assoc.**

Licenses-

Ever suspended or revoked? *(Alabama?)*

Reason? *(Drug addiction?)*

Have you ever needed to have an assistant or proctor practice medicine w/you?

Reason?

Personal litigation?

Books, articles, lectures, etc. re: litigation, depositions, avoiding litigation, etc. or any component of litigation?

Number of procedures-Lap Choles AND HH repairs
1999-present?
Per week, per day?

Responsibility to patient as their surgeon

Please explain your role in the care and treatment of a patient like Luis Rodriguez.

(Agree w/Dr.Plasencia) -that the surgeon is responsible for the care of the patient until discharge?

And is responsible to follow the patient while in the hospital?

Would you agree that a surgeon retains liability for complications postop for 30 days?

Responsible for general management?

Please (distinguish and) articulate the roles of the surgeon and anesthesiologist in a Lap Chole and HH repair-pre-op, intra-op, and post-op?

**(Agree w/Dr.Plasencia)- that there is a joint responsibility to insure that the patient, such as LR receives the appropriate care and with respect to the procedure?

Specifically, maintaining of fluids, vitals, etc. (things which are typically Anes.'s responsibilities)?

Who is responsible for monitoring (includes ordering) of fluids pre-op, during surgery, & post-op?

Who is responsible for monitoring urine output? Blood loss?

Who have you spoken with regarding this case?

V. LITERATURE AND RECORDS

***See his Articles**

Authoritative sources - Comps. & Risks of Lap Chole & HH

Please list all documents, articles, records, and books that you have used, looked at, reviewed in preparation for your testimony and opinions in this

matter.

Have you recommended any such material to Mr. Dittmar/Sankey for review?

Please describe all medical records and depositions you have reviewed in this matter and/or expect to review in this matter.

As we sit here, do you recall the name of the defendant doctor whom you are testifying on behalf of?

Usually the case?

When?

Same time?

Any this a.m.?

Who have you spoken with about your opinions in this case?

Have you had any conversations with the Defendants?

Or any experts?

Have you requested any materials that have not yet been provided?

Do you intend to review any literature (other than what has been discussed) prior to trial?

Have you rendered a report, a work product document, notes, transcription or microcassette, outline, or any documentation or communication (including e-mail) to Dittmar's office or any attorney at his office?

Do you have a file with correspondence from Mr. Dittmar/Sankey's office? (Go through each document and attach to deposition)

Any agreements in writing for your services?

Is there a contract for your services?

Please describe each consultation you have had with someone from Dittmar's office including nurses or paralegals?

How many?

First time - told about the case? What?

Any notes from any of these conversations?

Were you asked any opinions prior to receiving records (agree to be retained prior to receiving records)?

Given any documents, letters, etc. that are not contained in the file?

Were you asked to dispose of or remove any documents from the file or records?

Prep for depo?

VI. OPINIONS

Have you been asked to render opinions in this case?

Please list in outline form all opinions.

Please define SOC.

****ask for each SOC opinion– did Defendant act as a reasonable and prudent physician would act under the circumstances.**

****What further work do you intend to do, and what further work have you been asked to do?**

(Attack opinion if not provided all information needed)

Are you aware of what Plaintiffs' expert's opinions?

What?

See Dr. Frankhouser notes and depo

****Do you have any criticisms of the Plaintiffs' experts and their analysis techniques?**

****Provide support, basis, or specific records for your opinions**.

Making any assumptions or assuming certain facts to be true?

****Have you made any credibility judgments as part of your analysis in this case?**

Go thru tabbed or H/L portions of records and depos

VII. CARE AND TREATMENT

Laparoscopic Procedures

Agree that the purpose of lap procedures is to reduce a patient's pain, recovery time, hospital stay, and scarring?

See Center For Videpscopic and Laser Surgery literature

Perform Lap Chole's, HH repairs?

Together?

When you perform either or both of these procedures do you explain them to your patients?

Do you feel communication is important?

How do you feel you communicate well?

Please explain in detail.

See Web Site

Please explain for each procedure how you can visualize what you are doing.

Use a TV monitor? Please explain.

Usually video? When?

What is usually the range of time each procedure is to be performed? *(i.e., with no complications and please explain with a lot of complications and how it affects the amount of time with a laparoscopic procedure).*

Is there a maximum amount of time to be in a laparoscopic procedure? Why?

Are these difficult or tough procedures?

This is considered a major abdominal operation?

Recovery?

What? *(Some people go home the same day;Usually 1-2 days in hospital, routine activity w/in 5 days, &)*

Can be done outpatient? How is that determined?

Would you agree that it is important for the surgeons to recognize that some patients require the traditional "open" procedure, b/c of their medical condition or

history?

See Center For Videpscopic and Laser Surgery literature

Conversion rates?

Experience w/open techniques?

Agree w/Lap Chole's should be performed ONLY by surgeons who are qualified to perform open chole's?

What is qualified?

What are the reasons to have a laparoscopic procedure performed as opposed to an open procedure?

Would you agree that a surgeon should not hesitate to convert to an open procedure for technical difficulties, anatomic uncertainties, or anatomic anomalies?

Would you agree that bleeding that cannot be controlled laparo. automatically dictates an open procedure? *(Dr.Gary Williams-Akron, Ohio)*

What is not controlled?

What are the problems that can be encountered in a laparoscopic procedure if there is bleeding?

Because of the problems that bleeding can cause during a Laparo. procedure, do you take extra precautions to avoid bleeding problems?

What?

How do you prevent too much bleeding during a laparoscopic procedure? *(usually you isolate vessels before doing an operation by clips or coagulation).*

See Med. Literature re: lap approach

Are their contraindications for a LC?

How is that different from Laparoscopic Biliary Tract Surgery?

Are the GL's and contraindications the same?

Not good candidates?

See SAGES GL's

Morbid obesity?

COPD?

CAD?

Cardiorespiratory insufficiency?

Risks ? **See Int. response #1-19**

Perforation, bleeding recurrence & reintervention - please explain.

Explain in detail the procedure & how these can occur relative to the procedure & anatomically.

What is EBL or estimated blood loss?

What is the estimated blood loss in a laparoscopic procedure? *(EBL around 20 to 50 CC)*

Should EBL be estimated pre-op?

When do you request blood for transfusion?

Would you agree that when a patient gets to transfusion he has lost too much or more blood then we would prefer?

You do not want to get to that point?

Hiatal Hernias

Do they always need surgery?

When do they require surgery? *(This is usually an option only when medications and lifestyle changes fail to relieve severe reflux symptoms or when you have complications such as narrowing or obstruction of your esophagus or chronic bleeding)*

(Large hiatal hernias may also need repair if they cause symptoms such as shortness of breath, difficulty breathing, trouble swallowing or chest pain).

Please describe the surgical procedure for hiatal hernias (in conjunction w/L.C.).

Which should be first, etc.?

Pre-op Eval.

Risks & what pre existing med hx is important?

Length of surgery?

Time when the procedure should be converted to an open procedure?

Whose decision?

At what point do you discuss that it should be converted?

Fluids?

Too much?

Too little? Details.

Age?

HTN?

COPD?

Why? How should this be elicited or determined?

The fact the patient is listed as/was a smoker and is over the age of 65, should COPD be considered?

At least inquired about?

Should it be indicated regardless of the degree on the Pre-Op evaluation? <u>SOC</u>?

Effect operatively? Post operatively?

<u>Sleep Apnea</u> (SAS)?

What? *(Absence of airflow at the nose & mouth for longer then 10 seconds)*

Common disorder?

Often it is related to obesity?

Important to assess pre-op? Why?

If aware or assessed it should be indicated on the pre-op evaluation? It should be asked or determined pre-op? <u>SOC</u>?

Not considered or elicited by AF?

See Pre-Op Eval.

Why is it a concern? Because of its association with difficult intubation? Re-intubation? Why?

What is your involvement w/intubation?

And recovery room complications? What?

Patients with SAS need to be handled differently than routine post op patients?

Pre-op condition of Luis?

<u>Obesity</u>?

Related to SAS?

Effect on diaphragm? *(Reserve is lower, therefore if you get into trouble it could be a problem)*

Effect operatively? Post operatively?

<u>Is it important to determine pre-op intubation/extubation options</u> ?

Why? What are the options? <u>SOC</u>?

How do you determine this?

What are factors (and how do they determine this)?

<u>Difficult airway</u>? Involvement?

[obesity, SAS, COPD, age, HTN, sex]

<u>SOC</u> (to assess)?

AF indicated “no - difficult airway.”

Is the length of the surgery a factor as to conversion?
HTN? Fluids?
What are the other factors?
[obesity, SAS, COPD, age, HTN, sex]

Do you perform physical exams pre op or before surgery? SOC?
Document? SOC?
Did Plasencia perform a Physical exam?
Where documented? Should he?

Perfusion

Are there tests pre-op to determine how well the body is perfused?
Significance pre-op and during the procedure?
Significance of perfusion in a lengthy surgery?
How can the body become inadequately perfused during surgery?
Also, called under resuscitated? Hypovolemia?
Effect of Anemia on perfusion?

How does the body get rid of fluids during surgery? *(Urine, evaporation - “third spacing”, diffusion into the extracellular compartment, blood loss, sweat, etc.)*

Please explain fluid in/fluid out during Lap Chole’s and HH.
Dollar for dollar?

Dr. AF testified that you lose more fluids than are indicated or documented? Agree?

Insufflation

Gases used? *(Nitrous oxide and Co2)(Co2 creates a large space and NO diffuses into those spaces/abdomen)*
Whose decision as to which gases are used to insufflate?
Anesthesia or Dr. AF decision to use NO?
How may this effect a patient with a pulmonary problem? *(Unable to give as much oxygen)*
Why is it used/necessary for a laparoscopic procedure? Whose choice?
Does NO prevent using as much Oxy on a patient?
Effect of use of Co2/NO for a long procedure? *(Risk factors & side effects?)*
Longest this should be used for?

Hyperglycemia

D5LR

(See Pepple testimony)

Contains glucose?

What can happen if infused to quickly?

Cause Hyperglycemia?

What lab range reading is severe? (Normal 60-110)

(240's to 300's)?

Effect if hypotensive and hyperglycemia?

Effect if hyperglycemia and hypoxic (brain damage)?

*** **What is the significance of an individual who has chronic hypertension who then suffers hours of low blood pressure?**

What are the problems that can be encountered in a laparoscopic procedure if there is bleeding?

Because of the problems that bleeding can cause during a laparoscopic procedure, do you take extra precautions to avoid bleeding problems? What?

How do you prevent too much bleeding during a laparoscopic procedure? *(usually you isolate vessels before doing an operation by clips or coagulation).*

IV. PANAMERICAN HOSPITAL (07/14/99 - 07/18/99) & PRE-OP HISTORY

Go through HX, PE, etc. ***(use to show general health & no emergent condition)***

See 7/14/99 Consultation Report

Cardiovascular status

What is significance of "no major ischemic changes?"

What is significance of "heart sounds are w/good tone?"

"Without murmurs, gallops, or rubs?"

EKG ? *(normal sinus rhythm)*

ECHO? **See Echo Report**

In fact, CAD was ruled out? *(Cardiac enzymes normal, EKG normal, echo normal)*

Ejection fraction was 55% (WNL) - What is the significance?

(Anything greater than 50% is normal)

Left ventricular function was within normal limits? Significance?

Would you agree that his overall cardiac function was good for his age and history of hypertension?

What is a normal Lipid Profile?

Aware that Luis had a normal Lipid Profile?

Anemia

7/13/99- H&H - 25.5/7.9.

Concerns for surgery?

For a lengthy surgery w/severe blood & fluid loss?

Resp. Status

"Respirations regular?"

What is WNL?

"Lungs clear?"

"Lungs clear to ausculation & percussion?"

"No active lung disease?"

Hypertension

What?

Luis treated w/meds?

What was his normal range? *(160/95-130/80)*

Even on meds, can his BP go up? Why?

What about seriously decline? Why?

Consider in conjunction w/Anemia.

What is hemodynamically stable?

Was he hemodynamically stable?

Prior to the scheduling of any medical procedure or surgery, do you contact patient's physicians who have rendered prior medical care?

Receive or review prior medical records? If so, which ones and please explain the significance.

Were you aware that he was on Dyazide? *(See meds listed on 7/27/99 office visit; also see meds listed by Dr.Oliveros)*

Significance (of high BP)?

Are you aware that Luis' primary care physician found that Luis was "in good health?"

Were these procedures an emergency?

What would occur if Luis did not have these procedures at this time?

No death, etc.?

Were these procedures necessary?

What determines when and if these procedures are necessitated?

Was one procedure more necessary then the other?
And was one procedure going to be done to "kill 2 birds w/one stone"?

Do you know if Luis tried non invasive treatment for the HH? *(Meds, lifestyle changes, GERD and for large HH-difficulty swallowing, SOB, difficulty breathing, chest pain)*

VIII. BAPTIST HOSPITAL (See WP Chrono)

Review Dr. Plasencia's Office Chart?
HH-emergent or necessary right away?
GB?
Any indication he discussed or offered non surgical methods of treatment for the HH?
See Center For Videpscopic and Laser Surgery literature
Any indication Luis attempted non-surgical intervention?

Did Plasencia perform any pre-op evaluation?
What tests?
What if anything was done pre-op?

Films?
X-rays? Ct's? Barium swallow? U/S?
What do these films tell us with respect to a HH?
GB stones?
Can they help us determine if an open procedure is more prudent, i.e., size of HH?
When should an open procedure be done from the start?
What was the size of Luis' HH?
If it is larger does that complicate or make the surgery more difficult?
What are the issues determining if GB surgery should be an open procedure form the begin.?

Agree with Dr. AF that Luis' health pre-op was "good"?
Agree with Dr. AF that there were no concerns of operative bleeding?
Coagulation problems?
Possible DICs?
Respiratory and CV distress (requiring hemodynamic support)?
Leakage from stomach?
Any instabilities?

See Pre-Op Evaluation

(H&H was 12.2/ 36.7)

What does this indicate? *(Slightly anemic)*

Below normal?

Surgery acceptable?

Slightly anemia cause any concern during surgery?

EKG?

Chest x-ray?

Some type of obstructive process? COPD?

Pulmonary status?

Cardiac status?

See 09/08/99 Operative Record

Time surgery was officially started? *(time of incision is 8:12 am)*

Time surgery officially ended? *(Surgery lasted 5 hours & 38 minutes and should last 1 hour)*

Which procedure is Plasencia doing first?

Is their a reason?

See Anesthesia Record

(@ 0745) - anesthesia started?

BP? *(155/90)*

HR? *(85)*

(@8:10) (beginning of operation)

BP? *(90/48)*

HR? *(68)(given 10 mg of Ephedrine)*

What is going on?

Significant drop in BP?

(@ 9:00 A.M. - 9:15 A.M.)

See Remark #1-"intraoperative bleeding." What does that mean?

No other reasons noted?

1000 cc's- a lot? Excessive at this point? **See his Articles**

Agree w/Plasencia - 1000 cc's w/in the 1st hour of this procedure, heightened concern bleeding could be a problem?

Bleeding=loss of blood?

Adequate perfusion?

Can be seen through the lap scope?

Cannot always see bleeding through lap scope?

Easier to see in an open procedure?

Advise the Anest.?

Whose responsibility to monitor blood loss?
How much lost?*(@ 9:15 am-EBL= 1000 cc)*
How was it seen? Measured?

Time of blood loss, BP dropped to 80/55?
Consistent w/significant BL?
Infuse patient to raise BP and attempt to get it back to its pre-op level or close?
Infusion will not stop or slow bleeding?
What do you do if you cannot maintain it at a pre-op level?
Open procedure allow you to stabilize patient?
Agree- allow you to visualize blood loss?
And stop it confidently?
Also, allow you to see better if lap is obscured?
Was not done?
Without opening up Luis, any way to kow for certain the bleeding has stopped?
Indicator that the bleeding continues would be a constant or fluctuating low BP?
Decreasing H&H?
Agree that since Luis began this procedure anemic, he cannot lose as much blood before it becomes a problem?

<u>See Remark #2</u>-"Type and cross match for 4 units..."
Significance of ordering blood, not fluids?
Ordered by Anes. &/or surgeon?
The fact that he was Anemic may have necessitated order for blood at this point? [starting w/a loss]

A lot for a Lap Chole & HH this early in procedure?
Cause?
Amount significant?
<u>Complication</u>?
Op Reports? Purpose? <u>SOC</u>?
Significant enough to discuss on your Op Report?

What should be done? Concerns? Precautions?

Responsible for monitoring of Vital Signs?
Luis has a hx of HTN?

What does that mean for BP ranges?
What does that mean for BP ranges during surgery?
Do you expect wide fluctuation (160/90 to 90/50)?
When are the fluctuations seen? *(Bleeding, sepsis)*

See PeriOp Fluids Surgical Suite

Significance of the need for fluids this early?
Following as a surgeon?
Given because low BP & Still bleeding?
Would you agree that a patient always bleeds during surgery?

See Anesthesia Record
(@0950)

See Remark # 3 - **H&H is 10.3/33.8**

How much blood loss to drop HGB 20%?
Decrease from pre-op level? Significance?
Decreasing H&H= patient is bleeding?
Inadequate perfusion? *(Adequate blood supply to vital organs)*
(Plasencia)-Bleeding from a place you cannot visualize? Or somewhere?

Typically order H&H during surgery?
Reason? *(Bleeding)(also, provide a picture of perfusion?)*
At what point do you order?
Repeat if you believe there is still bleeding?

Which is more significant-Hgb or Hct?
At what point do you become concerned? *(Different for CAD patients)*
What are your concerns if it drops too low?
Does it provide us an indication of whether a patient is sufficiently perfused?
Body loses fluids during surgery thru urine *(most significant),* sweat or evaporation, tissue releasing fluids?
Adequate perfusion- agree w/Plasencia that it's a joint responsibility?

See Op. Report of Dr.Plasencia- no mention of any bleeding problem?

See P.3 for status

Everything is ok ?

Should an open procedure be discussed?
Convert if there is a problem such as bleeding?
Why not convert to an open procedure now?
What about vision with the scope?

Can the gallbladder and portal region be seen?
Is the operative field obscured at all?

(@1015) -

At this point, Luis has been given 4000 cc of fluid? WHY? *(Bleeding/low BP/depletion of intravascular volume)*

Do we know how well Luis was hydrated pre-op?

A lot or a little up to this point?

What do you expect in output? *(1000 bl & 100 urine)*

Significance of output?

Hyper or hypo perfused?

With diminished urine output, what is the effect of low BP?

On the kidneys? *(keep BP up so there is adequate perfusion to the kidneys)*

What about Luis' pre existing med hx?

Do you ask about the first urine output? Significance?

When?

First time Urine output is recorded?

What is the amount of urine output?

What is the amount of intake at this point?

Within normal limits when considering his intake? *(Low side-should be around 500 cc's)*

What does this indicate hyper or hypo perfusion?

Shock = decrease urine output?

Will the body go into shock if it has received too much fluids? What happens?

Can you be hypo and hyper perfused?

Will the body go into shock if it has received not enough fluids?

What happens?

Loss of blood/inadequate perfusion-cause the body to go into shock?

Symptoms? *(Plasencia-Decrease BP, increase HR, low urine output)*

All symptoms of Luis at this early stage of surgery?

Prevention of shock-convert to open procedure?

Warning signs?

What do we need to be careful of in surgery with respect to fluids as it relates to shock? (too much or too little)

Can shock also be caused by blood loss? How?

SEE SHOCK LITERATURE

See PeriOp Fluids:Surgical Suite @ 10:40 am

(1000 cc more fluids)-Why is he getting more?

See Anesthesia Record @ 10:40 a.m. - 10:55 a.m.

See Remarks # 4 & 5-

Repeat H & H -Results-31.8/9.6 One hour later?

(Prior-H&H is 10.3/33.8)

More blood/fluid loss?

How much to drop HGB to 31%?

What is going on?

What is the significance of the drop in hemoglobin from 12.2 to 9.6 in approximately 3 hours?

Platelets are at 33,000 then 52,000.

What is the significance of the drop in platelets? *(Severe internal bleeding)*

What is a DIC screen?

(Disease entity always secondary to something else, has many etiologies)

Why was it requested?

(Usually happens in very ill people with a lot of fluids received; basically you are bleeding with nothing to stop it; blood clotting products are all consumed)

Is it life threatening?

See Perioperative Fluids @ 11:00 a.m.

(*1000 cc more given)*

Why are more fluids being given? Body needs more?

Still bleeding or losing fluids?

What is being done to stop the loss?

Never a conversion?

Would you have done the same in the face of the same issues?

See Anesthesia Record @ 11:55 a.m.

When the body has too much fluid, what are the physiological reactions of the body?

Too little?

How much should be out (at a minimum) based on the amount given? *(At least 1 liter)*

See Anesthesia Record @ 12 p.m.

1000 cc given - Why? Body needs more?
Close to 7,300 cc of fluid in?

See Anesthesia Record @ 1300
EBL - 500 for a total of 1500 cc- significance?

See Anesthesia Record @ 1340
Surgery complete?

See 09/08/99 - Perioperative Fluids Surgical Suite
How much fluids was given? Why?
How much was remaining? Significance?

What was (initial) urine output? *(Noticeably diminished)*
With a diminished urine output, is it important to keep the BP elevated?*(necessary to keep BP up for adequate perfusion to kidneys)*
If not, what can result? *(Renal insufficiency/renal failure)*

BP
Luis has a hx of HTN?
What does that mean for BP ranges?
What does that mean for BP ranges during surgery?
Do you expect wide fluctuation (160/90 to 90/50)?
Anesthetics?
When are fluctuations seen? *(Bleeding, sepsis)*
BP 98/59- What happens to an individual who has chronic HTN and goes to 98/59? *(Shock)*

See PeriOp Fluids totals

Agree with Dr. AF that Luis "absolutely" lost more fluids then are recorded?
Estimate? How do you calculate?
Is 7 liters of fluid a lot for a person of Luis Rodriguez' age?
What is a person of Luis Rodriguez' age normally need in fluids in surgery?
How does the amount of fluids affect an individual of Luis Rodriguez's age?
W/his prior medical history?
Does the fact that he received over 7000 cc of fluid does that affect the decision as to whether to leave him intubated?
With that amount of fluids is it better to control oxygenation?

***__**Was this a routine and uncomplicated surgery?**__
Bleeding, low BOP's, H&H's, 7300 cc's of fluid, DIC screen-indicate comps?

<u>Post-Op Care</u>

Stay until patient leaves OR?

Until patient is stabilized by Anes.?

What were Luis Rodriguez' vital signs when he left the OR? *(98/59, pulse 111, respiration is 22, oxygen sat 93% -6 hour surgery)*

Was he on Oxy?

SOB=Gastric Leak?

Transport your patients after a procedure like this on Oxy, why?

<u>BP of 98/59</u> for Luis-low? *(Pre op 140/90)*

(Plascencia)-Not stable considering pre op BP and course of surgery w/bleeding, etc.?

HR?

(Plascencia)- Not stable considering pre op BP and course of surgery w/bleeding, etc.?

OSat-93%?

(Plascencia)- Not stable considering pre op BP and course of surgery w/bleeding, etc.?

Vitals when Plasencia left the OR?

Left when Luis was not stable? <u>Not w/in SOC</u>?

Certainly you would not leave at that point?

How do you follow the patient post-op?

W/these surgical issues?

Concerns?

Same as in surgery *(bleeding, perfusion, shock,etc.)* ?

Follow to PACU? <u>SOC</u>?

Remain available? What does that mean?

Able to respond immediately?

How fast? *(Plasencia arrived at 1505, when did call go out?)*

Still your patient? <u>SOC</u>?

Begin prep if patient not stable?

***<u>Are you involved w/Emergence, Reversal, NMJ Recovery, Tidal Volume</u> ?

<u>See Downs Depo Outline</u>

(@1505)

<u>See PACU NN & Critical Care Flow Sheets</u>

(Paged on PA-<u>see PACU NN @</u>)

Gone from 1348 until 1505?

Did not check in?

Did not respond to PA?

When Plasencia returned?

(Luis' vitals were 98/59 or 61/42, Osat on a NRM was 88%)

(Plasencia) - hypoxic episode?

Effects all organs?

Stomach? Ischemia?

Effect organs operated on?

(Plasencia) - Agree concern for hypoxia and/or shock in a patient such as Luis who has chronic HTN and suffers hours of low BP?

Placed on a vent w/zero spontaneous breaths?

W/o vent. he will die?

Dopamine at 40 cc and hour - Why?

Can it cause tachycardia? What?

Add condition to other existing problems?

Lasix - Why?

Effect if hypo-perfused?

Effect on organs (heart, lung, etc.)?

Effect if hyper-perfused?

Effect on organs (heart, lung, etc.)?

****<u>**Assume your opinions are wrong or invalid. What steps would you go through to analyze the opinions and find your error?**</u>

***<u>**Opinion as to what occurred in PACU?**</u>

<u>**And what caused these events?**</u>

IX. POST OPERATIVE COMPLICATIONS

****<u>**Use Downs Post Op Comps as Outline and below**</u>

<u>See Plasencia Depo**</u>

Cardiac

<u>**See Post Op Comp Chrono & Alvaro Gomez, MD Chrono**</u>

Did Luis go into "cardiac arrest"?

Luis had a post-op Acute MI? *(See response to Int#1-5)*

How soon after surgery was completed? After Plasencia left OR?

Not an Intensivist? Not trained?

You do not handle post op heart complications?

Handled by cardio. or Intensivists?
Are you going to render an opinion its cause?
How are you competent to do so?
What is your opinion?
Feel it was a coincidence or related to surgery?
Low BP and fast HR w/a person w/chronic htn?
Perfusion?

Not a Cardio? No specialized training in Cardio.?
Are you going to render an opinion as to how it affects the heart for further problems or MI's?

Cardiac Cath. was performed?
What?
By whom? *(Alan Fein, MD)*
Why? *(Assessment of cardiac function in the face of ARDS)*

GI & Respiratory
See Post Op Comp Chrono & Prager/Plasencia Chronos
See Op Reports

"Gastric Fistula"?
(Plasencia) - Abnormal? Complication?
Cause? *(Lack of blood supply/perfusion, low BP)*
"Perisplenic collection of fluid"?
(Plasencia) - Abnormal? Complication?
Cause? *(Lack of blood supply/perfusion, low BP)*
"Anastomotic leak"?
(Plasencia) - Abnormal? Complication?
Cause? *(Lack of blood supply/perfusion, low BP)*

Cause? **See Dr.Pepple's notes**
Can this be caused by techinical problems? How?

What was the cause of the initial leak?
Was the stomach perforated due to a lack of blood supply?
What is this called? *(Devascularization)*
Which portion of the stomach? Function?

How did that occur? What could have caused this problem?
How could it have been treated at the initial surgery to prevent devascularization?

Was there any surgical incision into the stomach?

Is this a risk of the laparo.. procedure absent a surgical incision into the stomach?

Would you agree this should not occur with this procedure ?

What system was used to coagulate in the stomach?*(probably occurred by using the coag. instrument too aggressively or getting too close to the tissues of the stomach wall–weakens the wall, kills it, and it erodes)*

Was the area to the stomach ever devascularized?

Not an ulcer?

Second complication? What?

What was the cause of the second leak?

What procedures were performed? When?

Other doctors?

How long in OR?

Third complication? What?

What was the cause of the third leak? When?

What procedures were performed?

Other doctors?

How long in OR?

He never had any of these leaks or complications pre op?

All related to the surgery?

Potential future or permanent problems as a result of all these leaks and procedures?

Why did it take so many procedures to stop this problem? *(Devascul. or leak?)*

What is the appropriate treatment?

If treated appropriately, should there be more then one procedure?

Respiratory

See Post Op Comp Chrono & Mella/Prager Chrono

How soon after surgery was completed? After Plasencia left OR?

Not an Intensivist? Not trained?

You do not handle post op heart complications?

Handled by Pulmon. or Intensivists?

Are you going to render an opinion its cause?

How are you competent to do so?

What is your opinion?

Feel it was a coincidence or related to surgery?

Perfusion?

Not a Pulmon.? No specialized training in Pulmon.?
Are you going to render an opinion as to how it affects his respiratory status in the future?

Do you have an opinion as to Luis' post op SOB & respiratory problems?
Did he have these problems pre op? And/or to this extent?
Basis?
How long was he on a ventilator?
Permanent or future problems caused by extended time on a ventilator?

"Thoractomy"? *(Large incision in chest wall)*
Describe procedure.
Why was it necessary? When?
Long term considerations?
Other doctors?
How long in OR?

See Dx Summary
"Empyema"? **(10/15/99 ?)**
Two procedures on 10/15/99?
Left Thoroctomy w/drainage? Describe procedure. When?
Cause and why?
Potential complications?!
Presence pre-op?
Any indicia pre-op that this could occur?
Other doctors?
How long in the OR?
Any complications?
"Dehiscence"?

Was a Fistula still present?
What procedures were performed for the Fistula?
Other doctors?

"Gastrostomy tube"?
Purpose?
How long? Conscious ? Painful?

Were any of the procedures considered an emergency? ***(SEE Op Report 9/16/99)***
Which ones and why?
If no surgery, what could result? *(High mortality & morbidity w/this operation)*

See 9/17/99 Op Report

Purpose of inserting a right radial arterial line?

Is this normal following laparo procedure for a HH and removal of the Gall Bladder?

***** When its indicated "Op Report" or "Op Note," what does that indicate?**

<u>See 9/20/99 Op Report</u>

Purpose of inserting a triple lumen catheter placement?

Is this normal following laparo procedure for a HH and removal of the Gall Bladder?

<u>See 9/29/99 Op Note</u>

What's going on? Describe procedure.

@ bedside?

<u>See 10/1/99 Op Note</u>

What's going on? Describe procedure.

@ bedside?

<u>See 10/6/99 Op Note</u>

What's going on? Describe procedure.

@ bedside?

<u>See 10/7/99 Op Note</u>

What's going on? Describe procedure.

@ bedside?

<u>See 10/12/99 Op Note</u>

What's going on? Describe procedure.

@ bedside?

<u>See 11/03/99 Op Note</u>

What's going on? Describe procedure.

@ bedside?

Two of the procedures required partial gastrectomies?

Please explain.

How long has he been on a tracheostomy tube?

Purpose?

Future problems?

Prior to traceostomy, was Luis on a Nasotracheal tube?

Explain difference.

Aware that the Rodriguez' sought counsel from the hospital Chaplain?
    Do you know why?

What is meant by "critically ill on full support?"
    (Not alive w/o mech., medication, etc.)

"**ARDS**?"
    What? How?
        (Plasencia-shock immed. post-op, sepsis, aspiration pneumonia, ishemia)
    "Respiratory failure?" *(Related to CHF)*
        Hypo and/or Hyper perfused?
        Related to his airway?

            "Bilateral pneumonia?"
            "Bilateral vascular congestion?" *(Pulmonary edema)*
                Conditions Luis was diagnosed with?
                Cause?
            "Severely deconditioned after a prolonged and complicated hospital stay?" *(See Dr. Torres' consult report 9/23/99)*

*****Have we covered all the Procedures–See Chrono under GI & Respiratory?**

Vascular
    What were his vascular problems? *(Deep vein thrombosis requiring IVC on 10/12)*

See blood transfusions
        Why so many?
    Low H&H throughout hospitalization?
        See Chem.Profiles

    High Glucose/Hyperglycemia throughout hospitalization?
        See Chem.Profiles
            Hypoxia/brain damage?

Sepsis
    "Septic shock?"
        "Sepsis?"
        "Peritonitis?"
        "Bacteremia?"
            Conditions Luis was diagnosed with?
            Cause?

"Perforated ischemic stomach?"

Conditions Luis was diagnosed with?
Cause?

Renal

"Renal insufficiency?"
"Renal failure?"
Conditions Luis was diagnosed with?
Cause?

See -9/17/99 Nephrology Consult
Impression?

Skin

Development of a decubitus ulcer?
What? How?
How bad? Need special care to treat it?
Where?

Neurological

How can the procedures or time on tubes or ventilator effect neuro status in the future?

What is meant by "mild cognitive deficits?"
Aware it was determined that as a result of the hospital stay and complications, Luis had mild cognitive deficits? *(See Dr. Torres' Consult report 11/2/99)*
How did that occur?

SEE Plascencia's Progress Notes of 2/8/00 and 3/30/00

See Downs depo outline- ****EVERYTHING COVERED?****

Post Op and Current Health

Aware of how many surgeries he required?
Are you aware of how he is currently doing?
The many health problems he has after these surgeries?

Are you intending to render opinions on his health post initial hospitalization?
What? Records?
Basis?
(Address competentcy)

****** **Assume your opinions are wrong or invalid. What steps would you go through to analyze the opinions and find your error?**

X. MISC.

Fabre ? (Dr. Fernandez or any healthcare providers including staff/nurses at Baptist)

Int./R4P